

## Crabtree Care Homes

# Sunningdale EMI Care Home

## Inspection report

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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?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 24 June 2015 and was unannounced.

Sunningdale EMI Care Home is a 41 bedded home which specialises in providing accommodation and personal support to people who live with dementia. At the time of our visit 40 people used the service. The building is a large Victorian house which has been extended to provide additional single en-suite bedrooms.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care records were not always accurate and did not always contain complete information to demonstrate that risks to people's health and wellbeing were fully assessed, monitored and managed. Medicines were not

# Summary of findings

being managed in a safe and appropriate way. These issues had not been identified prior to our inspection which showed us systems in place to monitor, assess and improve the quality of service provided were not robust.

All the people we spoke with told us they felt safe living at the home. No one raised any concerns regarding their families safety. Accidents and incidents were being monitored and action was taken to help reduce risk. However there was not an overall monitoring system to ensure trends and patterns could be identified and responded to.

We found the premises to be well maintained, clean and secure. The home was decorated in a way which sought to promote the wellbeing of people who lived with dementia. Staff demonstrated a good awareness of how to keep people safe and the correct procedures to follow in the event of an emergency.

We found sufficient numbers of staff on duty to meet people's needs. People told us there was enough staff available to provide care and they did not experience having to wait. There was effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff.

Most staff were trained in key areas to enable them to provide effective support. However, our observations showed that on-going competency based assessments of staff knowledge and care practices were required. **We**

**recommend the provider ensures they incorporate a system to assess staff's competency to ensure they have understood their training and continue to adhere to best practice.**

People spoke positively about the food and we saw dietary needs and preferences were catered for. However, care records did not always contain complete information to ensure nutritional risks were effectively managed. Improvements were needed to ensure everyone received a person centred meal time experience.

People told us care staff were kind, helpful and treated them with respect. Staff demonstrated a practical awareness of how to respect people's privacy and dignity and how to support people to retain their independence. Staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 and their role in protecting the rights of people with limited mental capacity.

People told us they felt involved in making decisions about their daily lives and relatives told us staff kept them well informed and they felt included. The service used a variety of ways to seek people's feedback. These views were used to help improve the quality of care provided. There was an open and honest culture and staff at all levels were open to challenge and used reflective practice to ensure the quality of care people received improved.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 safe.

Medicines were not being managed in a safe and proper way.

Care records were not always accurate, complete and did not contain information to demonstrate that potential risks to people's health and wellbeing were being fully assessed, monitored and managed.

The premises was well maintained, clean and secure. People told us they felt safe and staff demonstrated a good awareness of how to keep people safe.

There were consistent levels of staff on duty to meet people's needs. Staff were recruited in a safe and effective way.

Inadequate



### Is the service effective?

The service was not always effective.

People told us the food provided was nutritious and of a good standard. However, care records did not always contain complete information to ensure nutritional risks were effectively managed. Improvements were needed to ensure everyone received a person centred meal time experience.

Staff had received a range of training and were knowledgeable about the people they cared for. However, care staff would have benefitted from formal observations to ensure they adhered to best practice.

Staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 and their role in protecting the rights of people with limited mental capacity.

Requires Improvement



### Is the service caring?

The service was caring.

Staff actively sought the views of the people they supported and showed respect for people's opinions and preferences.

Staff were kind and caring and translated their knowledge of people into personalised care and support. People's dignity, privacy and independence was maintained.

Good



### Is the service responsive?

The service was responsive.

People's feedback was regularly sought and acted upon.

We saw evidence people's individual cultural and spiritual needs had been met. Staff worked hard to engage people in meaningful and appropriate activities.

Good



# Summary of findings

## Is the service well-led?

The service was not always well-led.

Concerns identified with the management of medicines and care records had not been identified and acted upon prior to our inspection. There was not a fully effective monitoring system for accidents and incidents to ensure trends and patterns were identified and responded to. This demonstrated there were not robust systems in place to monitor, assess and improve the quality of service provided.

Care staff told us they worked well together as a team and the manager was supportive. Reflective practice was used to help improve the quality of care provided.

## Requires Improvement



# Sunningdale EMI Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 June 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this visit had experience of providing support to people who lived with dementia.

Before the inspection, we reviewed the information we held about the provider. We spoke with the local authority commissioning team and local authority safeguarding team asked them for

their views on the service. They provided a copy of their latest quality monitoring visit report which showed they had identified some minor areas for improvement and the service had an action plan in place to address them. We also reviewed information sent in by the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a variety of methods to help us to assess the quality of care provided and to understand the experience of people who used the service. We reviewed six people's care records, people's medication administration records (MARs) and other records relating to the management of the service such as policies, incident records, audits and staff files. We also spent time observing care and interactions between staff and people who used the service. During our inspection we spoke with four people who used the service, five families of people who used the service, four care staff, the cook, the laundry assistant, the cleaner, registered manager and provider. Following our inspection we also spoke with a health professional who regularly visited the service.

# Is the service safe?

## Our findings

Care records did not always contain comprehensive information to ensure risks to people's health and wellbeing were appropriately managed. One person was assessed as being at risk of pressure ulcers. Their care plan detailed they should have their position turned every two hours and should be encouraged to drink fluids. Care staff demonstrated an accurate awareness of this person's needs. They informed us this person now spent all of their time in bed. However, their pressure ulcer risk assessment stated this person was 'fully mobile'. We saw care staff completed fluid monitoring and position changing charts which showed this person was provided with appropriate support. However, some staff used the computer system to record position changes, whilst others completed a paper chart. This made monitoring the management of this risk difficult. We also found the moving and handling assessments for two people did not accurately reflect people's current needs and another person did not have risk assessments in place relating to moving and handling or nutrition despite staff telling us they were at risk. The registered manager said they would address these issues as an immediate priority.

Overall we found care records were not always accurate, complete and did not contain information to demonstrate that potential risks to people's health and wellbeing were being fully assessed, monitored and managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's medicines policy did not reflect current best practice or provide guidance on how care staff should give people their medicines covertly. Without a clear and comprehensive policy people were put at risk of not being given their medicines in a safe and appropriate way. Staff informed us two people were given their medicines covertly. The service had a written agreement from the person's GP, however, there had been no best interest meeting with family members or an advocate for the person, or involvement of a pharmacist in making this decision. We also saw no process to ensure covert arrangements were reviewed to ensure the decision remained in the person's best interest. The registered manager assured us this would be immediately addressed.

We observed the medication round completed by a member of care staff. Their knowledge and understanding

of procedures, along with our observations of their practice demonstrated medicines were not always administered in a competent manner. Some practices we observed included handling medicines with their fingers and administering one person's tablets which had been dropped on the floor. We also saw medicines were not always given in line with the prescriber's instructions. For example, we saw four people were prescribed medicines to be taken at least 30 minutes before food. We saw all four people were given these medicines after their breakfast. We also saw one person was prescribed a pain reliever which was instructed to be dissolved in water. The tablet was put directly into their mouth.

During the medicines round we saw care staff only looked at the main medication administration record (MAR) sheet for each person. We later checked people's MARs and found one person had been prescribed a new medicine which was not included on their main MAR. The person was prescribed the medicine on 28 May 2015 to be taken daily. There was an additional MAR in place for this medicine which showed it had not been given since 10 June 2015, which was 10 days prior to our inspection. This medicine was not given on the morning of our inspection until it was brought to the attention of care staff.

Our review of people's MARs also showed a number of errors and inconsistencies. We found examples where medicines had been signed as having been given on the MAR but were still in the monitored dosage system so had not been administered. For one person this occurred on five separate days over a 10 day period in June 2015.

Some people were prescribed medicines to be given as they required them (PRN). The service had a protocol in place which gave instructions as to when these medicines should be given. However, this was not always being followed. One person was prescribed a medicine to only be given where they showed signs of behaviour that challenged the service. On the morning of our inspection we saw this person spent most of the morning sleeping in a chair. When awake they appeared relaxed and calm. We saw care staff gave this person their PRN medicine. They did not assess this person's mood before the medicine was given. We reviewed this person's MAR and saw they had regularly been given this medicine three times a day. The care staff member told us this person's GP had advised to administer this medicine three times a day. The registered manager checked this person's care plans and medical

## Is the service safe?

records and found no evidence that this had been discussed with their GP. This showed us staff's approach to giving people these medicines was not always person centred or in line with the prescriber's instructions.

Our observations of the administration of medicines demonstrated that staff's training on medicines was not being translated into safe practice. Appropriate protocols were not in place to ensure the safe and proper management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the premises to be well maintained and secure. Bedrooms and communal areas were clean, free from odours and appropriately furnished. Most radiators in areas used by vulnerable people were covered to prevent the risk of injury. However, in one corridor bedroom radiators were uncovered which increased the risk of burns. The provider made immediate arrangements for these radiators to be covered. There was a secure garden area which we saw people accessing throughout the day. Records were in place to demonstrate regular maintenance and checks of the building and equipment took place to help keep people safe.

Staff demonstrated a good awareness of how to keep people safe. Staff spoke confidently about what action they would take in the event of an emergency. Their responses reflected the procedures which were in place. Care staff had been trained in safeguarding awareness and provided examples of how they would use this training in practice to identify and respond to any suspected abuse. One staff member told us, "We know our responsibilities in protecting people and I have confidence the manager would act quickly to address any abuse or poor care." We saw signage in the entrance of the home which provided telephone numbers for people or staff to contact if they had concerns about the home. This included the local authority, the Care Quality Commission and a direct telephone number for the provider.

From our assessment of the dependency of people, our observations of care delivery, and our discussions with people and staff we concluded there were sufficient staff available to meet people's needs. We found effective recruitment processes in place. Records showed recruitment procedures were followed and relevant checks were carried out before an offer of employment was made.



# Is the service effective?

## Our findings

We saw that breakfast was a relaxed experience where people came into the dining room when they were ready to eat. Staff offered people choices of cereals, toast and drinks and people's choices were promptly provided. The cook told us they made a full cooked breakfast twice a week but always had eggs and bacon available if someone wanted a cooked breakfast.

Our observations of lunch demonstrated improvements were required to ensure people were provided with a person centred mealtime experience. We saw one member of care staff put clothes protectors onto two people without asking their permission or explaining what they were doing. One clothes protector had holes in it. We observed care staff took some plates away without encouraging people to finish their food or ask if they wanted more to eat. We also observed two members of care staff wake one person up and inform them their lunch was ready. They supported this person to move from a chair into their wheelchair but on arrival in the dining room found there was insufficient space for their wheelchair so moved them back into the lounge. Staff apologised to the person and explained they would have to wait for the second meal sitting. We saw this experience caused this person distress and confusion.

People told us the food provided was nutritious and of a good standard. When we asked one person whether the food was good they replied; "Yes, spot on. I think it's quite good." We saw people were provided with drinks and snacks throughout the day. It was warm on the day of our visit and we saw staff encouraged people to drink extra fluids to reduce the risk of dehydration. Care staff and the cook demonstrated a good awareness of people's dietary needs and how to meet them. The cook explained they used full fat products to help fortify the food of people at risk of malnutrition and purchased low fat alternatives for one person who was trying to reduce their weight. However, on the day of the inspection we found the mashed potato served to two people

assessed as being underweight had not been fortified. We spoke with the cook about this and they acknowledged it was a missed opportunity and would not happen again.

Care records did not always provide complete information to ensure nutritional risks were appropriately managed.

One person was assessed as being a high risk of malnutrition. They had been seen by a dietician who prescribed food supplements. Our review of records, observations and discussions with staff confirmed these supplements were being given. However, care records did not contain sufficient information. There was no information about the types of foods this person liked to eat or advice about how staff could encourage them to consume more calories. When we spoke with care staff they told us this person liked biscuits and cakes so they encouraged these throughout the day. Our observations confirmed this. However, without appropriate records staff who were less familiar with this person may not have known this information. We also saw care staff recorded this person had eaten most of their lunch before they had finished their meal. This risked accurate information was not being recorded to enable this risk to be appropriately monitored. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection we spoke with a health professional who visited the home on a weekly basis. They said; "Considering most people have very complex needs I think the home do well. They work with us and I have no major concerns." They explained the registered manager had accessed training from the district nursing team on pressure ulcer prevention and noted an improvement in the standard of care people received to help reduce the risk of pressure ulcers. However, they said the service could further improve their communication to ensure a more joined up approach so all health professionals involved in people's care and treatment were fully aware if there were changes to people's health.

Staff had access to a programme of training to ensure they had the skills to support people effectively. Arrangements were in place to ensure new staff received a comprehensive induction. Mandatory training was provided on a number of topics such as safeguarding, manual handling, food hygiene, first aid and fire safety. Additional training was provided on specialist topics such as dementia and pressure ulcer prevention. The registered manager maintained a training plan which enabled them to identify when training refreshes were due. However, despite this training it was clear from some of our observations at lunch time and whilst medicines were administered, that some staff practices fell short of an acceptable standard. The registered manager said they would look to address this as



## Is the service effective?

an immediate priority. **We recommend the provider ensures they incorporate a system to assess staff's competency to ensure they have understood their training and continue to adhere to best practice.**

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager demonstrated an awareness of their responsibilities of how to protect people's rights under this legal framework. They had recently sought three DoLS authorisations and were in the process of completing DoLS applications for some other people so were confident about the correct processes to follow.

Our observations, discussions with staff and people and review of records showed consent was sought and appropriately used to deliver care. Whilst restraint and restricting people's choice was not a feature of the service, staff had a good understanding of the issue. Discussion with the registered manager highlighted one person had no known relatives or friends. Their medical history suggested they may lack the capacity. The registered manager described the process they were engaged with to secure advocacy for them which demonstrated their understanding of the need to provide people with appropriate support.

# Is the service caring?

## Our findings

People appeared appropriately dressed and clean which demonstrated staff took time to assist them with their personal care needs. Care staff told us they were confident people were provided with a high standard of care and they would recommend the home to friends and family. The people who used the service and their families also spoke highly of the standard of care provided. One person told us; “I can get confused these days so staff help me with that. It can be scary but living here I feel I am okay.” Another person said staff were, “Very kind and caring.”

Care staff were able to tell us detailed information about how people liked to be supported in each aspect of their daily life. This showed us they knew people well. We saw this knowledge was translated into personalised care and support. We also saw examples which demonstrated

staff had developed caring and positive relationships with people. For example, during the morning of our visit we observed one person who lived with dementia become upset. We observed a member of care staff ask the person whether they wanted to come with them to get a cup of tea. The person smiled, moved towards the staff member and held their hand. This showed us this person felt comfortable being supported by this staff member and that staff knew how to appropriately support this person and improve their mood.

Staff provided examples of how they maintained people’s dignity, privacy and independence. We also observed a number of practices which demonstrated care staff had an awareness of the importance of respecting people’s privacy and dignity such as; knocking before entering people’s

bedrooms, calling people by their preferred name and discretely offering people support with their personal care. The people we spoke with told us staff treated them with respect and dignity.

We saw evidence that care staff actively sought the views of the people they supported and showed respect for people’s opinions and preferences. Staff routinely offered people choices and options about the care and support being provided, such as asking people where and how they would like to spend their time. Where people were unable to communicate their views through speech we saw care staff used other methods to interact with people. Such as using visual prompts and interpreting people’s body language and facial expressions to establish what support people needed or their preferences.

Relatives told us they felt able to visit their family members at any time and were always made to feel welcome. They told us they felt involved in decisions relating to their family members care and that staff kept them well informed of any changes and sought their advice where appropriate.

The registered manager told us people received an annual review of their care through the local authority. They also explained that when they reviewed people’s care records each month they would speak with the person to ensure they remained happy with the way their care was provided and made changes as appropriate. We saw the registered manager operated an open door policy where people came and discussed concerns and issues with them. The people we spoke with and their family members told us they felt involved in making decisions about their care. One family member said; “We attend meetings where we can speak. But we can talk to staff any time.” People also told us the provider was approachable and regularly spent time speaking with people to ensure they were happy with the service provided.

# Is the service responsive?

## Our findings

Care records were completed using a computer system. Staff recorded the care provided using handheld devices at the time support was given. Staff provided positive feedback about this system. They said it was easy to use and enabled them to spend more time with people. Whilst we found care records to be easy to navigate and reviewed regularly they did not always contain appropriate information to demonstrate people were protected from risk.

The registered manager informed us no formal complaints had been raised by people who used the service or relatives in over a year. Procedures were in place to respond to any complaints people may make. One person had raised concerns through the local authority regarding the standard of care provided. We saw the registered manager had investigated and responded to the local authority about these concerns and kept complete records relating to their investigation.

People told us they felt able to raise complaints or concerns with staff, the provider or the registered manager. The majority of people told us they found staff to be approachable and understanding if they raised issues. One person said staff regularly; "Ask us individually if there are any concerns and if there are they get sorted." However, one person told us they did not feel comfortable approaching the registered manager but did feel able to raise any concerns to other members of staff.

We saw the results of a recent quality survey of people's families. The feedback provided was mostly positive and complimentary of the service provided. The feedback provided by people on the day of the inspection was also positive. Some of the comments people made included; "I have no complaints. I get everything I need living here," "I am very happy here" and, "Nobody bothers you here. I can come and go as I please." The registered manager provided examples where they had used people's feedback to improve the quality of the service.

We saw evidence staff knew people well and this enabled them to deliver responsive care. For example, during the inspection we saw several examples where staff took prompt and effective action to keep people calm, reduce anxiety and provide reassurance where needed. This

showed us staff knew potential triggers and effective strategies to help reduce the risk of behaviour that challenged. Our review of incident reports showed there was a low number of incidents where people's behaviours had escalated. This showed care staff adopted effective strategies to respond to people's mood and keep people safe.

We saw evidence people's individual cultural and spiritual needs were being met. One person told us staff supported them to visit their local church. Whilst staff also showed us how another person was supported with their diet in line with their faith.

We saw the environment was adapted to promote the wellbeing of people living with dementia. We saw bold signage at eye level on bathroom doors with contrasting colour between the sign and the surface it was mounted on. Lighting was evenly spread with no bright light or deep shadows. Lounges were well-lit with good use of natural light. Carpets and floor coverings were plain and walls were decorated with interesting and distinctive landmarks to help people navigate around the home.

We saw staff worked hard to engage people in meaningful activities. People were encouraged to access the secure garden area and take the registered managers dog for a walk. One person told us they had been to the local shop to get themselves a paper because this is what they liked to do on a morning. An activities coordinator was employed by the service and worked 21 hours a week. On the day of our inspection we saw they engaged people in various activities such as arts and crafts. A musical entertainer came into the home during the afternoon and we saw staff had made this into a 1940s themed afternoon with memorabilia and decorations to reflect that era. People told us they enjoyed it very much. It was also someone's birthday so the cook had baked a birthday cake and staff arranged for everyone to sing happy birthday to them during afternoon tea.

Some people noted there could be more variety in the activities provided. However, the registered manager said they were guided by what people wanted to do on a daily basis and were open to people's requests. The service had a mini-bus which they used to take people to local events such as luncheon clubs and trips to local beauty spots.

# Is the service well-led?

## Our findings

During this inspection we identified concerns with regards to how medicines were managed. We looked at the manager's audit of medicines dated 11 June 2015. We found this audit had not identified and addressed the concerns we identified as part of this inspection. We spoke with the registered manager about this and found their monitoring system only looked at a sample of records and medicines and did not include a comprehensive audit and stock check. We also found not all care staff responsible for administering medicines had their competency checked on a regular basis. This showed us that this audit did not provide a robust check of the management of medicines in the home and was therefore not an effective monitoring system.

Care records did not always contain complete and relevant information. These issues had not been identified and acted upon prior to our inspection. This demonstrated there were not robust audit systems in place to monitor, assess and improve the quality of care records. This put people at risk of receiving unsafe and inappropriate care and support.

The registered manager explained they reviewed accidents and incidents on an individual basis. We saw evidence they had taken action to reduce the risk of repeat incidents and make referrals to health professionals as appropriate. However, they did not complete an overall analysis of all incidents which occurred. This meant they may not have identified trends and patterns in incidents and taken appropriate action. We also found the accident form did not include sufficient space for staff to write what action had been taken in response to incidents. The registered manager said they would look to address both of these issues.

We saw various policies were in place to outline the procedures staff followed to keep people safe. Whilst we saw that policies had been reviewed each year, these reviews had not identified and addressed issues to ensure all policies remained fit for purpose. For example, we saw four different policies relating to safeguarding. This duplication may have caused confusion for staff about

which was the correct process to follow. The policy which outlined the use of CCTV in the home had been adapted from an NHS policy. It did not include information specific to the service or outline what actions staff should take to ensure people were aware of and consented to the use of CCTV.

The issues identified with medicines and care records had not been identified and addressed prior to our inspection. We also found some audits were not sufficiently robust. This showed the service did not have an effective system in place which assessed, monitored and improved the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager explained they used the computerised care planning system to help them to review and analyse information to ensure people had received appropriate care and support. For example, they showed us they completed charts to indicate the number and type of staff interactions people received. They said this information helped if there had been an accident or they were investigating an incident. They also used this information to monitor and assess risks to people's health and wellbeing.

Care staff told us that they worked well together as a team and were confident they provided people with good quality care. One staff member said; "This is a really good place to work. The manager is very supportive and will respond positively to suggestions we make." Staff also spoke about how the registered manager encouraged staff to challenge each other if they identified any poor practice. We saw evidence this happened in practice as during our inspection a senior member of care staff challenged another carer for giving someone their lunch without providing a drink. Our discussions with a health professional also demonstrated the registered manager had taken action to adapt and improve practices and procedures based on their feedback. This showed us staff were responsive and open to challenge and reflective practice. This was a positive feature of the service to ensure the quality of care people received improved.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to ensure they assessed, monitored and improved the quality of the service provided. Regulation 17(1)(2)(a) Good governance.</p> <p>The provider did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1)(2)(b) Good governance.</p> <p>Accurate, complete and contemporaneous records were not maintained in relation to each service user Regulation 17(1)(2)(c). Good governance.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements 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>Care and treatment was not provided in a safe way because appropriate arrangements were not in place to ensure the proper and safe management of medicines. Regulation 12(1)(2)(g) Safe care and treatment.</p>

**The enforcement action we took:**

**We served a warning notice on the registered manager and provider which had to be met by 29 September 2015.**