

## The Beeches Residential Care Home Ltd

# The Beeches

### Inspection report

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### Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

The Beeches is a residential care home providing personal care and accommodation to 35 people aged 65 and over at the time of the inspection, some of which were living with dementia. The service can support up to 40 people in a single adapted building.

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

Systems were not effective at identifying areas that needed improving and to keep people safe. People were left at risk in the event of an emergency and instructions from the fire service had not all been followed. Some building checks were also not completed. Risks were not always assessed, planned for and mitigated to keep people safe. People were not always protected from the risk of cross infection and lessons had not always been learned. The previous inspection rating was not displayed as required.

People did not always have their mental capacity assessed when necessary although staff did generally ask for people's consent. The policies and procedures did not support best practice in relation to the Mental Capacity Act (2005). Staff did receive training, however the application of their training was inconsistent. People were supported to have adequate amounts of food and drink, although there was mixed feedback about what people thought about the food. People's weights were not always effectively monitored.

Staff were not always effectively deployed, although staff were recruited safely. People were protected from the risk of abuse by staff who understood their safeguarding responsibilities. There were occasions when people were not always treated with dignity, but people felt positively about the staff overall. People were supported to be independent and were involved in their care.

People were able to access activities and trips of their choice, although this opportunity reduced at weekends when there was less staffing available. People and relatives felt involved in their care, but reviews of this were not always effective. People were supported at the end of their life. People and relatives felt able to complain and an appropriate procedure was in place.

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 and update

The last rating for this service was requires improvement (published 15 June 2018) and there was one breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 about a lack good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had been made or sustained and the provider was still in breach of regulations, with new breaches also being identified. The service has deteriorated to inadequate.

### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to medicines, risk management, people were not having their mental capacity assessed as necessary and governance system were not effective at identifying areas that needed improvement.

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

#### Special measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# The Beeches

## 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 and one 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

The Beeches 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 sought feedback from the local authority. We also 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. The local authority did not have any information of concern to share.

We used all of this information to plan our inspection.

During the inspection

We spoke with six service users, five relatives, five care staff, the activities coordinator, the registered manager, a business director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We viewed a range of records. This included four people's care files and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. The inspection team also looked at documents relating to the management and administration of the service such as audits, meeting records, procedures and surveys.

# 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 requires improvement. At this inspection this key question has deteriorated to inadequate. There were continued issues regarding medicines, infection control and poor risk management.

This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

- We could not be sure people were always having their medicines as prescribed and medicines were not always being stored safely.
- There was an electronic medicine system so staff would input onto a system once a medicine had or had not been given. Senior staff checked the stock levels in the home compared to the system and amended the stock levels if they were different. However, the reasons for the stock levels being different were not investigated so it was not possible to see why the stock did not match records.
- There were also gaps in the recording of oral and topical medicines, so it was not always possible to see if people had their medicines as prescribed.
- Medicines which are needed 'as required', or PRN medicines, did not always have guidance for staff to follow so there was a risk that people may not have their medicine when needed.
- Checks on the storage of medicines were not always appropriate. The thermometer in the room where medicines were stored was not accurate enough so it was possible the temperature would rise above the recommended level of 25 degrees and this would not be identified. Fridge checks were also not being done every day and if the fridge was outside of the safe range, action was not being taken to rectify this.

### Preventing and controlling infection

- People were not always protected from the risk of cross infection. The home was generally clean and tidy and it was free from any unpleasant odours.
- However, we observed dirty table mats in the dining area. These were removed by the registered manager following our feedback.
- A staff member was observed giving out medicines without wearing gloves and not washing hands between each person. The staff member would touch the medicines and on occasion would put them into a person's mouth for them. This meant there was a risk of cross infection and of medicine being absorbed into the staff members skin which could put them at risk.

### Assessing risk, safety monitoring and management

- People were not always being protected from possible risk. Equipment was not available to evacuate people in the event of an emergency, particularly from the upper floor of the building, so people would have been left at risk. Staffordshire Fire Service had previously raised this in September 2017 and action had not been taken to resolve this.

- The building did not have all of the appropriate checks in place; the electrical safety of the main building had not been checked as necessary. Other checks were in place such as checks on equipment and gas safety.
- People's risks were not always assessed and planned for. For example, one person was at risk of putting inedible items in their mouth. All staff knew about this risk, however there was no plan in place to guide staff about what they should do or to recognise possible triggers for this. Topical medicines were also being openly stored in the person's room which could put them at risk of ingesting them.

The above constitutes a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback the registered manager put a plan in place for the person who was at risk of ingesting something inedible. The provider took action to ensure people could be evacuated in the event of an emergency and acted upon the feedback from the fire service.

#### Staffing and recruitment

- There were enough staff to support people, however staff were not always deployed effectively. Interactions between people and staff were often task-focused.
- There was mixed feedback from people and relatives about staffing levels. One person said, "There isn't always enough staff, especially around tea time when people want to go up to their rooms. Another resident calls to go to the toilet for up to 30 minutes." A relative told us, "On occasions, there isn't enough staff. The home could do with more staff."
- Staff were recruited safely as checks on their suitability were carried out prior to their employment.

#### Learning lessons when things go wrong

- Lessons had not always been learned when things had gone wrong. Feedback had not been acted upon from the fire service and sufficient improvement had not been made since the last inspection to achieve a good rating.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. One person said, "Staff don't talk in a rough way with me." Another person commented, "I can talk to staff and they would do something about it." A relative said, "My relative has no bruises. I have never found them soiled or wet. When I visit, they are clean, smells fine and looks cared for. Staff are always understanding of my relative."
- Staff all knew the different types of abuse, how to recognise it and were aware of their responsibilities to report this.



# 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 requires improvement. At this inspection this key question has remained the same, 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not working within the principles of the MCA. DoLS applications were being made, however these applications should only be made if a person no longer has capacity. No decision specific mental capacity assessments were being carried out so it was not clear how the service had determined someone no longer had capacity.
- People were generally asked for their consent, however there were some occasions during lunch when staff did not check with people prior to putting on or taking off aprons. We observed other interactions, such as when a person's blood pressure was being taken, when they were asked consent.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback the provider began developing capacity assessments for people and was seeking additional training for staff to feel more confident in this area.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to other health professionals, however this was not always in a timely way.
- For example, we saw two people had lost weight or had fluctuating weight. Their weight loss had not always been acted upon or advice sought in a timely manner which put them at risk of continuing to unintentionally lose weight.
- One person's support needs had not been fully assessed and no plan formulated to protect them in relation to putting things in their mouth that could put them at risk.
- Despite this, people told us they were supported to see other healthcare professionals. One person said, "I got chesty recently and the carer checked to see if I wanted a doctor." A relative said, "The GP has been here for a review of my relative with the nurse practitioner. The district nurse comes to check my relative's legs and they've been seen at hospital."

Staff support: induction, training, skills and experience

- Staff received training. However, medicines and infection control training was not being applied by staff effectively as we found concerns in these areas.
- Other training, such as moving and handling, had been effective as we saw appropriate moving and handling techniques being used.
- The service sometimes used agency; the provider checked agency staff suitability before they started to work in the home by looking at the profile sent in by the agency. Some agency staff training had expired according to the profile, and it had not been re-checked to ensure it had been refreshed. Following our feedback, this was re-checked.
- Relatives told us they felt staff were well trained. One relative said, "Staff are very capable and very attentive."

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

- There was mixed feedback about the food, however people were supported to eat and drink enough. One person said, "I don't think much of the food." Whereas another person said, "The food is very good. We have set meals."
- We observed people were not always given a choice at lunch time; everyone was given the same soup and everyone who was able to eat bread was given a plate of sandwiches and accompaniments. Staff did not explain to people what the soup was and when staff were questioned as to what the soup was they did not know and had to go and find out. No alternatives were offered to people; a member of staff told us, "I think they could do with more variety."
- People were offered drinks and snacks throughout the day. Despite a lack of choice at lunch, we saw people had a variety of breakfast options including cold and hot meals and they could eat at different times.
- We were told the menus were being looked at to try and make improvements for people, as the provider had recognised there was not always enough choice, particularly for those who needed a modified diet.

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

- The home had adaptations to ensure it was appropriate for the people at the service and moving and handling equipment was available for people as necessary.
- Some areas of the home were tired and needed redecorating; however work was already planned for this to take place and external contractors were on site around the time of the inspection replacing some flooring, with further plans in place.
- There was limited dementia-friendly décor, such as clear signage (although some signage was present, this was not throughout the home) and people's doors were not personalised to help those with dementia

identify their room more easily.

- People were also given their lunch in a glass bowl. Some people with dementia may lose their ability to be able to recognise different colours and differentiate between items. Having clear bowls may mean they may not always recognise there is food in front of them. Having clearly contrasting coloured crockery to the food being served can help those with dementia recognise it more easily.
- There was also a lack of sensory stimulation for those who mobilised around the home which may benefit some people, for example, fiddle-boards. Fiddle-boards are installations with tactile items that people could touch.

# 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 requires improvement. At this inspection this key question has remained the same, requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People and relative felt positively about the staff. However, our observations showed staff did not always treat people with dignity.
- For example, at lunch time we observed staff putting clothing protectors on people without asking them first. Staff who were supporting people to eat would not interact with them.; Some staff were unable to tell people what the food was and did not explain when dishing out people's meals.
- People were sat at dining tables which were dirty. It was not dignified for people to be eating meals in an unclean environment.
- Despite this, people and relatives gave us other examples where they felt they were treated with dignity. One person said, "They [staff] always knock on my door."
- A relative said, "My relative is always covered and when they have a wash they have a towel to cover them to be private. Staff help residents who pull their trousers or skirts down to pull them up. They [staff] explain first. I have seen them knock on the bedroom door first and introduce themselves."

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

- People told us they had a choice and could make their own decisions. One person said, "Yes I can make choices. If you don't want to do something then you don't have to." Another person said, "I'm not stopped from doing anything."
- A relative said, "They [staff] always ask her, they'd not do something without checking with my relative."
- People told us they could choose where to spend their time. One person said, "I just do what I want to do. I sit a lot in my room and watch T.V. I come down (to the lounge) if I want company."
- This meant, people overall felt they had a choice, but we observed some staff not always being consistent with this.

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

- People felt well-treated. One person said, "They [staff] are good. They [staff] tell people they love them and give a hug." Another person said, "I've found the staff to be very good, attentive and obliging. Personally, I find them pleasant."
- People had their equality and diversity needs considered. If people chose to practice a religion they were supported to partake; one person said, "I do like to say my prayers. The church comes to visit and I had communion here."

# 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 requires improvement. At this inspection this key question has remained the same, requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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.

- Relatives told us they were involved in people's care. However, reviews of people's care plans were not effective at identifying when information was missing. Some plans were not in place to address risks to people and some 'This is me' documents were blank which were supposed to give the activities coordinator and staff ideas on people's social history and the things that interested people.
- Some people's protected characteristics were not always taken into account. Protected characteristics are designated within the Equality Act 2010, for example age, gender, sexuality and religion.
- The registered manager explained "We always ask about what religion people are." However, when we asked them about people's sexuality they said, "We have a lot of patients with dementia, so we don't discuss it." The opportunity for people to discuss their protected characteristics was inconsistent.
- Despite this, one relative said, "Staff are open and explain any questions I want to raise. They keep me updated." Another relative said, "Staff know me personally and I can talk to them easily."
- Staff were able to tell us about people's communication needs. They knew some people couldn't easily verbally communicate and knew they had to explain things to them.

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

- People were able to partake in activities if they chose to during the week. However, staff told us the activities were not varied at a weekend and they did not always have time to encourage activities then. One staff member said, "Weekends could be better. There's a film weekend, but it'd be nice for a change."
- During the week, people and relatives were positive about the support they got. One person said, "I enjoy watching movies. We get entertainers. An organist comes, and we do singsongs and play your cards right." Another person said, "We do exercises. We are doing some this afternoon." We observed people partaking in these exercises.
- People were also supported on trips outside of the home, both with their relatives and with staff. One relative said, "My relative goes out with us to the pub. She also went out to dinner with the home." Visitors told us they were able to visit at any time.
- People were supported by an enthusiastic activities coordinator who worked five days a week. They said

to us, "I want to make people smile, to be happy and to change their life." We observed them giving a doll to a person and having a positive interaction which clearly made the person happy.

- There were regular visits from entertainers, a hairdresser, and group activities such as cards and crafts. A relative told us of the extra effort made by staff on their relative's birthday.

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

- People and relative felt able to raise complaints. One person said, "I have had no complaints. If I did I'd go to the manager or senior carer. I do feel they would listen." Another person said, "I've never been worried about anything here."

- No complaints had been recently received at the service, although some anonymous concerns had been raised. These were fully investigated and action taken.

- There was an appropriate complaints policy in place however this was not being displayed in a conspicuous place, such as notice boards. We recommend this be made readily available for people and visitors.

#### End of life care and support

- No one was receiving end of life support at the time of our inspection. However, consideration had been given to ensure people had a pain-free and dignified death.

- We saw a care plan that had been developed for a person that had passed away which provided instructions for staff as to how to support the person to remain comfortable and to ensure the family were involved.

# 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 requires improvement. At this inspection this key question has deteriorated to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Risks to people and regulatory requirements were not always being adequately managed and monitored to keep people safe.
- Systems had failed to identify the concerns we found, such as issues with fire safety and complying with instructions from the fire service which left people at significant risk in event of an emergency.
- Medicines audits were not being carried out so the reasons for medicine stock level discrepancies were not being checked and issues with storage had not been identified. The provider said that the Head of Care staff did a weekly report. This was then reviewed by the registered manager, and providers, but these had not been effective at identifying issues.
- Checks on the cleanliness of the environment were ineffective. When we asked the registered manager about the dirty placements, they said, "I was surprised how bad they were actually."
- There were monthly reviews of people's care, but these had not been effective at identifying omissions in people's plans and risk assessments. The registered manager told us the provider checked when plans had last been evaluated, but not necessarily the content of the plans. The provider said, "We have an experienced manager." However, issues such as not having a clear plan in place for a person putting inedible things in their mouth had not been identified.
- Individual accidents and incidents were reviewed however there was no over-arching review across all people to ensure any trends were identified; such as location in the home, day, shift and staff on duty. When we asked the registered manager about trend analysis they said, "We don't look at falls overall, we do them per person. We do look at the times of day, but we don't document it."

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The last CQC was not being displayed either on the website or in the home. When we raised this with the provider they said, "We forgot all about it. We will sort it out." Both were rectified by the end of the inspection so they were being displayed. However, ratings should be on conspicuous display within 21 days following the last report being published and it took our feedback to ensure this happened.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

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

- People, relatives and staff were engaged and involved in the service. However, feedback was not always acted upon.
- For example, in the most recent relative survey a relative commented that, "Sometimes the dining chair arms and placemats are in need of wiping over." We found this still to be an issue at our inspection. Another relative had requested, in August 2018, that they would like a photo on their relative's bedroom door and this had not been acted upon nine months later.
- Despite this, people and relatives still felt able to get involved. One person said, "I am a resident ambassador for resident meetings. I'll be taking part on panels selecting staff. The last meeting had a good turnout. We can raise issues."
- A relative told us, "We have residents' meetings and family members are welcome. There is a social media page. It is well advertised. If any things are mentioned, then they are acted upon."
- People were involved in the recruitment of new staff and they were able to ask candidates questions. The registered manager said, "They [candidates] are going to be caring for them so it's good they have some input. The questions people asked [the candidates] were really good."
- Staff had team meeting they could attend to be given information and discuss the service.

Continuous learning and improving care

- The service was not always learning and improving care. This was the second inspection where they had failed to achieve an overall good rating.
- Competency checks on staff were not being regularly completed. When we asked the provider about this, they said, "We don't really re-check it unless an issue comes up. We don't do it as a matter of course." However, as systems were not effective at identifying issues it was not clear how they would recognise a staff member's competency would need re-checking. None had been completed recently.

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

- When we asked the registered manager and provider what duty of candour was, they were unable to tell us. However, upon further discussion they did understand their responsibilities in relation to this area. The provider went on to say, "I have no problem about putting our hands up when something is wrong."

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

- People and relatives felt positive about the registered manager and providers. One relative said, "I know who the [registered] manager is. They're great, really good. Nothing is too much for the manager. The owners are also always here and chatty with people. They know the residents."
- Staff also felt positively about the management support. One staff member said, "I love [the registered manager]. I can go to them." Another staff member said, "I feel able to go to the management. They are quite open and relaxed."
- The registered manager also felt supported by the providers; "[The providers] are here every week, they're very supportive."

Working in partnership with others

- The service worked in partnership with other organisations, such as the local authority and other visiting health professionals. Health professionals we spoke with felt the referrals for support they did receive were



appropriate.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People were not having their decision-specific mental capacity assessed to ensure Deprivation of Liberty Safeguards (DOLS) application were appropriate and in people's best interests.</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always assessed and planned for. People were at risk of not being protected in the event of the need for an evacuation. There were not always appropriate checks on the building. medicines were not being managed safely. People were not always protected from the risk of cross infection.</p>

**The enforcement action we took:**

Notice of Proposal to impose a condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not effective at monitoring the quality of the service and ensuring improvements were identified and made in a timely manner.</p>

**The enforcement action we took:**

Notice of Proposal to impose a condition