

Amberley Care

# Amberley Care Home

## Inspection report

481-483 Stourbridge Road  
Brierley Hill  
West Midlands  
DY5 1LB

Tel: 01384482365

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03 December 2019  
04 December 2019  
11 December 2019

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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 caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Amberley care home is a residential care home providing personal care for up to 25 older people some of whom may live with Dementia. The service was supporting 23 people at the time of the inspection.

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

Systems to monitor the way medicines were administered failed to ensure people had their medicines when they needed them. People were not supported to stay safe as risks were not managed well. Where people had fallen action had not been taken in a timely manner to reduce the risk of further falls. Risks to people were not always recorded in their care records for staff to refer to.

A lack of oversight meant risks to people's safety had not been responded to appropriately. Systems to monitor the quality and safety of the service were not effective and had not identified the areas for improvement found at this inspection.

People were not always treated with dignity and care records were not personalised and kept up to date. People did not always have meaningful activities to occupy them on a daily basis.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People were supported by staff who knew how to report concerns of abuse. Staff had received the training they required for their role, but some staff needed to complete refresher training to update their skills and knowledge. Staff wore gloves and aprons to ensure they protected people from cross infection.

Staff sought people's consent before providing support. People accessed healthcare services to ensure they received ongoing healthcare support. People were given choices and were involved to make daily decisions around their care. A complaints procedure was in place and people and their relatives knew how to raise concerns.

### Rating at last inspection and update.

The last rating for this service was requires improvement (published December 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified a breach of regulation in relation to risk management, and medicines practices and a continued breach in relation to the governance systems and quality assurance monitoring of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

## 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 caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Inadequate** ●

# Amberley 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 undertaken by one inspector, and an assistant inspector on the 03 and 04 December and the inspector returned to complete the inspection on the 11 December 2019.

#### Service and service type

Amberley is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection.

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with five staff, the cook, housekeeper, two visiting healthcare professionals the registered manager and the registered providers. 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 reviewed a range of documents and records including the care records for eight people, nine medicine records, three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

### After the inspection

We continued to seek clarification from the provider to validate the evidence found. We requested training information.

# 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; Assessing risk, safety monitoring and management; Lessons learnt.

- On our previous inspection we had identified improvements were required in relation to medicines and the management of risk within the home. On this inspection we have continued to find the same concerns.
- People did not receive their medicines when they needed them. We found three people's medicines were out of stock and not available in the home. Although there was evidence the staff had contacted the GP surgery to request a repeat prescription this action was not undertaken in a timely manner to prevent people from running out of their medicines.
- We checked the balance of medicines stored in boxes. We found for two people the balance remaining was inaccurate compared with what medicines had been administered.
- The controlled medicines book was inaccurate and had not been updated when a controlled drug had been administered to one person.
- A body map was not in place for a person, who had an adhesive patch administered, to identify where the patch should be applied. This is required to ensure the patch is not applied to the same part of the skin. This is in accordance with the manufacturer's instructions.
- We asked to see the medicine record and body map for a person's prescribed cream. Staff and the registered manager were unable to locate this record.
- Care plans did not contain explanations of the control measures for staff to follow to keep people safe. For example, people had fallen in the home and action had not been recorded in a timely manner within people's risk assessments or care plans about how the risks of further falls would be reduced.
- Concerns were shared with us about the food provided to a person who was at risk of choking. A risk assessment was not in place in relation to this to identify and show how this risk was being monitored and mitigated.
- Information in a person's care plan told us they should be given a specific amount of fluids in a 24-hour period. The reasons for this was not recorded and a risk assessment was not in place for this. We saw monitoring records were in place detailing the amount of fluids the person consumed. However, these were not being monitored to ensure the person did not exceed their daily recommended intake.
- On our last inspection we found incidents and accidents were not analysed to identify patterns and trends and to mitigate future risks. On this inspection we found no improvements had been made.

The failure to provide care and support in a safe way to people is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had not notified the local authority safeguarding team about incidents where

people had sustained an injury following a fall. These notifications were submitted during our inspection.

- People told us they felt safe when being supported by staff. A person said, "Yes I feel safe here the staff keep me safe and they are lovely."

A relative told us, "I have no concerns about [person's] safety, staff support [person] as they should and if I had any concerns I would raise them immediately."

- Staff we spoke with were aware of their responsibilities to report and act on any concerns. A staff member told us, "If I had any concerns I would report them to the manager or higher if needed."

#### Preventing and controlling infection

- No action had been taken since our last inspection to identify an infection control lead for the home.
- We observed two bedrooms smelt of an odour despite efforts by the cleaner to address this. We also found one person's furniture was not in a good state of repair due to food debris and ripped and damaged furniture. This increased the risk of infection spreading.

- We saw the home was generally clean and tidy in the communal areas. A person told us, "The cleaner works hard to keep it clean, I have no complaints."

- Staff wore personal protective clothing such as gloves and aprons when undertaking certain tasks to prevent the spread of infections.

#### Staffing and recruitment

- We received mixed feedback from both people and relatives about the staffing levels. One person said, "Yes the staff are about, and they work very hard, they come to me when they can when I need them." Another person said, "I think they could do with more staff they are always too busy, and I sometimes have to wait for support."

- We saw staff tried to respond to people's request for support, however we observed times when people had to wait for this. For example, a person asked to use the toilet and they had to wait 10 minutes before a staff member supported them. A person who wanted to mobilise around the home was consistently asked to sit down for their safety as staff were not able, at those times, to support them on their walk. A staff member told us, "At peak times we could do with more staff to support people."

- The registered manager confirmed a dependency tool was not used to ensure sufficient staff were available to meet people's assessed needs. Our observations were shared with both the registered manager and the registered providers.

- Staff told us they had provided all of the required recruitment information before they started working at the home. Records we reviewed confirmed this. This ensured staff were suitable to work with vulnerable people.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Where people lacked capacity and were being deprived of their human rights the appropriate authorisations were in place. However, one person's DoLS authorisation had expired. The registered manager confirmed a new application had not been submitted. The Registered manager completed a new application following our inspection.
- Staff were not able to tell us which people had a DoLS authorisation but knew applications had been submitted for some people. This meant staff were not aware of what restrictions had been agreed for people.
- Following our last inspection mental capacity assessments had been put in place but these were not decision specific and some were incomplete.
- Where people had restrictions in place for their safety such as using a recliner chair, records were not always in place to confirm best interests' meetings had been undertaken to support this.
- People confirmed staff sought their consent before providing support and respected their choice when they said no. One person said, "Staff do ask me first before they support me, and they never make me do anything I don't want to." A relative told us, "I have seen the staff ask [person's] consent before they support them."
- Staff confirmed they had completed MCA and DoLS training and understood the importance of gaining the person's consent before providing support. A staff member told us, "It is about their human rights and ensuring they agree to the support. I always ask and if someone said no, I would leave it and try again later."

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

- At our last inspection we found the pre-admission assessments lacked detail. On this inspection we found

the pre-admission assessments continued to lack detail and there were several gaps where information had not been obtained. The registered manager advised this was due to information not being available, but the records did not reflect this. Where information was available for example on the referral form, this was not included on the assessment of need therefore not included as part of the person's care plan. This meant staff would not have access to holistic information about a person and their needs following their admission to the home.

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

- We observed on both days some people had to wait for assistance with their meal. This meant some people had finished their meal before other people were provided with theirs.
- A relative raised concern about their loved one's food, they told us their meal should be of a certain texture for them to be able to eat it. Although we did not observe the food provided, we found feedback from the staff, cook and registered manager confusing about the texture of the food the person should have as this contradicted the information provided in the person's care plan. This was discussed and addressed during the inspection.
- At our last inspection we found systems were not in a place to monitor the weight of people who were unable to use chair scales. On this inspection we found some improvements had been made and the registered manager had started implementing new assessments to assist them with monitoring people at risk of malnutrition.
- A menu was in place, which reflected choices were available on most days except the days where a roast dinner was provided. The provider told us alternatives were available on this day, and the menu would be updated to reflect this. Pictorial aids were not used to assist people living with dementia to make an informed choice.
- A person told us, "I do enjoy the food provided it is nice, and yes we do get choices."
- People had equipment such as adapted cutlery to promote their independence to eat their meal.

Staff support: induction, training, skills and experience

- People and their relatives thought staff had the skills for their role. A person said, "The staff always seem to know what they are doing." A relative said, "The staff appear to have the skills to meet [persons] needs."
- Staff confirmed they had received an induction which included completing the Care Certificate and a period of shadowing to get to know people and read their support plans. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Records showed some staff had not complete refresher training. The training provided was in the format of e-learning and staff were expected to complete this in their own time. The registered manager told us staff had been reminded to complete this training.
- Staff had not received detailed training in supporting people to maintain good oral health and hygiene. We saw a fact sheet had been included in people's files about maintaining good oral hygiene for staff to refer to.
- Staff told us they received support in their role and received supervision.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- At our last inspection we found people had not received support to maintain good oral health and see a dentist. On this inspection we found improvements had been made and those people that had consented had received a dental check-up.
- People were supported with their oral health, but their care plan records lacked detail in this area and did not clearly indicate the level of support they needed. This was discussed with the registered manager who

confirmed the records would be updated and more detail provided.

- People and relatives confirmed arrangements were in place to access healthcare services when needed. One person said, "The staff are good and get the GP in if I am feeling a bit off."
- Visiting healthcare professionals, we spoke with told us, "The staff do work with us and follow any advice and recommendations we share with them."

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

- At our last inspection we found the environment was not dementia friendly. At this inspection we found improvements were being made. The provider told us new signage was on order to help people to orientate within the home, and pictures had been placed outside people's bedrooms to help people to recognise their bedrooms.
- The provider had invested in the home and we were advised new fire doors had been fitted new flooring installed, and several areas had been redecorated. The provider has also installed CCTV into the communal areas, and people have been consulted about this.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Although individual staff demonstrated a caring approach and spoke positively about the people they supported, the systems and processes in place did not support them to be consistently caring. For example, we found several people whose hearing aids, glasses and dentures had gone missing, but action had not been taken in a timely manner to replace these items.
- People spoke positively about staff. One person said, "The staff are lovely, kind and caring and they try their best." A relative told us, "The staff are kind and respectful."
- Staff told us they enjoyed their role. One staff member said, "I do love it here the staff are a lovely bunch and we all get on, and the people are great."
- We found improvements had been made and new documentation had been implemented to collate information about people's life histories. Staff then used this information to talk to people about their backgrounds.

Respecting and promoting people's privacy, dignity and independence

- We observed staff did not always maintain people's dignity. At lunchtime we saw tea-towels being used as protective aprons although these were available for people to use. We saw some people did not have their protective apron removed after they had eaten, and these were left on for several hours until the next mealtime. We heard a staff member openly say to another staff member in the communal area, "I've done [person's name]" referencing they have supported them with personal care.
- We also observed occasions where people's dignity and privacy were maintained. Staff knocked people's bedroom and bathroom doors before entering. We observed staff ensure people's mouth were wiped following eating their meal.
- People told us staff encouraged them to be independent. One person told us, "The staff encourage me to do as much for myself as I can, which I do, as its important." We observed staff encouraged people to eat their own meals and to drink independently where possible. We saw one person helped out with washing up and completing tasks in the kitchen.
- People were supported to maintain relationships with those closest to them. One relative told us, "As soon as I walk in staff and people are welcoming and friendly." Another relative said, "There are no restrictions and I can come when I want."

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

- There was little evidence in people's care records to confirm their involvement in their care plan and any reviews undertaken. We saw some people had signed consent forms.

- Some people choose to remain in their bedrooms and not use the communal areas and this choice was respected. However, their care records did not fully reflect this as their preference.
- People made decisions about their daily life. One person told us, "I can choose what I want to wear and when I want to get up and go to bed." Another person told us, "I decide when I want to go outside to use the garden and the staff support me." We observed staff providing choices and involving people in daily decisions where possible throughout the day. For example, asking people where they wanted to sit, and what they wanted to drink.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- At our last inspection we found care plans lacked detail to enable staff to provide personalised care. On this inspection we saw some improvements had been made but the care plans continued to lack detail. For example, brief details were provided about one's person previous mental health history. This meant staff did not have access to records that provided all of the required information to enable them to provide personalised care.
- We found although reviews of care were undertaken monthly these did not reflect the changes in people's care needs. For example, to include information about falls, or a deterioration in their health.
- Not all of the people we spoke with knew they had a care plan, and records did not reflect their involvement with reviews. Where people would be unable to contribute to their care plan, records did not reflect this.
- Staff demonstrated their knowledge of people's needs and preferences and how they wanted to be supported despite the lack of detail in the records. Staff were able to tell us about one person's previous history and the things they enjoyed listening to.
- Staff responded to changes in people's needs. For example, one person was distressed, and staff responded by providing reassurance, this had a positive impact on the person whose distress reduced.

End of life care and support

- At our last inspection we found people's end of life wishes were not recorded in their care plan other than the details of the funeral directors the person or their family had chosen. On this inspection we found improvements had not been made. We found where people were receiving end of life support, their care records had not been updated to reflect this or their wishes or consideration of their beliefs and values that may influence their end of life care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people told us they chose to stay in their rooms but felt socially isolated as they did not see staff unless they had to complete certain tasks. One person said, "I do choose to stay in my room, and staff do come and check on me and bring me a drink, but they don't have time for a chat or do any activities with me. It is boring here." Another person told us, "There's not much going on really." A relative told us, "The staff do plan special events such as the party on Mother's Day, and there is a pub night on some weeks which we try and attend."
- We observed people that lived with dementia sitting with no meaningful engagement or objects to occupy

their minds such as therapy dolls, rummage boxes etc. These issues were raised at our last inspection. When we discussed this with the provider they showed us the activities corner which had been developed following our inspection which contained activities, such as a memory box of old photos and objects which could be used as reference to start conversations. We also saw a doll which some people enjoyed holding had been left in a person's bedroom. We did not see staff utilise these resources during our inspection.

- We observed the television was on and on occasions music was played at the same time. We observed some staff supported people to play games, and some people were provided with colouring. But this was only for short periods of time. Staff told us, "We try and fit in activities when we can it all depends on how busy the shift is." Staff confirmed they had not undertaken any training around providing meaningful activities to people that lived with dementia.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At our last inspection we found brief details were provided about people's communication methods. On this inspection we saw a new care plan around people's communication needs had been implemented, but these required more detail about people's communication abilities and preferences.

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

- People and their relatives knew how to raise any concerns. One person said, "If I had any issues I would go the manager." A relative said, "I have not had any need to raise a concern, but I would just speak with the manager, I think I have been provided with the complaints procedure at some point."

- A complaints procedure was in place. Any complaints received had been investigated and outcomes recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

At our last inspection the provider was found to be in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection we found shortfalls with the governance systems and lack of oversight of the service provided. At this inspection we found the same issues and limited improvements had been made since our last inspection. This meant the provider had failed to make the required improvements to meet the requirements of regulation 17, and to improve the overall rating of the service. This is the second time the service has been rated requires improvement.
- We found systematic failures in the provider's audit processes, quality assurance continued to be ineffective and did not pick up on issues identified at this inspection. These included care plan audits, risk management, and medicines. The lack of robust quality assurance meant people were at risk of receiving poor quality care.
- Medicines systems and processes did not operate effectively. Some audits of medicines had taken place, but these were not robust and did not identify the concerns we found. This meant these audits were not effective.
- Numerous concerns were identified within records. These included a lack of incident and accident analysis, lack of oversight for people with DoLS authorisations, and lack of risk assessments. Not keeping records that are fit for purpose put people at risk of harm from receiving inappropriate care or treatment.
- Systems and processes failed to identify the lack of information contained on people's fluid monitoring charts and no systems were in place to ensure someone had oversight of these records to ensure any risks were escalated.
- Records relating to people's support needs and care provided were not always accurate and did not contain up to date information to reflect people's current needs. Care plan audits had been undertaken but failed to identify the shortfalls we found.
- Infection control audits had been implemented since our last inspection. Part of these audits included a check of bedrooms. However, these audits had not identified the issues we saw. For example, an odour in people's room, ripped chair and chairs soiled with food debris.



- The registered manager had not consistently met the regulatory requirements of their role. We found incidents had occurred at the service and the appropriate notifications for these had not been submitted to CQC or the Local Authority as they met the safeguarding threshold. These were submitted when we brought this to the registered manager's attention.

Systems and processes were not robust enough to demonstrate the service was operating effectively. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Throughout the inspection we found the registered manager to be honest, and open about any issues we brought to their attention. They were receptive to our feedback and advised us of their commitment to making any required improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives knew who the registered manager and the providers were and spoke positively about them. One person said, "The manager is good, caring and approachable, and [the providers name] visit and they come and say hello." A relative told us, "I found [manager] to be lovely and very approachable."

- Systems were in place to seek feedback from people, relatives and staff. Two meetings had been held this year with people and their relatives, and surveys had been sent out. Positive feedback was provided. Comments were raised by one relative about the lack of staffing at times, and activities. Staff had also completed surveys and the feedback was positive apart from the lack of activities, and staff had suggested more stimulation for people. No action had been taken to address these comments in the form of an action plan or response. In the reception area there was also a suggestion book.

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

- The registered manager understood her responsibilities in relation to the duty of candour regulation.

Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues, such as District Nurses and GP. The local authority has visited the service and provided support and recommendations about areas they could improve upon.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People did not receive their medicines as prescribed and were not protected from potential risks.

**The enforcement action we took:**

NOP to impose positive conditions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of potential harm.

**The enforcement action we took:**

NOP to impose positive conditions.