

Swindon Borough Council

Fessey House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 29 November 2017. This inspection was unannounced.

Fessey House is registered to provide accommodation for up to 39 people. At the time of our inspection there were 36 people living in the service. Fessey House is divided into four units. Two units provide support to people requiring short term support in 'discharge to assess' or crisis beds, the other two units provide long-term care for people with dementia. Fessey House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Fessey House was taken over by a new provider, Swindon Borough Council, as of October 2016.

There was a registered manager 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. The registered manager worked closely with the deputy manager and the registered services manager.

Medicines were not always managed safely. However, people did receive their regular medicine as prescribed.

There were enough staff to meet people's needs in a timely way. Fessey House had a low staff turnover resulting in an experienced staff team, who knew people well. The home had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

Risks to people's well-being were assessed and managed safely to help them maintain their independence. Staff were aware of people's needs and followed guidance to keep them safe. Staff clearly understood how to safeguard people and protect their health and well-being.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people had their liberty restricted we found that DoLS had been appropriately applied for and authorised.

We found that people were supported in line with the principles of the MCA. However although staff told us they had received recent training in relation to the MCA decisions were not always recorded in line with the code of practice.

The provider's systems and processes to monitor and improve the quality and safety of the service were not always effective in identifying areas for improvement. Accidents and incidents were recorded and audited. However, analysis documents did not allow for all trends to be easily identified.

People were supported by staff that had the right skills to fulfil their roles effectively. Staff told us that they received supervision (a one to one meeting with their line manager) and that they felt supported by the management team.

People were supported to meet their nutritional needs and maintain an enjoyable and varied diet. Meal times were considered social events. We observed a pleasant dining experience during our inspection. Staff worked closely with various local social and health care professionals, and we saw evidence of

excellent multidisciplinary working. Referrals for healthcare were submitted in a timely manner. People had their needs assessed before admission to ensure staff were able to meet people's needs. People's care plans gave details of support required and were updated when people's needs changed. People knew how to complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. The registered manager informed us of all notifiable incidents. People and staff spoke positively about the management and leadership they had from the registered manager. We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Systems to manage medicines safely were not always effective.

There were sufficient staff deployed to meet people's needs. Safe recruitment practices were in place.

People told us they felt safe. Staff knew how to identify and raise concerns.

Staff were aware of risks to people and the action they should take to reduce those risks. Where required the provider had reported incidents to the appropriate authorities and carried out the necessary investigations.

Arrangements were in place for keeping the home clean and hygienic and to ensure people were protected from the risk of infections

Is the service effective?

Good 

The service was effective.

We saw evidence of excellent multidisciplinary working

People were supported to access health services in a timely manner

Care plans provided staff with clear information to enable them to support people effectively

Staff were provided with training relevant to their roles and were supported by management

We saw evidence that Deprivation of Liberty Safeguards (DoLS) were effectively managed

Is the service caring?

Good 

The service was caring.

People and their relatives spoke positively about the care staff provided to them. All commented that staff were friendly and helpful.

We observed staff interacting in warm, light-hearted and caring ways with people

People benefitted from positive relationships they were able to develop with staff.

Is the service responsive?

Good ●

The service was responsive.

People had care plans that reflected their needs and preferences.

People's independence was promoted with goals set by the multidisciplinary team

People had appropriate care that met their changing needs

People relatives were welcomed into the service

The provider had appropriate systems to manage complaints and we saw examples of how these were followed

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Accidents and incidents were recorded. However, processes did not allow for the identification of trends which would reduce the risk of further occurrence

There were systems in place to monitor the quality and safety of the service provided. However, these were not robust and did not identify concerns we found during the inspection in respect of medicines management.

Staff told us the management team was open and approachable, the leadership created a culture of openness that made people feel included and well supported.

We saw that the management team had an open and honest working relationship and a shared vision to improve and develop the service. They responded positively to our feedback on the day of inspection, and were open to making the changes they needed to.

The management team had developed excellent multidisciplinary working

Fessey House

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 29 November 2017 and was unannounced. The inspection team consisted of two inspectors and one Expert by Experience in the care of older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with nine people and three relatives. We spoke with the registered manager, the deputy manager, registered services manager and 10 staff which included senior support workers, care staff and catering staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a means of understanding the experiences of people who could not speak with us verbally.

We looked at 12 people's care records including medicine administration records (MAR). During the inspection we spent time with people and made observations around the home. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. We reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

Medicines were not always managed safely or administered when people required them.

Medicines were stored appropriately in the medication room, with suitable space for stock rotation, and clear separation between individual people's stock. However the temperature in the medication room frequently exceeded the maximum temperature for safe medicines storage. We discussed this with the deputy and registered manager who explained they are aware of this and would be taking additional measures to address it. Medicines refrigerator temperature records provided assurance that medicines requiring cold storage remained within the recommended temperature range.

Topical medicines were applied by care staff not trained to administer medicines, and were then signed for on the MAR chart by the trained member of staff. Care staff were not required to sign to confirm these medicines had been applied. A senior staff member advised us that staff wrote in daily records the details of the creams applied and when this was done. However, daily records did not always include these details. For example, one person's daily record contained the entry, "Lower body care cream applied". This person was prescribed three different topical medicines. Therefore there was no accurate record that these medicines had been administered as prescribed and were being used effectively.

We found that on four occasions in November 2017, as required (PRN) medicines prescribed to treat pain, were not administered to a person requiring them due to an absence of suitably trained staff. Therefore people's pain was not being effectively managed and they were at risk of harm. We discussed this with the registered manager who explained that they planned to address this by arranging cover with another of the provider's care homes. However, this plan was not in place at the time of the inspection, and therefore we could not be sure of its effectiveness.

Medicine administration errors were not managed effectively. We found that a member of staff had made five errors between October 2016 and November 2017, and had continued to administer medications with no additional training or competency assessments taking place. Another member of staff had made two medication errors in December 2016 and February 2017. However, a competency assessment was not completed until May 2017. Without assessments and training staff competency could not be ensured and errors prevented, which put people at risk of harm. We found that there was no robust process for managing medication errors detailed in the provider's Medicines Policy. This is not compliant with The National Institute for Health and Care Excellence (NICE) guidance for care homes which states: 'Commissioners and providers of health or social care services should ensure that a robust process is in place for identifying, reporting, reviewing and learning from medicines errors involving residents.'

Prescribed thickening agents were not always stored safely, which put people at risk of choking. They were kept in an unlocked kitchen cupboard. The kitchen forms part of dining area where people could access the thickening agent. A NHS Patient Safety Alert was issued in 2015 to raise awareness that harm has been caused by the accidental swallowing of the powder, when it had not been properly stored out of reach. Thickening agent is prescribed for each individual but the pharmacy labels stated "as required". Staff were knowledgeable about the required consistency for people but guidance for their use was not always recorded. One person's care plan did not contain details of the required consistency of fluids. There was a letter from a speech and language therapist (SALT) stating the required consistency and this confirmed that staff were providing fluids at the recommended consistency.

These findings in relation to the management of medicines were a breach of Regulation 12 of the Health and

Social Care Act 2008 (regulated Activities) Regulations 2014.

On the day of the inspection we examined medication administration records (MAR) charts which were completed accurately. Medicines that were subjected to additional controls by law were stored and documented in accordance with NICE guidelines. People's MAR charts gave clear guidance about people's prescribed medicines and allergies. PRN medicines had clear guidelines for their administration which detailed the criteria for administration, dosage, frequency and the required effect. Medicines were stored securely, in a locked trolley kept within a secure designated room only accessed by authorised staff.

Relatives felt people were safe. One relative told us "It's a lovely place my mother wanted to come here as she didn't want us to worry about her. She had a fall at home we found her on the floor and we feel she's safe here. You can't get out of the home and its clean and spotless".

Risks to people's well-being were assessed and recorded. Risk assessments were in place that identified risk factors for each person, such as moving and handling, falls and pressure sores. These provided staff with information and guidance on how to support people to manage and minimise risks. Other risk assessments were in place to help identify generic risks within the environment, these included electrical equipment, infection control and service user exploitation.

The provider had a safeguarding policy and procedures in place. Staff were aware of their responsibilities in relation to safeguarding, and knowledgeable about the signs of abuse. Comments from staff included: "I would report any concerns. The people we support deserve the best care they can get. I have reported concerns and management dealt with them. If I thought they hadn't then I would go to CQC [Care Quality Commission]" and "I would report any concerns to the manager. I have a leaflet that has all the contact details if I wanted to report anywhere else".

The registered manager followed safe recruitment processes. Staff files contained the required pre-employment background checks. This included references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

There were sufficient staff to keep people safe. People told us they did not have to wait long when they needed support, comments included, "Yes, I have one [a call bell] in my room and I have only used it once or twice and they come very quickly" Our observations on the day of the inspection confirmed that calls bells were responded to promptly. Fessey House had a low staff turnover resulting in an experienced staff team, who knew people well. However, absences due to long term sickness meant that agency staff were still used, although the registered manager told us they endeavoured to use the same agency staff to maintain continuity. We saw that staffing was used flexibly to meet people's needs. For example some people required two staff to support them physically. The service used agency staff to ensure that a second person was available when required. To make sure that people were supported effectively and their needs known, the agency staff worked alongside a permanent member of staff, and was from the pool of regular agency workers.

The communal areas of the home and people's individual bedrooms were clean. People told us, "The room is nice and clean, and they clean it all the time" and "Nice and clean and they do change my bed clothes regularly and they're nice and white". Staff were aware of the provider's infection control policies and adhered to them. We observed Staff using effective infection control procedures and wearing Personal Protective Equipment (PPE) when required. One staff member told us "I always make sure I wash my hands. I wear gloves and aprons when dealing with soiled laundry and it goes in to a red bag"

The provider for Fessey House had a business continuity plan and an emergency plan. These plans outlined the actions to be taken to ensure the safety of people using the service in an emergency situation..

Is the service effective?

Our findings

People's needs were assessed before they came to the service. The registered manager told us that they complete compatibility assessments and would not accept referrals, if they were not able to meet a person's needs.

In the last year the service had developed 'discharge to assess' beds, which allow people more time to improve their health after acute stays in hospital. Longer stays in hospital for elderly people are associated with deterioration in physical ability and this model of care allows people to leave hospital more quickly, and then support them to return to their own home if possible.

We found evidence of excellent multidisciplinary working between the provider, commissioning services, therapy services and the local hospital to ensure positive outcomes for people. The provider has also made accommodation available for the local Reablement Team within Fessey House. This is a multidisciplinary team that aims to support people to regain their confidence and independence after periods of acute ill-health. Being based in Fessey House enabled effective team working and quicker access to support as people required it. We saw evidence that Fessey House ran three multidisciplinary meetings each week, two for the Reablement service and one for Discharge to Assess and Crisis beds. The professionals involved were Social Workers, Mental Health team, Occupational Therapist, Physiotherapist, District Nurses and General Practitioner. They took place to review people's care, share progress in achieving goals and make adjustments to care plans as necessary. They also ensured that all relevant professionals were up to date with people's progress, and that delays in accessing care were reduced.

We saw evidence of care plans having regularly reviewed goals, which had been discussed in partnership with people. This promoted an ethos of developing people's independence and supporting people to regain their skills and confidence. The registered manager told us that since he had been employed in the service stays in the Discharge to Assess and Crisis beds had reduced from an average of 55 days to 23 days. This had enabled people to either return more quickly to their own homes, or to access the most appropriate placement to meet their needs.

People had timely access to health care when required. For example, daily records stated that care staff had identified a person was "chesty", the GP was contacted and antibiotics were prescribed. People also told us they had seen the GP regularly and when they needed to. For example one person told us, "Yes the GP comes to see me every Tuesday and I was not very well on Sunday and the GP came and saw me".

Relatives also provided evidence that health access was effective, a family member told us, "Yes the GP comes to see her leg, which she had a problem with when she was at home and it's getting better; and she has seen the chiropodist and she is going to see the dentist and the optician". A dietician visited during the inspection to review people's care and provide advice, whilst there they also arranged staff training with the service manager.

Records confirmed that staff had received training to enable them to deliver effective care. Training provided covered such areas as Manual Handling, Safeguarding Adults, Death, Dying and End of Life, Mental Capacity Act and Dementia Awareness. Newly appointed staff went through an induction period to ensure they had the skills and knowledge to carry out their roles before working independently. This included a two week period of shadowing a more experienced member of staff. The formal training they received followed the principles of the Care Certificate. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide

compassionate, safe and high quality care and support.

Staff told us and records confirmed staff received support through supervision (a one to one meeting with their line manager)

People were positive about the food. People's comments included, "The food's good and we get a good choice. I'm not a big meat eater, but I like me veg and I don't get hungry at night" and "The food's not bad, I love sweets and custard and ice cream, and I get plenty and my favourite is chicken korma and pilau rice, my carer goes to [supermarket] and gets three packs for me".

Where people had specific dietary requirements these were followed. For example, one person required "fork mashable" food following a Speech and Language Therapist's assessment, and we saw these were provided. There was clear guidance in regard to what dietary needs people had, for example: vegetarian, fortified or soft or pureed diets. We spoke to the chef who explained that they provided two options at meal times, with other alternatives available if people did not want either.

During the inspection we saw staff offering people choice. However, we also saw staff on a dementia unit at lunchtime state, "Roast dinner today. They'll all have it". We discussed this with the registered manager and deputy manager who stated that this was not expected practice and that they would look in to it. On other units we saw staff offering people a choice of two meals. They supported people's understanding and communication needs by showing them examples of the meals on offer. Staff also let people know they could have other alternatives, for example an omelette. We saw staff make the meal time a social experience and there was a relaxed and happy atmosphere.

We checked to see if people were supported in line with the principles of the Mental Capacity Act (2005) (MCA). The 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 make 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 so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people had their liberty restricted we found that DoLS had been appropriately applied for and authorised.

Staff did not always complete written capacity assessments or document best interest decisions. However, staff understood the principles of the MCA. For example, supporting people to make potentially unwise decisions when they felt the person had the capacity to make them. Staff told us "We have to believe people have capacity and respect their decisions even if we think they are not making the right decisions". We recommend that the provider seeks guidance to ensure the correct documentation for Mental Capacity Assessments and best interest decisions are in place.

We found evidence of staff completing MCA training. One staff member told us "MCA is a framework that helps people, for example people who dementia. If they lack capacity we can make a decision for them as long as it's best for them".

We saw that the environment of Fessey House supported the needs of people living with dementia. Each unit had a distinct colour scheme, which included the general décor and even the Christmas decorations we saw on the day of the inspection. Toilet and bathroom areas supported the visual needs people living with dementia may have, for example toilet seats had a distinct colour that enabled them to stand out from the rest of the room.

Is the service caring?

Our findings

All the people we spoke to were positive about staff and the caring relationships they had with them. People's comments included "I like it here, the staff are magic, they're kind and helpful and they're fabulous people" and "it's nice here, the staff are very cheerful and they're always happy". People's relatives were also complimentary about the staff, one told us "They're great, they have really thought out everything with my mother".

We observed caring and light-hearted interactions between staff and people. For example, we observed staff encouraging people to talk about Christmas and how they enjoyed this time of year. There was Christmas music playing and staff sang and encouraged people to join in. There was a happy, relaxed atmosphere. Staff demonstrated passion for their role and when talking about the people they supported. One said "I love working with people. It's like my second home, the most important thing is to interact with people, to get to know them". Staff also told us that the new registered manager had made a positive change "It's got so much better with [registered manager]. He really cares about the services users. Service users come first here".

We observed people being involved in their care. For example a person in the Discharge to Assess unit had been visited by a dietician. A member of staff spoke with the person in a kind and understanding manner, ensuring the person understood what the dietician had told them and the reasons for the delay in returning home. The member of staff was reassuring and had a positive approach, encouraging the person to try new foods and giving them some examples of how food could be fortified, recognising the person's likes and dislikes.

People's diverse needs were respected. Discussion with the deputy manager showed that they respected people's different sexual orientation, so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. Their comments included "I have had equality and diversity training. I would treat people in the way they wanted to be treated. We are all about person centred care" and "[Person] likes me to pray with her. It is important to her and she smiles when we are doing it. It makes her happy".

People's dignity and privacy was respected. People told us they were treated with dignity and respect. Comments included, "They always knock on my door before they come into my room", and "Yes they always knock on my door and they close the curtains and close the door when they're helping me with anything". Staff told us how they treated people with dignity and respect. Comments included, "I always make sure I close the door when helping them. I give choices. Even if people have dementia they still have to be given choices. They still have to be respected" and "It's my job to respect them. It's important to get to know them". We observed staff being aware of situations impacting on people's dignity. For example, one person spilt food down their clothes and was immediately supported to wear a clean jumper.

Staff were aware how to protect people's confidential information. Any confidential records were kept in locked cabinets and were only accessible to staff.

Is the service responsive?

Our findings

People had care plans in place. All care plans we looked at were complete and gave clear guidance to staff on how best to support people. People's care plans were current and we saw evidence that they had been regularly reviewed and updated as people's needs changed. All staff we spoke to felt that the care plans were useful and contained accurate up to date information. Care plans contained information about people's history, likes and dislikes and how to support them. They included the following statements. "I am a friendly person but I do prefer to be private and I like to be in my own room". "I need help with understanding information and help with my daily choices and decisions". Staff we spoke to knew about the people who lived in the service and we observed them supporting people in line with their care plans. The provider had a clear ethos to improve people's independence. The Reablement Service identified four key areas of work to achieve this: "Performance, Occupation, Environment and Confidence". We saw that people's care plans supported this with very clear guidance about promoting independence in order to meet goals around personal care. For example: "Set up sink [place items for washing within reach] and promote independence to wash". Their care plan also identified the multidisciplinary involvement in achieving goals. The Therapy Record included an assessment from the Occupational Therapist and Physiotherapist which detailed the equipment the person needed, both within the service and for when they got home. The assessment clearly identified goals in relation to improving mobility to enable the person to return home.

People's relatives were encouraged to visit and supported to maintain relationships, one relative told us "We come here every other day my husband and I, and my sister comes in the other days", another told us, "They're great, they're really caring and they have made us really welcome".

People told us that staff supported them to take part in the community. People were supported to visit a local pub for meals, and regularly went shopping. Staff told us that activities were led by people. One staff member said "We find out what their [people's] interests are, work with them and their families and friends and try to make person centred activities and less group activities. People told us they enjoyed activities "I like to walk a lot and go to the pub" and "we've made cards and a wreath for the door".

The service had systems in place to record, investigate and resolve complaints. Details of how to complain were held in 'information packs' provided to people and their families. The service had received one complaint in 2017, which had been resolved in line with the provider's complaints policy. The person's family member told us she was thinking that her relative should leave the home, but after meeting with the deputy manager, improvements had been made, "it's like a breath of fresh air and [staff] have been excellent" and "It's the care she's been given there, really on the ball and it's as safe as safe can be".

We found that where people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions in place, these were clearly documented, detailing the involvement of the person, who had made the decision, why the decision had been made, and who the decision had been shared and discussed with.

Is the service well-led?

Our findings

At this inspection we found that the provider was not meeting all of their requirements in regard to the safe management of medicines, and medicine administration errors. Monthly audits were completed in range of areas including Infection Control, Equipment, and Medicines. We saw evidence that these audits were carried out every month. However, analyses of the audits were not always effective. We found the medicines audits contained a "check competencies" section, which was always recorded as being "complete". However, staff who had made medicine errors had not always had their competencies reassessed. The provider had a clear procedure for recording accidents and incidents. Accidents or incidents related to people were documented but the information was not effectively collated to allow effective identification of trends. This could mean that causes of accidents would not be known and addressed to prevent further occurrences. We discussed this with the registered manager and deputy manager and they agreed that this needed to be addressed and that they would do so.

Fessey House was led by a registered manager, who was supported by a deputy manager and a registered services manager. The registered services manager provided line management support to the registered manager and regularly visited the home. There was an effective management structure in place, with staff being aware of their roles and responsibilities. The registered manager, deputy manager and registered services manager demonstrated a strong leadership team, and there was a clear vision for the future development of the service. We also observed positive and open working relationships between members of the management team.

Staff spoke positively about their work and how they were supported by management. They told us, "They are very supportive management. [Registered Manager] comes to the unit every day and says hello to all the service users and staff" and "[deputy manager] is very supportive. I am more than confident to go to any of the management." Staff told us that they could make suggestions to improve care. One staff member said, "We are listened to and can make suggestions". They gave an example of a how they suggested using a shower chair for someone unable to have a bath. This was followed and the person was now enjoying regular showers.

People and relatives were also complimentary about the management team. One relative told us "I have met the manager and the deputy manager and yes, they are doing a good job". Another relative said "Yes they are doing a good job, and it's really clean and tidy here."

One person told us "I don't know what [registered manager] does, but [deputy manager] is really good, and yes they do have resident's meeting and I've attended them and they do listen"

Staff talked positively about how the provider supported them. We were told by one staff member "if you clearly identify a need and put forward a good case, they will usually support it".

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. There was a duty of candour policy in place; this required staff to be open with people and relatives when accidents occurred and the registered manager was aware of their responsibilities.

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 Thickening agents were not stored securely. PRN medicines were not always administered when people required them. Topical medicines were not managed safely. Medication errors were not managed effectively.