

Stockton Care Limited

Primrose Court Nursing Home

Inspection report

South Road
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Ratings

Overall rating for this service

Requires Improvement ●

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Primrose Court Nursing Home is a residential care home providing personal and nursing care to up to 54 people. The service provides support to people living with dementia and people who have a mental health condition. Accommodation is across two floors, each of which has separate adapted facilities. The ground floor wing specialises in providing care to people who have a mental health condition. At the time of our inspection there were 46 people using the service.

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

Medicines were not managed safely. People were exposed to risk of harm due to a lack of person-centred risk assessments. Infection control was not always effectively managed in the home. Accidents and incidents were analysed but not every incident was correctly recorded so lessons were not always learnt. Safeguarding incidents were reported, and investigations were carried out correctly. Staff were recruited safely. There were enough staff to provide care and support to people.

People were not always supported to have maximum choice and control of their lives and staff did not always 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.

We found that blanket restrictions on people's freedoms were in place. For example, people were not allowed to go out after 8pm. The environment needed refurbishment. Some furniture and signage was damaged. The first floor was not decorated in a dementia friendly way. Staff had completed training, but we did not always see this in practice, for example around medicines management and infection control procedures. People were provided with enough food and drinks and told us they enjoyed them.

People were not always treated with dignity and respect. We observed some very positive interactions between staff and people using the service, however, we also saw some staff failed to engage with people at all or did so in a disrespectful way. People were given choices around some aspects of their care and asked for feedback on a regular basis.

People did not have opportunity to take part in activities they enjoyed. There was very little going on in the home and people told us they were bored. Care plans did not always accurately reflect people's care needs or preferences. People's communication needs were not always met and people with hearing or sight loss had a mixed experience of care. Complaints were reviewed in line with the provider's policy.

Quality checks of the service had not identified all of the issues we found. We found a number of areas where records were not fully completed, accurate or up to date. Staff told us morale was good and they felt well supported by management. The registered manager understood the importance of sharing information when things went wrong. Staff had opportunity to raise concerns at staff meetings. Staff, people who used the service and their relatives were asked for their feedback via surveys and meetings. Negative comments

were noted, and an action plan had been put in place, although not all actions had yet been completed. Most of the relatives we spoke with told us communication was good and they felt able to approach the manager or staff if they had any concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 September 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider arranged more specific training for staff in subjects like challenging behaviour and mental health. At this inspection we found the provider had made improvements in this area.

Why we inspected

The inspection was prompted in part due to concerns received about cleanliness of the home, accurate record keeping and interactions between people using the service and staff. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the full report for further details.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment including medicines management, person-centred care, the home environment and good governance.

We have made recommendations about supporting people to make choices at mealtimes and accessing additional training for staff.

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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Primrose Court Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors, a medicines inspector and an Expert by Experience who made telephone calls to people and their relatives. 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

Primrose Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Primrose Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 July 2022 and ended on 9 August 2022. We visited the service on 28 July and 4 August 2022.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, deputy manager, nurses, senior care staff, care staff, maintenance person and the chef.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At our last inspection the provider had failed to safely manage medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely. We could not be assured that medicines were stored in line with manufacturer's instructions; the temperature regularly exceeded 25 degrees centigrade, actions taken by the service had not rectified the issue.
- We were not assured all staff were competent to administer medicines; two staff members, who we observed administering medicines, did not have current and or accurate competency assessments in place. We also found staff did not always know how to carry out core processes such as controlled drug stock checks and monitoring fridge temperatures.
- Records of medicine applied via patches were not always completed. As a result, we were not assured the site of application was being rotated safely so there was a risk people might suffer from skin irritation.
- There was a process in place to manage topical medicines however prescribed instructions were not always followed. Therefore, we were not assured people's skin was cared for properly.
- We found thickener wasn't always managed safely; for example, on the day of inspection one resident who was at high risk of choking had received their morning medicines with a non-thickened drink.
- Guidance in place to support staff to safely administer as and when required medicines were not always completed correctly. We also found handwritten records did not always include all required information to ensure staff administer medicines safely and accurately.

This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of

regulation 12.

- Risks were not safely managed. Risk assessments were not always completed. This meant staff were not always provided with information explaining how risks to people should be mitigated. As a result, service users were exposed to risk of harm.
- Risks relating to fire safety were not adequately managed. Fire drills had taken place twice since January 2022, however, records showed that only five out of 53 staff had participated in these. We were not assured staff knew how to respond in an emergency and service users were exposed to risk of harm.
- Health and safety checks within the home were not being carried out in line with best practice. Fire safety and water safety checks had not been completed in full.

This was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Lessons were not learnt from incidents. Accurate and complete records of accidents and incidents were not being kept. We found an incident where a person had fallen and another where a person had set a fire in a bedroom which were not recorded. An analysis of incidents was undertaken by the registered manager but without an accurate record this was ineffective.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Safe infection prevention and control (IPC) practices were not always followed. Inspectors were not asked to provide evidence of lateral flow tests, in line with current government guidance and staff did not always use PPE correctly.
- Prior to the inspection we received concerns about the cleanliness of the home. We found some areas of the home were not clean and other areas could not be adequately cleaned due to damage. We saw dirty floors in the dining room, damaged paintwork to handrails in corridors and damaged chair covering exposing foam interior which made effective cleaning impossible. Used PPE and towels were left in the hairdressing room and we found communal toiletries and used razors in the hairdressing room and bathrooms.

Poor IPC practices placed people at increased risk of infection and cross contamination. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Visiting in care homes

- The provider's approach to visiting was in line with current government guidance.

Systems and processes to safeguard people from the risk of abuse

- The registered manager handled safeguarding concerns appropriately. Safeguarding concerns were escalated appropriately, and staff had a good understanding of how to report any concerns. One member of staff told us, "If I thought someone was being neglected or saw signs of abuse, I'd contact the nurse on shift or [registered manager]. If they didn't act, I would go to safeguarding myself."

Staffing and recruitment

- The service had enough staff, including for one-to-one support to meet people's care needs.
- Staff were recruited safely. Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- Records were in place to evidence nursing staff were registered with the Nursing and Midwifery Council (NMC).

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 requires improvement. The rating for this key question has remained 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; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS restrictions were not documented appropriately. Staff were unclear which service users were under restrictions and information was not always available within individual care plans.
- The provider's governance systems had failed to identify when a person needed to have additional conditions added to their DoLS due to the way they were being supported, for example not going out without constant supervision.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found that blanket restrictions on people's freedoms were in place due to a lack of understanding around DoLS and best interest decisions. For example, people told us they were not allowed to go out after 8pm and records confirmed this. The kitchen area for use by service users was locked after 10pm and during the day if there was no staff presence. This meant people's care did not reflect their personal preferences.

This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The environment was in need of refurbishment. Some furniture and signage was damaged. The first floor was not decorated in a dementia friendly way. Dining rooms did not display any picture menus and communal areas were bare and did not feel homely.
- There was some dementia friendly signage in place but some of this was broken and some signs had been written over making it difficult for people to understand. We were told decoration was due to commence in September 2022 however we had found similar issues with the environment at our last inspection in 2020. At that time we were told redecoration was due to commence two weeks after our inspection.

This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider arranged more specific training for staff in subjects like challenging behaviour and mental health. The provider had made improvements in this area but further improvement was needed in other areas.

- Staff skills and knowledge were not always good enough. Some staff did not demonstrate a good understanding of all the tasks they performed, particularly around medicines procedures, IPC and DoLS. In some cases there was a language barrier which made interacting with people more difficult.

We recommend the provider ensures staff have access to any additional training they require to improve their skills and knowledge.

- Staff training had improved since our last inspection and the registered manager had introduced a new matrix to help with oversight and alert them when training was overdue. The majority of staff training was up to date and the outstanding training was ongoing. We saw that training in specific areas such as mental health and challenging behaviour had now been completed.
- New staff underwent a comprehensive induction.

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

- People with dementia were not fully supported to make menu choices. There were no visual cues, either photos at the time of ordering or showing plates of food when the meals were being served. There were no picture menus in dining areas. One person had a sensory impairment. They told us staff put their food down and walked away. They said, "They (staff) just plonk it down in front of me and rush off." We observed this happening at lunchtime and gave feedback to the registered manager immediately. We were told staff would be given additional training around this.

We recommend the provider refer to current best practice guidelines around supporting people with dementia or sensory impairment at mealtimes.

- People were given enough to eat and drink and there were choices available if what was on the menu was not to their liking. The kitchen staff had a good understanding of people's dietary requirements and we observed staff offering a variety of food choices to people who were not eating. One person told us, "The food is good, the chef is excellent."

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

agencies to provide consistent, effective, timely care

- People had access to health professionals when required. One person told us, "I get appointments when I need them with one of the Doctors. I have a meeting this afternoon, it's with the NHS, an assessment."

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 good. At this inspection the rating has changed to 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

- Staff did not always treat people with dignity or respect their privacy. We observed a member of staff emptying a catheter bag in a communal area with other people present and another member of staff roughly wiping a frail person's face with green paper (hand drying) towels. We found a box of handover records stored in an unlocked cupboard.

We recommend the provider sources reputable training for staff around privacy and dignity.

- We saw people upstairs being encouraged to be independent. Staff told us how they encourage people to do things for themselves wherever possible. Downstairs there was a kitchen area for people to make food and drinks independently but this was not being fully utilised and was kept locked on a night and during the day when staff were not around.

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

- Prior to the inspection we received concerns about the way staff interacted with people. We observed two of the staff downstairs not interacting at all with people they were supporting. However, we also witnessed some very positive interactions. One member of staff knew sign language and was engaging with a person who was hearing impaired in a friendly and positive way. One person told us, "Half of the staff do listen, yes. Two of them don't, but mostly they do listen, and they do care."
- We observed more positive interactions between people and staff upstairs. We saw staff treating people with kindness and patience and people appeared to be happy and relaxed. One person told us, "I think [staff] are great, it really is a good place here."

We recommend the provider ensures all staff have the necessary skills and training to engage appropriately with the people they support.

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

- Feedback was regularly sought from people. An annual residents, relatives and friends questionnaires were last completed in May and June 2022. Some of the issues we found had been highlighted in the results and placed into an action plan, for example the lack of activities and the décor of the home.
- Staff described how they supported people to make decisions and how they simplified this process for people living with dementia. For example, offering only two choices instead of many.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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 told us there was nothing to do. We saw very few activities going on during our visits. The activities planner on display was blank and the activities files we were shown did not provide evidence of what each person had been doing. One person told us, "There is never anything to do. If you look at the activity planner in the corridor, it's a joke as it's blank and has always been the same since I moved in. I tell you what, if we were in prison there would be more to do as they'd have to give us at least one hour a day for activities."
- There were two activities co-ordinators employed to support people to take part in activities. On the first day of our inspection we saw one activities co-ordinator sitting with a person for two hours whilst other people had no interaction at all. On our second day we asked the other activity co-ordinator what was taking place in the home and we were told they were taking one person out to town. The majority of people did not have the option to take part in any activities whilst we were inspecting. In a small lounge upstairs people were playing the same game on both days we visited.
- There were no age appropriate activities for the younger people downstairs. There was no independent access to activity equipment.

This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The electronic care plan system did not support accurate and detailed planning around people's mental health needs. There was nothing in care plans about encouraging independent living skills, particularly for those people whose goal was to return to living independently.
- People were able to make some choices about their care. However, choice was restricted in some areas. For example, people were not able to go out after 8pm and there was a no alcohol policy within the home.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication needs were not always met. We observed some staff struggled to interact with people

and this was due to language skills. We fed this back to the registered manager who acknowledged some work was needed to improve the English of some staff members and planned to do this.

- People with sensory impairment had mixed experiences. One person with a sight impairment told us staff were patient and helpful when providing personal care but did not always take time with them when meals were served. One person was hearing impaired and there was one member of staff who was able to communicate in sign language. When they were not on duty there was less interaction for this person.

Improving care quality in response to complaints or concerns

- Complaints were reviewed in line with the provider's policy. One person told us, "I did have a complaint. I don't want to talk about what it was, but it was dealt with properly. There were problems way back in the past, but if you don't tell them they can't fix it."

End of life care and support

- At the time of our inspection there was nobody receiving end of life care.
- Since our last inspection staff had received training on end of life care.

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 requires improvement. The rating for this key question has remained 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; Continuous learning and improving care

At our last inspection the provider had failed to complete effective audits or keep comprehensive records. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not have effective systems and processes in place to monitor and improve the quality and safety of the service. Prior to the inspection we received concerns about accurate record keeping. We found a number of areas where records were not fully completed, accurate or up to date. For example one person's eating and drinking care plan had not been updated following a significant change to their care needs, residents who required bowel monitoring as part of their care did not always have the appropriate forms in place to record the information and diabetes care records were not always clear..
- The audits completed by the registered manager had failed to identify all of the issues we found during this inspection. Where external audits had highlighted concerns, the necessary actions had not always been taken.

This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team understood their role in terms of regulatory requirements. For example, the provider had notified CQC of events, such as safeguarding's and serious incidents as required by law.

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

- The provider engaged with staff and people who used the service. One person told us "[The registered manager] is always asking is everyone happy, trying to oblige."
- Staff told us they felt involved in the service and had opportunity to put forward suggestions. One member of staff told us, "I can go to [the registered manager] with any ideas and know I can also ask their advice."

- Staff surveys were done on an annual basis. The results from this were analysed and any areas of concern put into an action plan.
- Staff supported people with religious or cultural needs. For example, people were able to attend church services if they wished to.

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

- The registered manager was open and approachable. Staff felt well supported and morale amongst staff was good. One member of staff told us, "[The registered manager and the owner] have done nothing but help and support me. I'm so confident now and that's totally down to them."
- We observed the registered manager to be a very visible presence around the home. They knew people very well and we saw them engaging in several pleasant conversations.

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 understood the duty of candour and the need to be open and honest.

Working in partnership with others

- The provider engaged well with outside agencies including the local authority. We saw evidence of good partnership working. Staff liaised with external professionals to ensure people had access to the support they needed. This included the occupational therapist and mental health team.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>There were not sufficient person-centred activities to meet people's needs or reflect their preferences. 9(1)(b)(c)</p> <p>There were some blanket restrictions in place that limited people's choices around the way they were supported. 9(3)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises and equipment were not always clean or properly maintained. The environment was in need of refurbishment. Some furniture and signage was damaged. 15(1)(a)(e)(2)</p> <p>Some areas of the home were not suitable for the purpose for which they are being used. The first floor was not decorated in a dementia friendly way. 15(1)(c)</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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not managed safely 12(2)(g) Risks to people's health and safety were not always adequately assessed. Everything possible had not been done to mitigate risk, particularly around fire safety. 12(2)(a)(b) Everything possible was not being done to prevent the risk from infection. 12(2)(h)

The enforcement action we took:

warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes in place had failed to effectively ensure compliance with regulations. New audits had not been effective in highlighting concerns. 17(1)(2)(f) Checks of quality and safety in the service had not identified all the concerns found at inspection. Where issues had been identified enough had not been done to mitigate risk. 17(2)(a)(b) Records were not always accurate, complete or up to date. 17(2)(c)

The enforcement action we took:

warning notice