

Yara Enterprises Limited

# St. Margarets Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 



# Summary of findings

## Overall summary

This inspection took place on 9 and 10 February 2016 and was unannounced. At our previous inspection in May 2014, we found the provider was meeting the regulations in relation to the outcomes we inspected.

St Margaret's residential home provides accommodation and personal care support for up to twenty two older people, some of which are living with dementia. The home is situated in a residential area of Sidcup Kent and is spread out over two floors.

At this inspection we found a breach 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.

The provider failed to ensure the proper and safe management of medicines. Procedures and systems in place to evaluate and monitor the quality of the service provided were not always effective in ensuring the quality of care people received.

There were safeguarding adult's policies and procedures in place to protect people from harm and incidents and accidents were recorded and acted on appropriately. Assessments were conducted to assess levels of risk to people's physical and mental health and care plans contained guidance for staff to ensure people were kept safe by minimising assessed risks.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work. There were appropriate levels of staff on duty and deployed throughout the home to meet people's needs.

There were arrangements in place to deal with foreseeable emergencies and there were systems in place to monitor the safety of the premises and equipment used within the home. People were supported by staff that had appropriate skills and knowledge to meet their needs and staff received supervision and annual appraisal of their performance.

Staff demonstrated good knowledge and understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests.

People were supported to eat and drink suitable healthy foods and received sufficient amounts to meet their needs and ensure well-being. People had access to health and social care professionals when required.

Interactions between staff and people using the service were positive and staff had developed good relationships with people. Care plans demonstrated people's involvement in their care.



Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

People received care and treatment in accordance with their identified needs and wishes. Detailed assessments of people's needs were completed and reviewed in line with the provider's policy. People were supported to engage in a range of activities that met their needs and reflected their interests.

People and their relatives told us they knew who to speak with if they had any concerns. There was a complaints policy and procedure in place and complaints were managed appropriately.

The manager was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. The provider took account of the views of people using the service and their relatives through annual residents and relative's surveys.



## 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 consistently safe.

The provider failed to ensure the proper and safe management of medicines.

There were safeguarding adult's policies and procedures in place to protect people from harm and incidents and accidents were recorded and acted on appropriately.

Assessments were conducted to assess levels of risk to people's physical and mental health.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

There were arrangements in place to deal with foreseeable emergencies and there were systems in place to monitor the safety of the premises and equipment used within the home.

### Is the service effective?

**Good** ●

The service was effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff received supervision, training and an annual appraisal of their performance.

Staff demonstrated good knowledge and understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being.

People had access to health and social care professionals when required.

### Is the service caring?

**Good** ●



The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends. Care plans documented people and their relative's involvement in their care.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

### Is the service responsive?

**Good** ●

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes.

Detailed assessments of people's needs were completed and reviewed in line with the provider's policy.

People were supported to engage in a range of activities that met their needs and reflected their interests.

People and their relatives told us they knew who to speak with if they had any concerns.

### Is the service well-led?

**Requires Improvement** ●

The service was mostly well-led.

Procedures and systems in place to evaluate and monitor the quality of the service provided were not always effective in ensuring the quality of care people received.

There was a manager in post at the time of our inspection and they were knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took account of the views of people using the service and their relatives through annual surveys.



# St. Margarets Residential 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.

The inspection was carried out by two inspectors on 9 February 2016 and one inspector on the 10 February 2016 and was unannounced. There were 20 people using the service at the time of our inspection. Prior to the inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service. We used this information to help inform our inspection.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people using the service, three visiting relatives and five members of staff including the registered manager. We spent time observing the support provided to people in communal areas, looked at seven people's care plans and records, staff records and records relating to the management of the service.



# Is the service safe?

## Our findings

People told us they felt safe living in the home and with the staff that supported them. One person said, "The staff are very kind and I do feel safe." Another person told us, "The staff are lovely and always give me help when I need it. I feel very safe and secure." Throughout the course of our inspection we observed that people appeared safe and were well supported. However we found that people's safety was not consistently maintained as medicines were not always managed, stored or administered appropriately and staff training and medicines competencies were not conducted on a regular basis in line with best practice.

Staff administering medicines had not received appropriate up to date training and competency assessments relating to the management and administration of medicines. Staff records confirmed staff who administered medicines had attended a training workshop in 2013. This was provided by an external trainer introducing the staffing team to the monitored dosage system only which is used within the home. Staff administering medicines had not received up to date training in the safe handling of medicines. For example one staff record showed that they had last received appropriate medicines training in May 2007 and another staff record showed that they had not received appropriate medicines management training but had attended the training workshop in 2013.

The provider had a medicines policy in place which provided staff with guidance and included areas of medicines management such as safe administration, supply of medicines, safe storage of medicines and the disposal of medicines. However we noted that the medicines policy was last reviewed in May 2012 and was not reflective of current best practice. We drew this to the attention of the registered manager who told us the provider was currently reviewing and updating the medicines policy in line with best practice and this was due to be implemented in the home by the end of the week. We also noted that the home did not have an up to date medicines reference guide for staff who administered medicines to refer to. Medicine reference guides such as the British National Formulary book (BNF) is updated every six months to include new medicines information such as side effects and contraindications of medicines. The registered manager confirmed that there were no up to date appropriate medicines reference guides in use at the home, however following the identification of this issue the provider took immediate action and purchased new BNF medicines reference guides on the second day of our inspection so staff were aware of safe best practice in relation to medicines management.

We saw that an out of date medicine which belonged to someone who had not been living at the home since December 2013 was stored inappropriately in a medicines cupboard. We brought this to the registered manager's attention who took immediate action to dispose of the medicine correctly. During our inspection we saw medicines were administered to people appropriately. However, during the lunchtime medicines round we observed an incident whereby one medicine was not administered in a safe manner. We saw that one person using the service was not observed taking their medicine to ensure they had taken it as prescribed and in line with best practice. We drew this omission to the attention of the registered manager and staff member administering medicines.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities)



Following the identification of the medicines administration error in the dining room the provider took immediate action and completed an incident report, updated the person's risk assessment to reflect the change in practice and contacted the visiting GP to request a review of the person's medicines. An action plan was also implemented to minimise further risk of recurrence and a notification of the medicine incident was sent to CQC as required. We spoke with the registered manager about the current process for documenting medicine errors as we found there was not a robust system or process in place for appropriately recording medicine errors and to evidence lessons learnt. The registered manager advised that the provider was in the process of updating the medicines error reporting system and this would be implemented within the home soon. We were unable to assess and monitor this at the time of our inspection but will check this when we next visit the service.

The lack of appropriate medicines training and competency assessments was brought to the registered manager's attention. Following the identification of these issues the provider took immediate action and sourced appropriate in depth external medicines training that was due to be conducted by the end of February 2016 for all staff who administered medicines. We were unable to assess and monitor this at the time of our inspection but will check this when we next visit the service.

Medicines were stored safely and were locked in secure medicines trolleys that were securely fixed to the wall. Medicines which required refrigeration were kept in a lockable refrigerator and temperature readings of the refrigerator was monitored by staff on a regular basis to ensure medicines were safe to use. Medication administration records (MARs) listed people's medicines and doses along with space to record when staff had administered. All MAR charts we looked at had been completed correctly with no omissions recorded. We noted photographs were kept on people's MAR records to identify them to new staff and to help ensure medicines were administered to the right person. Records of allergies were also recorded on people's MAR charts to prevent the risk of people receiving medicines they were allergic to or have an adverse reaction to.

There were up to date safeguarding policies and procedure in place to protect people from possible harm and staff had received appropriate support and training to enable them to identify abuse and take appropriate actions to report concerns. Staff demonstrated they were aware of the signs of possible abuse and knew what action to take. They told us they felt confident in reporting any concerns and were aware of the provider's whistle-blowing procedures. Contact information for the local authority safeguarding team was displayed in the staff office for reference and safeguarding information and posters were displayed throughout the home. Safeguarding records were documented and showed that where concerns were raised the registered manager worked closely with other agencies to ensure people were sufficiently protected.

Accidents and incidents involving the safety of people using the service were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, taken appropriate action and referred to health and social care professionals when required. Information relating to accidents and incidents was recorded and analysed to address any recurrent risks and patterns. Action plans were also in place to ensure any actions required were taken and concerns addressed. Where appropriate, accidents and incidents were also referred to local authorities and the CQC.

Risks relating to the health and safety of people using the service were identified and assessed. Risk assessments were reviewed on a regular basis and included areas such as falls, nutrition, moving and handling, skin integrity, medicines and communication. For example, where people were assessed at risk of malnutrition there were detailed plans in place to support them with eating and drinking. Staff had an



understanding of the risks people faced and the actions they were required to take to ensure people's safety. For example, one care plan documented the person was at high risk of falls due to their cognitive impairment. Their risk assessment instructed staff on the importance of using mobility aids to support the person when mobilising, and to adopt the use of role play to demonstrate to the person how they should use their walking frame. Information from health and social care professional's involvement was also documented in care plans to ensure people's needs were met and risks to their health were minimised.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely. Staff had received up to date fire training and knew how to respond in the event of a fire. Records confirmed that staff participated in frequent fire alarm tests and checks on fire equipment within the home were conducted. Maintenance and environmental checks were carried out at regular intervals to ensure the home was safe. Regular service contracts were in place and the home had an allocated maintenance person to deal with any issues or repairs.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work so that people were cared for and supported by staff that were suitable for their role. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms, photographic evidence to confirm applicant's identity, references and history of experience and or professional qualifications and contracts of employment.

During our inspection we observed there were sufficient numbers of staff on duty to ensure people were kept safe and their needs were met in a timely manner. People told us they received support when they needed it and staff were available. One person said, "There is always someone around and I never have to wait long if I call for help." Staff we spoke with confirmed that there was enough staff on duty and deployed throughout the home to ensure people were safe. Staffing rota's showed that staffing levels were suitable to ensure people's needs were met and staff were available to supervise and support people when venturing out or when participating in activities.



## Is the service effective?

### Our findings

People told us they felt staff were suitably experienced and appropriately trained to meet their needs. One person said, "The staff are very supportive and know their job well." Another person commented, "The staff are very good at what they do and are always happy to help." Visiting relatives also commented positively on the effectiveness of staff. One relative commented, "The lovely thing here is that all the staff know people well and the best way to help them. All the staff are very good and know exactly what to do."

There were systems and processes in place to ensure that staff new to the home had the appropriate skills and knowledge to provide effective care. Staff new to the home completed an induction programme that included familiarisation of the home environment and the people who live there and the provider's mandatory training. Staff inductions into the home met the requirements of the Care Certificate which sets out the learning outcomes, competencies and standards of care that are expected of care workers. The registered manager told us that some of the staff were working through the Care Certificate work books and assessments and records we looked at confirmed this.

Staff were suitably supported through regular supervisions and an annual appraisal of their performance. Records showed that staff had received supervision on a regular basis and had an annual appraisal in line with the provider's policy. Staff we spoke with told us they felt well supported through supervision and felt they could speak openly with the registered manager. One member of staff said, "The manager is very supportive and I can approach them about any issues or concerns. Supervision is regular and I do feel very supported." Staff told us they felt they received appropriate training to support people with their care needs. One member of staff told us, "The training is good and it's always relevant to the needs of the people we care for." Staff received training on a regular basis that was relevant to the needs of people using the service, for example in mental capacity and consent, moving and handling, safeguarding, health and safety, dementia, medicines and first aid. Staff demonstrated good knowledge on a vast array of topics and training records we looked at confirmed that staff received and attended regular appropriate training.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

Staff demonstrated good knowledge and understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. Staff understood the importance of seeking consent before offering people support to confirm that they were happy with the support being offered. Care plans contained mental capacity assessments and best interests meetings that were held were documented where appropriate. The registered manager understood the process for requesting a DoLS authorisation and we



saw appropriate referrals had been made, and authorisations were in place to ensure people's freedom was not unduly restricted and staff followed any conditions in place.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being. People spoke positively about the food on offer at the home. One person told us, "I love the food here. It's always very tasty and served hot." Another person commented, "The food is very good and we always have a choice." Menus were discussed and planned with people to ensure they took account of people's preferences, dietary needs and religious and cultural wishes whilst promoting a healthy diet. People were offered menu choices daily and accurate records of people's dietary requirements were available to the chef and kitchen staff to ensure people's needs were met. Information on people's dietary requirements and preferences of all the people using the service was available. For example, any food allergies, if a person was diabetic, the type and texture of meals, whether vegetarian, soft diet or pureed foods were required. We noted that the kitchen was kept clean and had been awarded a five star food hygiene rating from the Food Standards Agency. We observed the lunchtime meal experience in the dining room and saw people were able to make choices about the food they wanted to eat. Some people required support from staff to eat during mealtimes and we saw staff were available and offered appropriate assistance in a relaxed and unhurried manner. Drinks and snacks were offered frequently and were available throughout the day.

People were supported to maintain good physical and mental health and had access to health and social care professionals when required. Care plans detailed the support people required to meet their physical and mental health needs and where concerns were noted we saw people were referred to appropriate health professionals as required. Records of health care appointments and visits were documented within people's care plans so staff were aware of any treatment required or advice given.



## Is the service caring?

### Our findings

People told us that staff treated them with kindness and spoke positively of their experiences of the care and support provided at the home. One person said, "The staff are wonderful and I just can't fault them." Another person commented, "They [staff] are very friendly and know just how to support me. I like living here because the staff are kind." Comments from visiting relatives were also positive. One relative said, "Staff always welcome me when I visit and they work very hard to make sure people are treated well."

Interactions between staff and people using the service were positive and indicated that staff had developed good relationships with them. We saw staff treated people in a respectful and dignified manner and addressed people by their preferred names. The atmosphere in the home was calm and friendly and staff took their time and gave people encouragement whilst supporting them with daily living tasks. Staff respected people's choice for privacy and we saw some people preferred to spend time in their rooms. We observed staff spent time with people and were seated with them, engaged in conversations about the daily news headlines whilst others participated in the planned activities.

Staff spoke with people in a friendly and respectful manner and care plans documented guidance for staff on how to communicate effectively with individuals. For example one person's care plan documented that they responded well to 'smiley faces' and were able to hear and understand clear instructions given by staff. Another person's care plan had clear guidance for staff on how to support the person to manage their eye condition and the importance of staff ensuring that their glasses were clean on a regular daily basis. Peoples end of life care needs and wishes were assessed and recorded within care plans to ensure people's wishes and choices were respected. For example one care plan documented that the person wanted a religious leader at their arranged funeral.

Staff were familiar with people using the service and knew how best to support them. Staff told us how they promoted people's privacy and ensured their dignity was respected. They explained that they knocked on people's doors before entering their rooms, ensured doors and curtains were closed when offering support with personal care and made sure information about people was kept confidential. Discussions with staff demonstrated their commitment to meeting individuals' preferences and recognising what was important to each person.

People were supported to maintain relationships with relatives and friends and people told us that they were involved in making decisions and in planning their care. One person commented, "My family visit often which I like." Another person said, "Staff always ask me for my thoughts. I do feel involved." Care plans documented where appropriate that relatives and or advocates were involved in people's care and were invited to review meetings and any other relevant meetings or events. People and their relatives were also notified about any significant events or visits from health and social care professionals and these were recorded within peoples care plans. We observed visitors were free to visit the home when they wanted without restrictions. One visiting relative told us, "I often visit and at different times. I am always made welcome."



People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them. People were provided with a 'service user guide' which provided information about what people can expect from the service.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet any identified needs or wishes. Staff gave examples of how they address people's cultural needs and provided information about some people's dietary preferences. They told us about the religious ceremonies that took place on a regular basis at the home and private religious services were also offered at people's request.



## Is the service responsive?

### Our findings

People told us they received care and support in accordance with their identified needs and wishes. One person told us, "I do as much as I can for myself but when needed the staff are there to help." Another person said, "The staff are very good and know what help I need." Assessments of people's needs were completed upon admission to the home to ensure that the service could meet their needs appropriately.

People and their relatives where appropriate, had been involved in the development of their care plan and records were signed by people in agreement where necessary. We saw that where people were not able to be involved in or participate in the planning of their care, relatives and professionals contributed. People's care needs were identified from information gathered about them and consideration was given in relation to people's past history, preference and choices.

Care plans showed that people's needs and highlighted risks were regularly assessed and reviewed in line with the provider's policy. Daily records were kept by staff about people's day to day wellbeing and the activities they participated in to ensure that people's planned care met their needs. Advice was sought from relevant health and social care professionals and recorded in care plans to ensure that people's specific health needs were met. For example we saw that a visiting district nurse had recommended staff should apply appropriate dressings twice weekly which we saw were followed by staff. Care plans also recorded people's progress including monitoring by staff and as advised by health professionals, such as wound care, fluid monitoring and weight charts.

People's diverse needs and independence were supported and respected. People had access to equipment enabling greater independence which met physical, emotional and sensory needs. Equipment included hoists, wheelchairs, seating, tables, cutlery and adapted beds. Care plans contained guidance for staff on the use of equipment and we saw equipment was subject to regular checks and servicing when required.

People were supported to engage in meaningful activities that reflected their interests and supported their physical and mental well-being. We spoke with the activities coordinator who told us they worked to develop a programme of scheduled activities and took time to involve and ask people what they liked or preferred to do. They told us that they planned group activities but also arranged one to one activities for people who were unable to participate in larger groups. They also told us they supported people to venture out to visit local attractions and shops. We saw that the home had a weekly activity plan on display which informed people of the activities on offer. Activities planned included reminiscence, games, film showings, book clubs and manicures. During our inspection we observed several people having a manicure. One person said, "I like to have my nails done. It's quite relaxing and they look good."

There was a complaints policy and procedure in place and information on how to make a complaint was on display and accessible to all. There was also a suggestion box aimed at visitors which was located in the reception area. Complaints information provided guidance on the provider's complaints handling process and how complaints could be escalated and managed. People told us they knew how to make a complaint if they had any concerns. One person said, "I would also go to the manager but I have never had anything to



complain about." Complaints records showed that complaints were recorded, maintained and responded to in a timely manner.



## Is the service well-led?

### Our findings

People told us staff were helpful and friendly and they thought the service was well led. One person said, "The staff are very good and the manager is excellent." Another person commented, "The manager is wonderful. I like my room and I like living here." There were procedures and systems in place to evaluate and monitor the quality of the service provided, however, we found that these were not always effective in ensuring the quality of care people received. For example following safe practice in relation to the management of medicines and ensuring staff were appropriately trained to administer medicines as referred to earlier in this report.

We looked at the systems used within the home to assess and monitor the quality of the service. These included daily, weekly and monthly audits conducted by the registered manager, senior staff and the provider. Audits conducted included maintenance and environmental checks, infection control, fire, care plans, incidents and accidents, falls and risks, night staff spot checks, call bells and medicines amongst others. Audits confirmed that checks were conducted on a regular basis and had identified some areas requiring improvements. However we noted an internal medicines audit had been completed in December 2015 but had not identified the out of date medicine that was stored in the controlled drugs cabinet and the lack of appropriate up to date staff medicines training and competency assessments. The provider sent us an action plan detailing the actions taken to address the areas of concern detailed in this report. We will check that the provider has addressed the concerns when we next visit the service.

There was a registered manager in post at the time of our inspection. Staff told us that the manager was very approachable and listened to any concerns or suggestions they had about the home. One staff member said, "The manager is very good and so supportive. I can tell them anything and know they will listen." Another staff member told us, "The manager is excellent and very supportive. I really love my job and think we all do a great job in caring for people." We observed the registered manager was visible during the course of our inspection and assisted staff in meeting people's needs when required and also spent time talking and engaging with people using the service.

The registered manager was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the manager demonstrated good knowledge of people's needs and the needs of the staffing team. Team meetings were held on a regular basis and provided staff with the opportunity to discuss people's needs and the day to day management of the home. Daily staff handover meetings were also conducted at shift changes to ensure staff were informed of people's daily needs and treatment. Records also demonstrated the home had good links with community based health and social care professionals in order to promote people's safety and well-being.

The provider took account of people's views with regard to the service provided through satisfaction surveys that were carried out on an annual basis. We looked at some of the results for the survey recently conducted in January 2016. We saw that results were largely positive and included comments such as, "The manager and staff are marvellous", and "The food is lovely." The manager told us that they were producing an



analysis of the recent survey and would provide people using the service with the completed analysis and any actions taken.

Relatives, staff and visiting professional's surveys were also conducted on an annual basis and an analysis of the results was also being conducted. The manager told us that they were in the process of developing the survey format to ensure that people, relatives and visiting professionals were able to respond in areas most applicable to them making results and the analysis more effective in implementing change.



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 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure the proper and safe management of medicines.