

Porthaven Care Homes LLP

# Avondale Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Avondale Care Home provides residential, nursing, dementia and respite care for older adults aged 65 and over. At the time of our inspection the service was supporting 76 people.

The service has six units across three floors each of which has separate adapted facilities and can accommodate up to 90 people in total.

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

People were not always protected from the risks associated with unsafe medicines administration. This was because some people on time specific medicines did not always receive them in line with best practice guidance. Detailed guidance was in place for people receiving their medicines covertly.

People reported and illustrated that they were safe living at Avondale and were unanimous in confirming that they felt that there were always a sufficient number of nurses and staff on duty.

One person told us, "There are no safety issues here, I can tell you staff numbers are never a problem here, I think the numbers are right. Some staff changes have happened recently, I miss the good ones of course when they go but they are always replaced so there is that compensation; but they do get busy sometimes and very occasionally they have a little time to come and chat."

Staff we spoke with confirmed they had received training in safeguarding and knew what action to take if they felt people were being abused. Recruitment files confirmed staff had been safely recruited. Staff received an induction when they first joined the service and regular training was completed and refreshed when required. Staff received regular supervisions and they told us they felt supported.

People and relatives were positive about the caring nature of staff. They commented, "The staff are amazing, some are really caring, a home from home here, I know mum is happy here", "I find that the staff here are like an extended family- I would go to [Name] if she was working if I had a problem" and "There is a new carer, I don't know her name she is very good and lovely."

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.

Risks associated with people's care and support needs had been identified and actions taken to minimise risks. Care plans were on an electronic system and reflected people's care needs, including specific dietary requirements.

People were able to take part in a wide range of social events. The service had use of transport which could be used three days each week. Animal therapy and outside entertainers were regular events at the service. One relative said, "Some outside entertainers come in, I know there have been brass bands and an Opera

singer".

The provider had a quality auditing system in place. Accidents and incidents were documented and reviewed as necessary. People told us they knew how to make a complaint. We saw complaints were responded to in a timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was outstanding (published 13 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. 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 well-led.

Details are in our well-Led findings below.

Good 

# Avondale 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

The inspection was carried out by one inspector, one specialist advisor, one pharmacy inspector 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

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they 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

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 12 people using the service and five relatives about their experience of the care provided. We also spoke with the registered manager, the director of nursing and quality, the deputy manager, the nominated individual, and six members of the care team. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records to the way the service was run this included seven people's care records and medication administration records (MAR).

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records of the medicine history for someone receiving time specific medicine.

# 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 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 found during our inspection medicines were not managed in line with best practice. For example, we saw one person had not received their Parkinson's medicine over one weekend due to lack of stock. They missed eight doses in total. Another person did not receive their time specific medicine to control their Parkinson's symptoms within an acceptable time frame. We noted four occasions timing was delayed by 37 minutes, 56 minutes, 60 minutes and 44 minutes.
- This may impact on the person and cause serious harm and a worsening of symptoms including swallowing problems. A delay of 30 minutes can lead to serious health implications for someone living with Parkinson's. The Parkinson's UK Get it On Time campaign calls on all care homes to ensure every person with Parkinson's receives their medicine on time every time.
- We discussed this with the registered manager who told us the person was unable to swallow properly and that was the reason the medicines had not been given on time. However, there was no documented evidence on the Medicines Administration Record (MAR) to say the delay was due to the person being unable or unwilling to swallow. In addition, this had not been referred to in daily notes. We were told due to the person having difficulties in swallowing they had been seen by the speech and language therapist (SaLT) team who advised a pureed diet. However, we did not see evidence of administering the medicine in food to enable swallowing being explored.
- Controlled medicines were viewed during our inspection together with the controlled drugs register. We saw the register had several crossings out trying to correct an entry. Best practice guidance states any corrections should be by a foot note to avoid any unnecessary mistakes.
- We saw urinalysis sticks (urine testing sticks) were out of date. The manufacturer of these products only guarantees their effectiveness within the specified time period. The expired test strips could provide false positives or negatives which could have a bearing on the diagnosis and treatment of people using the service.
- Two people were prescribed prophylactic antibiotics for frequent urine infections. Antibiotics are sometimes given as a precaution to prevent rather than treat an infection, this is called antibiotic prophylaxis. We were told one person who was receiving prophylactic antibiotics had a urine infection. This may indicate the antibiotic was no longer effective in the prevention of infections and would need to be reviewed. We saw the GP had reviewed the person's medicines. However, we did not see any reference made to the person having a urine infection or whether the GP wanted to continue the medicines.

The provider had failed to ensure the safe management of medicines. This was a breach of Regulation 12

(Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were protected from abuse.
- Safeguarding notifications were sent to us when required.

Staff we spoke with were knowledgeable about safeguarding people from abuse and knew what action to take to keep people safe. A relative said "He is very safe I am very happy with his life here I know it is the best environment for him".

Assessing risk, safety monitoring and management

- Risk assessments were mostly in place to minimise risks to people. However, some people who were receiving paraffin-based emollients did not have a risk assessment in place for the use of these products. We discussed this with the registered manager who addressed this and put specific risk assessments in place the day following our inspection.
- People had personal emergency evacuation plans (PEEP's) in place which detailed the support people required to evacuate the building in the event of an emergency. Health and safety checks were carried out to ensure the premises were a safe place to live.

Staffing and recruitment

- The provider had a system in place to ensure sufficient numbers of staff were available to meet people's needs. People told us there were enough staff to support them. One person told us, "There are no safety issues here, I can tell you staff numbers are never a problem here, I think the numbers are right some staff changes have happened recently, I miss the good ones of course when they go but they are always replaced so there is that compensation but they do get busy sometimes and very occasionally they have a little time to come and chat".
- The providers recruitment policy ensured that new staff were suitable to work in the home. The checks included a criminal record check and references from previous employers.

Preventing and controlling infection

- The home was bright and clean and free from odour. We observed several domestic staff carrying out cleaning tasks throughout our inspection.
- Staff had access to personal protective equipment such as gloves and aprons to attend to people's personal care and support.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends. Action was taken to prevent the risk of further occurrences.



# 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

- Care plans were developed with people and ensured their preferences and diverse needs were met which included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- One person told us, "There are all nationalities working together here, I have learned a lot here on my journey in life, they do everything for you". One relative was positive, about the service and the care provided for her husband. The relative told us her relationship with her husband had adjusted to their new circumstances and she had arranged to visit and have Christmas Day lunch with him.

Staff support: induction, training, skills and experience

- New staff completed an induction process to enable them to be competent in their role. This included the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working lives. It is the minimum standards that should be covered as part of induction process training for new staff.
- Staff received mandatory and specific training. In addition to mandatory training other training was completed dependent on roles. This included ethical restraint and end of life care.
- The service developed career pathways for care staff. For example, assistant practitioner courses which enable staff to further develop a career in care. We were told two members of staff were in their second year of the course. In addition, the clinical lead had completed 'My Home Life'.
- Staff we spoke with told us they were supported in their role and had regular supervisions with their line manager. The supervision records we viewed confirmed this.

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

- The service offered food based on seasonal foods and dietary requirements. A relative told us about her husband, who suffered from digestive problems "They know all about that and the food he has is always lovely and suited especially for him and I never have to ask for them to make sure".
- People's weights and Malnutrition Universal Screening Tool (MUST) scores were calculated, recorded and communicated between the staff, and the kitchen thus enabling the kitchen to assist in focussing on people at nutritional risk. Relevant hand completed paperwork was shown and the chef's office was seen to have a large chart showing current MUST scores for each person.
- Visitors were encouraged to take meals at the service when they visited relatives, we were told Sunday lunchtime was a popular time. One visitor, whose family member lived at Avondale Care Home, told us she had booked her Christmas Day lunch at the home and she was looking forward to the occasion.
- The service had a private dining room with a balcony overlooking the gardens. The room could be booked for functions. One relative reported that her family had hired the room to hold an 80th birthday party for her

mother. She said the party had been a success and the food provided by the chef had been good (including catering specifically for one attendee who was vegan).

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records we saw confirmed people had access to healthcare professionals.
- Oral health was assessed, and people had access to dental surgeons when required.
- Relevant external services were engaged such as GPs, Speech and Language Therapy (SALT) and physiotherapists when required.

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

- The service had six units set over three floors, the building had an adjoining car park and had leased a car park on a neighbouring site to increase the parking capacity. There were small and clearly well-tended enclosed gardens to the rear of the building.
- The service was clean, well decorated and well kept, there were separate dining and communal areas on each of the units. Each corridor was well spaced and there were small areas with armchairs located along these corridors. There were additional facilities such as a library (one person demonstrated that she read some of the books stocked in the library), a hairdressing salon, private dining room, a bistro and a gymnasium. The gym was well stocked with machinery and was bright and spacious with an excellent view of the home's gardens and several people spoke freely and voluntarily of their enjoyment when using the gym, which several people did regularly.

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 did not always see evidence that mental capacity assessments had taken place to ensure that people's rights were protected. For example, in one care plan we viewed we did not see evidence of a documented Mental Capacity Assessment (MCA) or a Best Interest (BI) decision, though care plans often referred to care being provided in a person's best interest. It became apparent that this was noted during a recent care plan audit undertaken by the registered manager. A copy of the care plan audit was presented by the registered manager and the Unit nurse showed us a copy of the same, which had been given to her at a meeting held the previous week where the issues including the absence of these documents was noted. The process was for the nurse to update the documentation as part of the next Care Plan review (usually as part of the monthly 'Resident of the Day' review) which was expected to be undertaken later in the month.
- Other records we viewed showed the service was working within the principles of the MCA and any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.

The service had made applications to the local authority before DoLS authorisations had expired.

- Staff told us they always gained consent before supporting people. This was confirmed when we observed staff asking for verbal consent when supporting people.

## 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 outstanding. At this inspection this key question has deteriorated to good. 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

- We received mainly positive comments about the caring nature of staff.
- A relative told us the care provided at the service was "... honestly good and reliable" however, she did say "I did find one carer shouting at [my relative] once, she (carer) spat out 'sit down' and I did say I did not like that. She didn't make any eye contact with me for a couple of weeks after that. ....[My relative] did not deserve to be shouted at".
- Other comments from relatives were "Mum tells me she thinks all the staff are very nice". and "Only recently I have noticed a lot of staff have been leaving, it was always quite stable before".
- From observation throughout the day all the staff were always functional, polite and precise with people. "Do you want a coffee?", "Do you want to go to the Lounge?", "You are going to have your eyes tested today" but we observed this rarely developed into a conversation or anything beyond a yes/no exchange.
- The staff struggled to explain to an uncomprehending person who was enquiring why he needed his eyes testing and they simply continued to say "The man that does your eyes is waiting" and "We don't want to upset the man" to him rather than using some other form of communication to explain to him, such as sign language or pointing to his eyes and mimicking a test.

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

- We observed the deputy manager who was available on the units and was clearly well known to people and their visitors. A relative said "The staff here know A to Z what they are doing".
- People and relatives told us they had been involved in making decisions about their care. We saw evidence of care plan reviews in care plans we viewed.
- People made every day decisions about their care and support. People chose how they spent their day, and what they wanted to wear.

Respecting and promoting people's privacy, dignity and independence

- Staff told us, and we observed they always knocked on people's doors before entering.
- We observed staff ensured doors were shut when delivering personal care to people.
- People told us they were treated with dignity and respect.

- One relative said, "He is coming to terms with the fact that he has to have help to do things, mind you he seems quite happy to have young girls fussing over him and he is doing well".
- Staff told us they treated people as individuals and families helped them to understand their relatives' preferences.
- We observed staff knew people well and respected their wishes and preferences.
- There were no restrictions for friends and relatives visiting this was dependent on the preferences of people using the service.

## 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 outstanding. At this inspection this key question has deteriorated to good. 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

- Personalised care plans reflected assessed needs of people using the service and provided clear accurate information about support needs. We saw examples of management plans in place for people who required specific interventions. For example, management of catheters and dietary requirements.

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 service had a policy on the AIS and produced documents in large print formats when required. We saw notices in the main reception stating that information was available in large print or other formats or languages when required.
- Care plans provided information about people's sensory or hearing impairments. We saw people were able to attend opticians and the audiology clinic when required.

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

- The service enabled people to take part in activities that were socially relevant to them.
- There were three wellness members of staff who demonstrated they were extremely passionate and keen to promote their work. One of the wellness members of staff told us they went to other services to support them. There was a listing of each day's and week's activities posted on a board in reception and there were leaflets distributed around the service with the same information.

- Avondale Care Home's website included an up to date list of each month's events. In December there were many different activities arranged from Dance Class, Yoga (chair based), a Church Service, Pilates, a big day of Christmas celebrations, two visits to different pantomimes and Tai Chi, massage sessions, Timeless Meetings (young children visit) and, on Saturday's, an outside entertainer sung Opera and classical songs.

- We saw the activities were extensive with use of transport which could be used three days each week. Animal therapy and outside entertainers were regular events at the service.
- The event on the day of inspection, was held in conjunction with Talk Back. Talk Back is a charity that support people with autism and learning difficulties to build self-esteem and confidence. The session was a bright and inclusive set of activities, including dancing and singing and chair exercises. Most of the eight people that were present joined in at some stage, it appeared that they were well versed in these routines. A relative joined this session too.
- The organizers from Talk Back were looking forward to this session and talked enthusiastically about their first liaison with Avondale Care Home. They told us "We saw their name on a list of potential organisations willing to be partners but they were the first to respond. It was the registered manager who phoned us up and we have been practicing hard before coming here today", "It is a chance to be with the Community and for our students to meet other people". Talk Back brought many staff and it was uplifting to see how many of the visitors were from different cultures. We overheard one of the visiting autistic students say, "This is a lovely building I would like to work here".
- In addition, a well-appointed gymnasium was available and was used by residents and staff, seven days a week. We spoke with two people who told us with pride that they were "gym regulars". One person said, "I go four times a week, it is great fun". A well-being member of staff said, "It is good for people it makes them feel good and for them to say they are taking part". He continued "Unfortunately two bits of machinery have just been taken away they were only here on loan".
- We were told about one person who had a wish to walk unaided without their frame. The well-being team encouraged small walking episodes until eventually the person was able to walk unaided. One of the well-being members of staff told me that he was investigating new technology which might make it possible in future to stream some of the activities and events directly to people in their rooms if they chose, or were unable, to physically attend themselves.
- A relative recalled a previous activity at the service, "He really enjoyed the Cheese and Wine event. Actually, I think he was the only one who ate the cheese!"
- On the day of inspection, the services transport had also been utilized to take people to the local woods and in the afternoon another group was going to visit the shops and see the Christmas lights. There was a sherry reception taking place in the reception area at noon.

#### Improving care quality in response to complaints or concerns

- There was an open-door policy within the service and concerns and complaints were raised with management in the first instance. Complaints were seen as a learning opportunity and were discussed at monthly meetings.
- We saw complaints were responded to in line with the provider's policy. People and their relatives told us they knew how to make a complaint.

#### End of life care and support

- People were able to make decisions about their end of life support. There were three people receiving end of life care at the time of our inspection. The care plans we viewed referred to end of life wishes and explored people's preferences and choices. Nursing staff were trained in Verification of Death to prevent any unnecessary delay following the death of a person.
- Staff had received training in palliative care and were aware of national good practice guidance. The service had support from palliative care specialists when required.
- We saw one person had "Total Dependency" and was on End of Life (EoL) care and had been since April 2019. This decision had been reviewed bimonthly by the GP. The electronic care plans were comprehensive covering relevant needs.
- The unit nurse was knowledgeable regarding the person's condition, needs and personality. As part of EoL

care the withdrawal of usual medicines took place in April. Appropriate 'as required' and anticipatory medicines had been prescribed. Records we viewed showed occasions where breakthrough pain/distress occurred and was responded to appropriately.

- There were examples of 'as required' analgesia being administered in parallel with personal care as directed in their care plan.



# 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 outstanding. At this inspection this key question has now deteriorated to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager, and the deputy manager, were well known to people and their families and were mentioned positively during conversations we held throughout our inspection.
- One relative told us how she came to choose the service and the circumstances in which her husband moved to Avondale Care Home. "[Name of staff] and [registered manager] came to the hospital to see him and arranged everything very quickly since he has been here he has improved considerably, and it has been good for him, he has private physiotherapy which we arrange and that certainly helps to give structure to his day."
- One relative said, "This is a smashing place [Registered manager] is number one and he knows everybody by name they all make us feel part of the furniture, they make you feel you belong to the home too". Another relative said "The management team are always available and supportive".
- Staff told us they enjoyed working at the service and were very well supported.
- One member of staff told us how they had learnt a lot over the years they had been working at Avondale. "Everyone is approachable and supportive you can always go and speak to someone." They went on to tell us the provider was keen to empower staff. We saw evidence of this when we were told about the nursing associate programme the service supports. In addition, the service was used as a placement for student nurses and student paramedics.

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 registered manager was clear about their responsibilities around the duty of candour. The duty of candour sets out actions that should be followed when things go wrong, including an apology and being open and transparent.
- We saw an apology had been made to a person who had not received their Parkinson's medicine due to lack of stock. In addition, we saw that systems had been put in place to prevent this happening again.

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

- The registered manager was supported by a team of senior staff and nurses. Staff we spoke with were clear about their role and responsibilities.
- Governance systems monitored the quality of the service. Audits in relation to care plans, medicines and health and safety were carried out. Where improvements were identified action had been taken to address

the issues.

- We saw two actions identified in relation to an audit and an incident and these had been raised as part of systematic quality assurance processes.

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

- Staff were positive about working at the service and told us they worked well as a team. One member of staff told us how they had been given opportunities to progress their career and this had made them feel valued and "good about themselves".
- The provider involved people and their relatives in the running of the service. We were told that some people were involved in interviewing new staff.
- Questionnaires were sent out to people and a comments box was displayed in the main foyer.

Continuous learning and improving care; Working in partnership with others

- The provider was keen to discuss lessons learned with staff both formally and informally. Audits provided a way of monitoring the service to ensure care was provided in a safe way.
- Outside agencies provided support when required. We were told the physiotherapist worked closely with the service to provide ongoing exercise programmes for people who required this.
- The registered manager had been involved in delivering leadership talks to other care home managers. In addition, the provider had taken part in two initiatives from the Queens Nursing Institute, on communication and educational standards for nurses who work in care homes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<b>The provider did not ensure the safe management of medicines. Regulation 12(1)(f)(g).</b>