

Bupa Care Homes (BNH) Limited

Havering Court Care Home

Inspection report

Havering Road
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Romford
Essex
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Tel: 01708737788

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Havering Court Care Home is a care home registered to provide nursing and personal care to people, aged 18 years and over, who may have mental health needs, acquired brain injuries, learning disabilities, physical disabilities and sensory impairments. It can support up to 52 people. At the time of the inspection, 49 people were living at the home. The home has two floors with adapted facilities and en-suite rooms.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

The service was not always safe because medicines were not managed safely and people were at risk of not receiving their medicines as prescribed. People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. Systems and processes to protect people from the risk of abuse were in place. Risks to people's safety were assessed. People and relatives told us staff were respectful and caring. Staff followed infection control procedures and people were protected from the risk of infections.

Right Care

Staff had received up to date training and development to maintain their skills and knowledge. People's dignity, privacy and human rights were respected. People were encouraged to maintain a healthy balanced diet and were provided food and drink that met their preferences and needs. Staff knew people who used the service well and they provided care and support to them in a kind and compassionate way. Care plans were informative and provided guidance on how to meet people's needs. People and their relatives were positive about the management team and could approach them with any concerns.

Right Culture

Leaders and the culture they created did not always support the delivery of high-quality care. The provider had systems in place to assess, monitor and improve the quality and safety of the services provided but they were not used effectively to identify some of the shortfalls in the home. The registered manager took action to make improvements to the service following our inspection.

People were offered a range of activities that were engaging and meaningful. People and relatives were contacted for their feedback about the service. Staff told us they were supported by the management team

and received supervision to discuss their performance. People and relatives were positive about the home. There was a positive culture and equality, diversity, inclusion and human rights were promoted in the home.

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

Rating at last inspection

The last rating for the service was Good (report published 16 March 2021).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risks around eating and drinking. This inspection examined those risks.

We undertook a focused inspection to review the key questions of safe, effective, caring and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

Enforcement and Recommendations

We have identified breaches in relation to the safe care and treatment of people, need for consent to care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Havering Court Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector, a specialist nursing advisor, and two medicines inspectors.

Service and service type

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

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed the information we already held about the service. This included feedback from professionals and notifications. A notification is information about important events, which the provider is required to tell us about by law. 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 carried out observations of people's care and support and spoke with 4 people for their feedback on the home and 1 relative, who was visiting their family member.

We spoke with the registered manager, the regional director, a regional support manager and a deputy manager. We also spoke with 10 nursing and care staff, 3 members of domestic and laundry staff and 2 kitchen staff.

We reviewed documents and records that related to people's care and the management of the service. We reviewed 9 people's care plans, which included risk assessments. We looked at other documents such as those for medicine management, staff training and recruitment, infection control and quality assurance. After the inspection we spoke with 2 relatives by telephone for further feedback about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- Medicines were not always managed safely. Systems and processes were not effectively utilised to ensure people's medicines were administered to them at the correct times or were stored safely.
- We found discrepancies on some medicine administration records (MAR) which indicated staff had signed that medicines were administered to people in advance of them taking the medicine.
- We brought this to the attention of the management team to investigate. They told us that staff had signed the medicines in advance in error and had entered the incorrect date or times. For example, an evening dose had been signed for as given in the afternoon. Although we did not find people had missed being given their medicines, signing that a medicine had been given to a person in advance could lead to a risk of them missing their dose of medicine at the prescribed times. This was because they had already been signed for as administered, which can put the person at risk of unsafe care and treatment.
- Room and refrigerator temperatures were checked and recorded daily. This is carried out to ensure the temperature fell between the recommended range for safe storage and maintain the effectiveness of medicines. However, we found that staff did not measure the minimum and maximum refrigerator temperatures accurately. This meant medicines were not always stored safely.
- We reviewed 3 people's care plans and found medicines risk assessments for high-risk medicines, were not easily accessible. For example, for people receiving medicines to treat blood clots or diabetes. This was because the service was in progress of transitioning from paper to digital documents.
- This could put people at risk of unsafe care because staff did not have straight forward access to guidance on how to reduce the risk of people coming to harm. After our inspection the management team took action to update these risk assessments and ensure they were transferred to the electronic format.

Systems to manage medicines safely and to assess all risks to people were not effective, which could people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Protocols for medicines to be taken 'as required' (PRN) were in place, and staff used resources such as pain assessment charts. We saw that medicines were stored safely and securely.
- The provider ensured there was not inappropriate overuse of medicines for people with learning disabilities and autism.
- Controlled Drugs (CDs), which are types of medicines that are of high risk of misuse, were stored and checked appropriately in a secure designated cupboard. However we did find minor recording errors that we addressed with the management team for them to amend.

Assessing risk, safety monitoring and management

- Risks to people that affected their health and care needs were assessed and managed.
- Risks such as those for falls, oral health, choking and mobility were identified and there were detailed risk management plans for these risks. They contained the methods of reducing risks to keep people safe. This included health conditions such as allergies, anaemia, seizures, Parkinson's disease, other medical conditions and risks around the use of certain medicines.
- The provider maintained the safety of the premises and equipment to ensure safe care. Staff carried out daily equipment checks. Airflow mattresses, which help prevent pressure ulcers, were set correctly. They were checked and recorded by staff daily.
- People were repositioned at appropriate intervals to ensure their skin integrity was maintained and this was recorded appropriately.
- Some people required the use of tracheostomies, catheters, or Percutaneous endoscopic gastrostomy (PEG) feeding tubes. Risks in relation to the use of this equipment were identified and assessed to ensure people's safe care and support. Nursing staff supported people appropriately and as required.
- Gas, water, electrical installations, hoisting equipment and fire safety and alarm systems were serviced by maintenance staff and external professionals. Each person had a personal emergency evacuation plan, to support and guide staff in the event of a fire or other emergency.

Learning lessons when things go wrong

- The provider had a policy for accidents, incidents and emergencies. We looked at various incident records such as for medicines and falls. The management team reviewed incidents and took action to keep people safe. However, the section to record lessons learned and the risk of re-occurrence was not always completed to enable staff and managers to access the information easily.
- We discussed this with staff. They told us important information from incidents and accidents was discussed during shift handovers. They also told us daily meetings addressed any issues and there was learning from anything that went wrong. We saw records to confirm this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had safeguarding policies and procedures for people and staff to follow should they experience or identify abuse.
- People and relatives told us the home was safe and a person said, "Yes, I am safe, it's alright." A relative told us, "[Family member] is safe. They are well looked after."
- Staff had received training in safeguarding people from abuse. They could describe the procedures they would follow to report concerns.
- The provider had a whistleblowing policy for staff to report concerns to external agencies such as the local authority or the police if they were unable to report concerns about people's safety to the management team.

Staffing and recruitment

- There were enough staff with the right skills and experience to meet the needs of people in the home.
- Staffing levels in the service were assessed by the provider, depending on people's needs. Each unit in the home was managed by nursing staff and care staff and we saw them all on duty during our inspection. The management team told us they were recruiting to fill vacancies.
- Staff told us they supported each other and felt staffing levels were adequate, other than on occasions when staff called in sick at short notice. Agency staff were called in to cover gaps such as sickness.
- People had access to call bells which they could press when they required assistance in their rooms. Records showed that staff responded to call bells as promptly as they could so that people could be supported.

- Staff were recruited by the provider appropriately. This included carrying out criminal background checks, reviewing their employment history and experience, obtaining references, proof of the applicant's identity, their eligibility to work in the UK and their professional registration if they were applying to work as a nurse. This ensured staff who were recruited were safe and suitable to support people in the home.

Preventing and controlling infection

- People, staff and visitors were protected from the risk of catching and spreading infections.
- Staff used personal protective equipment (PPE) effectively and safely and told us they had sufficient PPE for their use.
- Safety through the layout and hygiene practices of the premises was promoted.
- The provider's infection prevention and control policies were up to date. There were processes to make sure infection outbreaks could be effectively prevented or managed.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with current guidance.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- We were not assured the service followed the principles of the MCA at all times. People's capacity to make decisions for themselves was not always respected. For example, a person had full capacity, but their care plan stated there should be a restriction on the amount of drinks they had because it was in the best interest of their health. However, records did not show the person had consented or had been consulted about this restriction. We discussed this with the registered manager who immediately took action to remove this restriction from the care plan to ensure the person's choices were respected.
- We spoke with the person, and they did not indicate this had caused significant impact to them. They told us staff were respectful and friendly.
- Another person was noted to receive their medicines covertly. This meant the person was being administered them without their knowledge because it was in their best interest, and they lacked capacity. Although we saw evidence of a best interest meeting about this, we did not see a capacity assessment in place for this person regarding covert medicines. After the inspection the registered manager completed a capacity assessment for the person about their covert medicines.
- There was an inconsistent approach to MCA assessments. Assessments for all decisions where people lacked capacity to consent, were not always completed. For example, they did not always record that the person was restricted under a DoLS. Some care plans also contained incomplete MCA documents. For example, there were blank sections where questions had not been answered about the person.
- The registered manager applied for DoLS authorisations to ensure they were in place for people whose liberty was being deprived. They kept track of applications and authorisations granted by the local authority.

Systems to robustly assess and respect people's capacity and ability to consent to their care were not effective. This was a breach of regulation 11(1) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- When there were concerns about people's food and fluid intake or weight, records showed they were referred to other health professionals such as speech and language therapists, dietitians or their doctor.
- People's risks around eating and drinking were assessed. For example, if they had any allergies or if they required their food to be softened or pureed to prevent choking. The kitchen staff knew of this information and prepared meals according to each person's specific needs.
- Following a recent incident, the provider had implemented new procedures to ensure people at risk of choking were always monitored and supervised. We observed a lunch service and saw it was well managed with staff supporting people with their meals. People were offered choices and a person said, "The food is good. It's nice." Some people were assisted to eat, and this was done safely and kindly. People were not rushed and were assisted at their own pace.
- Staff maintained fluid charts to check people were maintaining their hydration with water and other fluids. However, we found that fluid targets for each person were set at an identical level which meant they were not targeted to the specific person's fluid needs or requirements.
- We did not find evidence that any person was dehydrated. People were provided water and other drinks, although we noted that a person took less than their recommended target over the previous 4 days. However, action had yet to be taken to reassess the person's fluid recommended fluid intake. The registered manager informed us they were aware of this and would revise the person's fluid intake.

Staff support: induction, training, skills and experience

- Staff were supported with an induction, training, supervision and performance appraisals to help with their continuous development and attain the skills necessary to support people safely.
- There was an induction and training programme for new staff and existing staff received refresher training to update their knowledge. Training included a combination of online and practical courses.
- Training topics included infection prevention and control, safeguarding adults, moving and handling, nutrition and hydration, stress and distress and dementia and cognition. Staff told us the training was helpful.
- Staff were able to demonstrate their training, skills and their knowledge of the needs of people and how they met those needs. An agency staff member told us, "I always come back to work here because I am well supported."
- Staff told us the registered manager was open to providing additional training if they requested it. Some staff members said they were being supported to gain further qualifications to become nursing associates or registered nurses. A member of nursing staff, who had recently started working in the home, told us they received a good induction and that they were receiving good support to deliver nursing care to people.
- Staff were supported in their roles by the registered manager, the deputy manager and other senior staff. They told us and records showed they had opportunities to discuss their work, their performance, and any problems in supervision meetings with the management team. A relative said, "I never see staff just standing around; they're always doing something. They are trained, professional and confident. They have skills and experience, and the new staff are good as well."

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

- People's needs were assessed before they moved into the home. The assessment helped the management team assess and determine if the person's needs could be met and the environment was

suitable for them.

- Pre-admission assessments contained details of people's backgrounds, health conditions, mobility, their skills and abilities and equality and diversity needs.

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People's health and wellbeing was monitored. There was involvement from other health care professionals including tissue viability nurses, speech and language therapists, physiotherapists, PEG nurses, GPs, pharmacists, and dietitians.
- Records showed people attended health care appointments. The staff and management team worked well with health professionals to ensure people were in the best of health. The GP from the local surgery visited the home weekly to check up on people's health and ensure they were getting the right treatment.
- Staff told us they ensured people were in the best of health by doing regular checks and speaking with them. Staff were able to identify if people were not well and knew what action to take in an emergency.

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

- Havering Court Care Home is located within a residential area and was near to local shops, services and public transport links. There were areas of outdoor space for people to walk around and there was suitable access for people to come and go. The home was large and spacious. The provider made best use of larger communal areas.
- People told us they felt comfortable and safe in the home. They were able to personalise their rooms with items of their choosing. The home was clean, and hygiene was maintained to prevent odours.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed 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; equality and diversity

- People and relatives were positive about the staff and told us they were kind, caring and respectful. People told us they were well treated and had got to know the staff.
- We observed warm and caring interactions between people and staff. People were dressed for the day and their personal care needs were met. A relative told us, "The staff are very good, cheerful and very caring. I can't fault them."
- People's protected characteristics such as their gender, race, religion and sexuality were respected and recorded in their care plans. Staff had received training in equality and diversity. They told us they respected people as individuals with their beliefs and would challenge forms of discrimination. A staff member said, "I don't judge anybody based on their sexuality, religion or race. I respect everyone equally."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they made sure doors and curtains were closed when providing people personal care to protect people's dignity and give them privacy. Staff told us they understood the home's confidentiality policy and did not share people's personal information.
- We observed people expressing themselves through smiles and laughter and they enjoyed the company of staff. Staff demonstrated appropriate skills and techniques when supporting people with cognitive disabilities.
- Care plans contained information about people's levels of independence and daily living skills. For example, their ability to eat or walk independently.

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

- People and their relatives told us they were involved in decisions about their care so that they could receive the type of care they wanted. A relative said, "I am fully involved with my [family member's] care. I am informed of everything. The staff work really hard."
- People confirmed they could express their views and make choices. During the inspection we saw there was different types of music played for different people and it was their choice what was played. Staff were aware of individuals choices. We spoke with an activity coordinator who arranged people's individual music choices for them. They said, "Music is very important to a lot of residents. We put on a song to help calm people, reassure them, help them to de-stress. I work with the carers to help people's wellbeing."
- We observed the good practice of staff listening to and respecting people during our inspection.

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

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

- The provider had quality assurance systems in place, but they were not used effectively to monitor the safety of the home. Although a range of audits were carried out by the management team, we found a number of shortfalls during our inspection that had yet to be identified.
- The management team's checks around the management of medicines were not thorough. Audits prior to our inspection had failed to identify errors made on MAR charts which meant people were at risk of not receiving their prescribed medicines.
- The service had not maintained complete and up to date records in respect of the decisions taken about each person's care and treatment, in respect the Mental Capacity Act.
- The providers checks had not identified that people's fluid intake targets were not tailored towards people's individual needs. There was not a suitable system to identify if people were consuming less than the target amount and take the necessary action to support them.
- The management team informed us that documentation was largely kept on an electronic system, but they were in progress of transferring from paper to the electronic system. This made it difficult to see if all documents, such as those for medicines and incidents, were in place, completed and up to date.
- Staff told us that people's hospital passports were being updated so that if they needed to be transferred to a hospital or different care setting, it could be printed out for external health professionals to view. However, we found the provider had some issues with their IT systems and staff were writing out essential information to transfer people with. We were concerned this could hinder staff from accessing essential information if there was an emergency.

The above evidence shows that the provider did not have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a clear management structure. The registered manager was supported by the deputy manager, nursing staff and the provider. The registered manager had recently returned from a period of absence and the provider ensured there was continuous management oversight of the home.
- Representatives of the provider, such as the regional director and a quality assurance manager, attended the home to support staff and carry out quality checks. Staff told us they felt supported in their work and had received necessary training for the care they delivered to people.

Continuous learning and improving care

- Records showed daily meetings took place between the registered manager and senior staff to provide updates and discuss each person in each unit in the home. The registered manager also met with the regional director to go through any issues in the home.
- Staff told us they were clear about their roles and responsibilities. Staff meetings were used by the management team to share important information and discuss concerns.
- The provider used audits, surveys and meetings to identify trends, analyse data and develop learning outcomes.

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

- Providers and registered managers have a legal responsibility to notify the CQC of any allegations of abuse, serious injuries or incidents involving the police.
- The registered manager was open and transparent with people and relatives when things went wrong. A relative said, "I know I can ring the managers and they will always be open and honest. They won't try and hide anything."

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

- People received care that was inclusive and empowering. The provider had established a positive culture in the home. A person said, "I like it. The staff are good. I am happy." A relative said, "It is friendly, warm and welcoming home. When I leave after visiting [family member], I know they will be safe."
- On the day of the inspection there was a sensory session using light and sound which was appropriate for people's specific needs. In the afternoon there was entertainment provided by a professional singer. We saw lots of people listening, participating and enjoying the music.
- Staff told us there was an open-door policy so they could approach the management team with any issues.

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

- People and relatives were engaged and involved with the home. The home used social media to share pictures and promote the work done in the home to support people.
- A person had a badge which showed they worked as a volunteer in the home. They told us they were proud of their role and of the tasks they carried out to help staff, which were all appropriate for their safety and that of others.
- The registered manager ensured people and relatives were kept informed and updated on any changes in the home.
- People's equality characteristics were considered and recorded in their care plans. The culture and values in the home meant that equality, diversity and inclusion was promoted.
- The provider sent out surveys and questionnaires to people, staff and relatives for their feedback. The feedback was analysed to make adjustments and improvements to the home and working conditions. We looked at comments and saw they were positive. A person had written, "I find it a lovely place and staff understand my needs." Another comment was, "The staff are fun, kind and caring."

Working in partnership with others:

- The provider worked with local services, social care agencies and professionals, such as GPs, speech and language therapists and local entertainers and schools to maintain people's health and wellbeing. The home had received a lot of positive feedback about its entertainment and activities programme.

- The provider kept up to date with new developments in the care sector and shared best practice ideas with the service.

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 11 HSCA RA Regulations 2014 Need for consent The provider did not have effective systems to ensure people's consent was always respected.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was failing to effectively assess, monitor and manage risks to people's health and safety and the quality of the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems to manage medicines safely were not robust which could put people at risk of harm.

The enforcement action we took:

We issued a Warning Notice to the provider.