

Summerley Care Homes LLP

# Summerley Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Summerley Care Home is a residential care home providing personal care to 18 people at the time of the inspection. The service can support up to 21 people and specialises in providing care to people living with dementia. The home is a large converted property located in Felpham, West Sussex. Accommodation is over three floors. There is a communal lounge and dining area.

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

People told us they were very happy at the service and had good relationships with the staff team.

Staff told us there were not always enough staff on duty to deliver person-centred care. Due to pressures on the staff team, some staff woke and got people up earlier than they would have preferred. Staff expressed distress at not always being able to provide person-centred care. One staff member said, "The residents deserve to be cared for properly." Staff were working extremely hard to cover shifts and vacancies within the team. The registered manager was regularly supporting staff on the floor. We have made a recommendation to the provider to review staffing levels.

The service was transitioning to an electronic care planning system. Some care records were on paper, some electronic and aspects of some were missing. Some risks had not been identified and assessed in a robust way and staff did not always have accurate and reliable information to refer to. This put people at risk of harm. Management tasks, including monitoring and auditing the service, supervising staff and record keeping had fallen behind. Where improvements were identified in audits, actions had not always been taken in a timely or thorough way.

Accidents and incidents were not consistently recorded on the new system. We found two bruises that had not been recorded and one that had not been investigated. Incidents were logged in an individual's care record and the registered manager was not yet using the system to oversee incidents on a home level. This would help to spot any emerging trends and make changes to improve safety for people.

Medicines were not always managed safely. Errors were not identified in a timely way. There were some gaps in the medicine records, which put people at risk of not receiving their medicines as prescribed.

Staff opinion about the leadership and culture at the service was divided. Some staff were very happy and felt supported. Others felt their feedback was not taken on board and spoke of friction between staff members and management. Staff had not always received sufficient training and supervision to support them in their duties.

The service had policies and processes to manage infection prevention and control but some of these required updating. Some staff carried out multiple tasks close together, including care, laundry, cleaning and food preparation. This increased the risk of cross-contamination as available PPE was not always used

appropriately.

People were generally supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We did raise concerns about some staff waking people earlier than they would have preferred.

Since our last inspection, the registered manager and provider had made improvements to the home environment to better support people living with dementia.

Staff worked collaboratively with external health and social care professionals. Relatives told us staff communicated with them and they were informed of any changes or health concerns.

People and relatives spoke extremely highly of the support and the caring nature of the staff team. Although some relatives had concerns about staffing levels, feedback was positive. One person told us, "It is a lovely place to live". Another told us, "I've got everything I need. Staff are very helpful and very friendly." A relative said, "We are very happy, nothing is too much trouble." Another told us, "They are great there, they really are."

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 7 November 2019). The service remains rated requires improvement. This service has been rated requires improvement at the last two inspections.

#### Why we inspected

We received concerns in relation to staffing levels, residents being woken early, bruising, medicines management and continence care. As a result, we undertook a focused 'out of hours' inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has not changed based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Summerley Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Summerley Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Summerley Care Home is a 'care home'. People in care homes 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. 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 and out of hours. We started this inspection at 5.30am.

#### 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. 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 this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, head of care, care workers, cook and cleaner. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us. We observed the handover from the night to the day shift and part of the morning medication round.

We reviewed a range of records. This included five 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.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at risk assessments, training data, staff supervision and quality assurance records. We spoke a further eight staff members. We spoke with four relatives about their experience of the care provided. We spoke with the provider about the concerns identified during this inspection and received assurances about the action they planned to make improvements.

# 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 remained the same. 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

- At our last inspection we found improvement was needed to ensure medicines were managed safely. These issues concerning the safe storage of medicines had been addressed, but we identified new areas of concern.
- There were gaps in recording, and we were not assured people received their medicines safely. The administration of some topical creams was not recorded. For one person who had a pain patch, there was no record of where on the body this was applied. It is important to rotate the site of a patch each time you apply a new one in accordance with the manufacturer's guidelines.
- There was no system in place for staff to check the medication administration records from the previous shift. This meant gaps in the recording of medicines administered or medicines errors had not been identified in a timely way. One person had been given too much of a medicine, but this had not been identified until almost a month later. This meant staff had not been able to follow up with the GP and Pharmacist to take advice and monitor the person's safety.
- Where medicines were prescribed on an 'as needed' basis there was not always clear, person-centred guidance available to staff. Appropriate guidance would explain when the medicine might be needed and the expected outcome. In the case of laxatives, there was no detail in the guidance for staff as to when to administer the medicine, for example after a certain number of days without a bowel movement. Furthermore, staff were unable to readily find the information they would need to determine when an individual last had a bowel movement. Following our feedback, staff began work on updating the guidance relating to 'as needed' medicines and we received a copy of a completed example following our visit.
- We noted that one 'as needed' medicine to affect behaviour was being given regularly twice a day. Staff told us they had received a verbal directive from a healthcare professional to do this. Best practice is any verbal change be supported in writing before the next or first dose is administered. The absence of written justification for such a change could lead to misuse of medicines and errors.

### Assessing risk, safety monitoring and management

- Risks were not consistently assessed or reviewed to ensure people's safety. The provider had introduced an electronic care planning system. Staff were working between paper and electronic records while the transfer took place. Information was missing and staff did not always know how to access details on how to manage risks in people's care in the new system.
- Staff told us how one person's mobility had declined. A staff member said, "(Name) used to be able to stand but she has deteriorated so much. Now one carer has to physically stand her". The mobility risk assessment for this person was dated March 2021. It stated the person could be supported by one staff member. Although staff were supporting this person in pairs, the recent change in their need (two weeks

prior according to the registered manager) had not been assessed. Following our visit, the registered manager completed a new assessment, which captured the variability of this person's mobility and included the use of a hoist if required.

- We found eating, drinking and swallowing risks were not always accurately assessed, monitored and recorded. On the day of our visit, one person was served softened food at lunchtime. Concerns about their swallowing had been recorded over twenty months previously. While awaiting a specialist swallowing assessment, the home had not carried out their own risk assessment to monitor the person's safety when eating and drinking. Their care plan and meal records contained conflicting information about having a normal and softened food requirement.
- Some people displayed distressed behaviours. The system to record incidents of distressed behaviour had not been utilised by all staff. For one person there was one entry, but staff told us about other incidents where this person had 'smashed things'. Detailed recording can help to identify triggers and patterns, enabling staff to adapt their approach and support.
- There were stairs leading to the third floor. Some staff expressed concerns about the safety of people as the staircase was steep and curved, with nothing to restrict access at the top. A risk assessment was in place for one person who used the stairs but there was no evidence the risk to other mobile residents accidentally falling on the stairs had been considered. The provider told us only people with a good awareness of their surroundings and personal safety would be allocated rooms on the top floor.

#### Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules.
- We were somewhat assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.

Not all staff had up to date training in infection prevention and control. We observed some shortfalls in practice, for example a staff member not completing regular hand hygiene on the medicine round and PPE not being routinely changed between food handing, serving food and supporting people. We saw staff worked between tasks, including care, laundry, cleaning and food handling. They also supported people at mealtimes, and with snacks and drinks. The lack of appropriate PPE changes and hand hygiene increased the risk of bacteria spreading to food from hands or uniform.

Access to the smoking area for people and staff was through the kitchen. This presented risks as there were no measures in place to ensure everyone who entered the kitchen followed food hygiene standards.

The provider did not have up to date policies for infection prevention and control, visiting or admissions. We have signposted the provider to current government guidance to develop their approach.

Risks to people had not been sufficiently assessed or mitigated to ensure care and treatment was provided in a safe way. Medicines were not always managed safely. There was a risk of cross-contamination. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated



### Staffing and recruitment

- The staffing level was planned as three or four carers in the day and two at night. This was determined by the registered manager, based on an assessment of people's needs as low, medium or high dependency. We reviewed the rotas and saw that, due to recent pressures on staffing and care staff covering shifts in the kitchen and housekeeping teams, there were days with three care staff on duty during the day. On one afternoon it was two, but the head of care was also on shift and able to support.
- Staff expressed concerns over their ability to provide person-centred care. One staff member said, "To be able to give the best care we need more staff. Sometimes we're pushed to give people the time they deserve. They (the residents) deserve and need more staff on." Another told us, "It is madness trying to get it all crammed in, you are rushing them it isn't person-centred." While people did not express concerns, a relative said, "I know the staff are stretched." Another told us, "A couple of times I didn't feel there were enough staff on duty to properly care for the residents."
- The deployment of staff was causing friction between the day and night teams and causing some staff to wake and get people up earlier than they would have preferred. One staff member said, "I had to wake people up, basically from 5am. The night staff are concerned about the backlash they have from the day staff." Another told us, "I'm day staff so I have heard comments on handover about how they've only got so many up." A member of day staff explained how some people would be in bed until late morning if night staff hadn't assisted them because, with three staff on duty, they could not attend to everyone in a timely way. It was clear from speaking with staff that the management team had not instructed staff to wake people but the staffing numbers appeared to be driving this practice among some staff.
- The staff team, including the registered manager and senior team, were working extremely hard to cover shifts and meet people's needs. They were recruiting and offering incentives to existing staff to cover additional shifts.

We recommend the provider reviews the staffing level within the home to ensure staff are enabled to deliver person-centred care around the clock.

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

- Systems and processes to prevent abuse were in place but we noted an issue with how bruises or marks were recorded. We observed a bruise on two people, neither of which had been recorded. It was not clear how one had occurred. The registered manager told us staff would be expected to report and record any such marks on a body map (diagram which depicts where any marks or injuries have been noticed) so they could be reviewed and raised as safeguarding if needed. This put people at potential risk and was an area requiring improvement.
- Following our inspection, the registered manager asked staff to complete body maps for all residents. He undertook to ensure staff were aware of how to complete the necessary records on the new system.
- People spoke positively about life in the home. They told us they felt safe. One person told us, "It isn't harsh or difficult." Another said, "Everything is nice, and everyone is nice."

### Learning lessons when things go wrong

- Accidents and incidents were recorded in individual care records on the electronic system. While incidents were reviewed on an individual basis, the registered manager had not yet started to use the electronic system to continue the review of incidents on a home-level. This overview can help to identify common issues or spot trends. This could mean opportunities to improve safety for people were missed and was an area requiring improvement.
- The registered manager had taken action to address the concerns raised at our last inspection. This

included an audit of the environment and considerable changes to make the home interior more suitable and supportive to people living with dementia.

# 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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Some staff had not received the induction and training they needed. Two staff had worked for several months without completing any basic training. The registered manager told us they were aware of this and had difficulty engaging staff with training. Staff told us they had felt unsupported and undervalued by this.
- Supervision had not been offered to staff on a regular basis and some staff felt unsupported in their work and development. The provider's policy was that staff should receive supervision four to six times a year. For new staff, it stated they should receive weekly supervision for the first four weeks of employment. Some staff had not received any supervision since starting, other staff members told us they had only one or two supervision sessions this year.
- Staff training and development was not consistently managed or monitored. Training the provider considered mandatory had not been completed by all staff and learning was not always up to date. This included training in food hygiene, infection control, health and safety and safeguarding. We observed some shortfalls in practice, for example in the use of PPE and hand hygiene to prevent the spread of infection.

Staff were not provided with sufficient support, training or supervision to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they were interested in progressing and gaining qualifications in social care and had been supported with this previously.

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

- People spoke positively about their care and there was a consistent team of staff who knew people well. Information about people's assessed needs was not always documented or readily available. The service was in a transition phase, moving from paper to electronic care records. ,
- Feedback from people and relatives was complimentary. One person said, "I haven't any complaints at all." Another told us they received, "Good care." A relative said, "The care is exceptional. Mum can no longer communicate effectively but whenever I go in you can see she can still interact with the staff, she knows who they are. They love her." Another relative told us, "The care at Summerley has been wonderful, they are wonderful with her."

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

- People told us they enjoyed the meals and were offered a choice at mealtimes. There was a reference card

for each person in the kitchen. This detailed their preferences for certain foods, sizes of meals and any specific dietary requirements or risks. One member of staff told us a menu card showed inaccurate risks, they proceeded to review this with the manager.

- Staff had developed the menus to provide more variety to people and to include more of the meals they preferred. Changes had been made to provide a balance of main and light meals through the day and people were offered choices from the menu daily. We saw people being offered a choice of breakfast, drinks and snacks which they appeared to enjoy.
- People were offered a choice of drinks throughout the day and were supported to drink if required.

Staff working with other agencies to provide consistent, effective, timely care

- Healthcare professionals who worked with the service told us staff would contact them 'proactively'. A relative told us, "They have done everything they can. They have been liaising with the GP and mental health team to settle (Name of person). I have no complaints at all." Another said, "They really do care. They are trying to get a dentist for (Name of person) which I know is near impossible."
- Relatives told us they were kept updated in the case of any concerns. One said, "When Mum was poorly, they kept me constantly up to date with what the GP had said and what they were going to do. Communication is excellent."

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

At our last inspection we recommended the provider researched from a reputable source the importance of dementia friendly environments for people living in care homes. At this inspection we found the provider had made improvements.

- The registered manager had completed an audit for the environment in dementia care and had used the outcome to guide improvements in the service. We observed clear, picture and text-based signage around the home and in people's bedrooms, for example to show the clothing in each drawer. They had invested in colour contrasting handrails, light switches and toilet seats which can assist people with difficulties of visual perception to maintain independence. On the first floor, there was a door at the top of the staircase. The handrail continued across the back of the door which made the door blend in and may promote safety by camouflaging the top of the stairs.
- Since our last inspection, the dining area had been expanded to include part of the lounge. This enabled people to move around more freely.

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.

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.

- People did not always have choice and control of their lives. Some staff told us they woke and got people up early due to perceived pressure between the day and night staff. You can read more about this under the staffing heading in the Safe section of this report.
- Care plans included mental capacity assessments where people lacked mental capacity to make decisions about aspects of their needs. These included medicine, personal care and health.
- Where covert medicine administration had been recommended a mental capacity assessment had been completed, the reason for this measure had been discussed with family, the GP and pharmacist.
- DoLS applications had been made where appropriate and people were being supported in the least restrictive way.

# 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 good. At this inspection this key question has now deteriorated 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

- At the time of our visit, the registered manager was in the process of moving from paper audits to using the electronic system. In the process of transition some audits had not been completed and issues associated with the transition, such as missing information about people's care, were affecting the consistency of care people received. The registered manager told us, "With audits on the system we've tinkered, we haven't fully switched."
- Paper audits had been completed until June 2021 and then next in August. While issues had been identified, action had always not been taken in a timely way. For example, a medication audit from August had identified gaps in the recording of when medicines had been administered but no action was in place to address this. The medication records from the previous month had not been audited. We saw some actions repeated from month to month before being addressed. One action was to put new stock in the first aid boxes. This was marked as complete, yet we found expired items in the contents. The action plan identified who was responsible but did not give a target date for completion.
- Records in relation to people's care were not always accurate or complete. Some records were on paper and others on the computer, but elements of some were missing. Detail for staff on how to manage and mitigate risks for people was not always clear or current.
- The registered manager and staff struggled to find records to evidence actions taken. 'Lax' paperwork was noted as an issue in the minutes of a managers' meeting in February 2021. We will review the quality assurance systems following the completion of the transition to an electronic system at our next inspection.
- There was also positive evidence of improvement following audits. There had been changes to the environment to improve it for people living with dementia and a new fire system installed. The electronic care planning system was purchased and, although in a phase of transition, was intended to deliver positive benefits to people and staff. The registered manager said, "We are learning the navigation and how to get the best out of it."
- The registered manager had failed to send notifications in relation to people deprived of their liberty to the Commission. A notification is information about important events the home is required to send to us by law. Following our inspection, these were received.

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

- We identified issues in respect to the culture and ethos of the service. We received mixed feedback from staff on whether they felt well supported and if they felt able to approach management with issues and concerns. Some staff said they loved the home and that residents and colleagues were like family, others were not happy. One staff member told us, "There has been a huge divide with staffing which isn't nice." Another said, "It is bitchy." A third told us, "There is whispering in the corridor, I can't work with atmosphere."
- Whilst it was evident some pressure was due to covering additional shifts and working with vacancies on the team, some staff raised concerns around impartiality and confidentiality caused by strong friendships within the leadership team.
- While feedback from people and relatives relating to the culture of the service was extremely positive, the wellbeing and morale of staff are important to good care delivery. This can influence the quality of life for people and is an area of practice that needs improvement.

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

- People were encouraged to play an active role in the life of the home. We observed one person cleaning the door in the reception area. They told us, "I still do a bit of housework." Another person enjoyed helping with deliveries as this was part of their previous employment. We observed people at ease with staff and enjoying their company.
- Feedback from staff about the registered manager's receptiveness to feedback was polarised. One staff member told us, "I've always got ideas and I always take ideas to management. Things have changed after feedback." A second said, "He will listen and take on board concerns." Others were less satisfied, for example one said, "He just won't listen." Another told us, "He will ask for your comments but he is super defensive." We discussed the variation in feedback from staff with the registered manager and provider.
- Staff had recently been asked to complete a staff survey. Results were being collated by the area manager, who staff told us was "approachable". The findings of the previous survey, six months earlier, raised concerns about staff morale. The registered manager had tried to boost morale with take-away meals and other treats, but recognised it was a very challenging time in the sector with the continuing pressures of COVID-19 and staffing.

#### Continuous learning and improving care

- The registered manager and provider had acted in response to the findings at our last inspection. Following this inspection, they were quick to take action to address the new areas of concern identified. We will assess the impact of these changes at our next inspection.
- The head of care explained how they had changed the process for ordering medication. Rather than the GP ordering on their behalf and sending each person's full prescription, they would now order only what was required. This helped reduce waste and the volume of returned medicine each month. She told us, "That is an improvement, it was tedious getting rid of that stock every time."
- A diary for the senior team had been introduced. Staff told us this had improved communication and ensured that appointments and important tasks, such as collecting antibiotics from the pharmacy, were not missed.

#### Working in partnership with others

- Relatives spoke positively about communication with the service. They told us they were kept up to date with any changes or concerns.
- The registered manager was an active participant in a local group set up during the COVID-19 pandemic. This included registered managers in the local area and local health and social care professionals. The group offered guidance and mutual support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Care and treatment was not provided in a safe way. Risks had not always been assessed or mitigated appropriately. Medicines were not always managed safely. There were risks of cross-infection. Regulation 12 (1) (2)(a)(b)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not provided with sufficient support, training or supervision to enable them to carry out their duties. Regulation 18 (2)(a)