

Romford Baptist Church Housing Association Limited

Parkside

Inspection report

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Romford
Essex
RM2 5EH

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26 March 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Parkside is a residential care home providing accommodation and personal care to 32 older people. At the time of the inspection, 28 people were living in the home.

People's experience of using this service:

- People's medicines were not being managed safely in the home. We found medicine records were inaccurate and incomplete.
- This put people at risk of harm because people may not have received their medicines as prescribed.
- Staff were not fully supported with adequate assessments and training to ensure they were competent to manage medicines.
- Quality assurance systems within the home were not always effective and had not identified the shortfalls we found with medicines management.
- Risks associated with people's needs were assessed.
- People had evacuation plans in place in the event of a fire but it was not always clear which person the plan related to. The registered manager said they would address this.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People received care from staff who were kind and compassionate.
- Staff treated people with dignity and respected their privacy. They developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them.
- However, some people and relatives raised concerns about night staff because they did not always feel supported during night times. The registered manager told us these concerns about the home at night would be addressed.
- People were supported with their nutritional needs and had meal choices, although some people were not always happy with the quality of the food.
- People had access to health care professionals such as GPs, when required.
- People's independence was promoted. Care plans were person centred and detailed people's support needs.
- There was a complaints process for people and complaints were investigated by the registered manager.
- Staff were recruited safely and were provided with supervisions and appraisals to discuss their performance and any issues.
- Staff told us there was a positive culture and could approach the management team with any concerns.
- The registered manager was committed to making improvements to the home and there was a clear management structure in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection on 21 September 2017 (report published 7 November 2017), the service was rated

'Good'. At this inspection, the rating for the service has deteriorated to 'Requires Improvement'.

Why we inspected:

This was a planned inspection based on the rating of the previous inspection.

Enforcement:

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment and good governance. We issued a Warning Notice to the provider in relation to the breach of Regulation 12, Safe care and treatment.

Follow up:

We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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 caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Parkside

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection was a family carer of an older person with dementia.

Service and service type:

This service is a care home for elderly people and is registered to accommodate up to 32 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was carried out on 26 March 2019 and was unannounced. This meant the service was not aware we were coming to inspect them.

What we did:

Before the inspection: We reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people.

A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report and obtained feedback from the local authority.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection:

- We spoke with the chief executive, the registered manager, the deputy manager, a chaplain, four care staff, three relatives and six people using the service.
- We looked at the care records of five people who used the service.
- We viewed medicine records, staff training records, staff files and a range of records relating to the running of the home.
- This included audits, premises safety checks, complaints and accident and incident records.

After the inspection:

We spoke with local authority health and social care professionals involved with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Requires Improvement: 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. Regulations were not being met.

Using medicines safely

- Medicines were not managed or administered safely placing people at risk of harm.
- Medicines were not administered in line with the provider's medicine management procedures. For example, we observed staff administering people their medicines without taking a medicines trolley or a Medicine Administration Record (MAR) chart with them when administering medicines.
- Staff did not check the person's name or photograph, the name of the medicine or the dose prior to administering the medicines. This increased the risk of medicines being inaccurately recorded.
- MAR charts we viewed were not always up to date and staff were unable to explain why one person's MAR chart had not been completed or signed.
- Some people told us staff did not always support them with their medicines. One person told us, "My medication can be a bit 'hit and miss' as the staff need to wake me so that I can take my medication but they don't always do this."
- Some medicines that are taken when needed or as required are known as 'PRN' medicines, such as paracetamol. The provider had procedures for staff to follow for PRN medicines. However, we found that staff did not follow these procedures.
- For example, when people received their PRN medicines, these were not dispensed into containers but directly into people's hands, which could weaken or alter the effectiveness of the medicine.
- We saw that medicines were stored in a small room. The room and storage trolleys within them were not always clean or organised in such a way for staff to store, administer, dispose and record medicines accurately and safely.
- Some medicines were found to be batched incorrectly with other medicines and we found loose tablets which were exposed in a trolley. Staff were unable to identify or explain where they came from.
- Staff did not record medicine stock balances accurately. Medicine stock balance records were not always correct when cross checked against actual stock balances. For example, we counted medicines that were either under or below the stock count recorded by staff. One person's pain relief medicine was short of 43 tablets. Another person's pain relief medicine had 37 tablets more than what was counted and recorded by staff.
- Staff were unable to explain why there were such differences and weekly audits carried out by the management team had not identified these errors.
- The competency of staff to administer medicines was not always kept under review and some staff had not been assessed for more than 12 months. These assessments were required annually according to the provider's policy.
- This meant issues to do with staff practice when handling medicines, was not always identified promptly.
- This put people at risk of not receiving their medicines as prescribed. This put people at risk of avoidable harm.

The above issues show the provider failed to manage medicines safely. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the home was safe. One person said, "I do feel safe." Another person told us, "I feel quite safe and I like living here. I can support other residents too. I can go out by myself." A relative said, "My [family member] is fairly well looked after."
- The home had a safeguarding procedure to minimise the risk of abuse.
- Staff understood their responsibilities to protect people's safety and were aware of what abuse was and who to report abuse to. A staff member told us, "I would report an incident or abuse of a person to my manager straight away. I have received training and understand the process."
- Staff were also aware of the whistleblowing policy, should they wish to raise concerns they had to external organisations, such as the CQC.
- The registered manager followed up and reported all allegations of abuse to the relevant authorities and followed procedures to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed and regularly reviewed. Plans were put in place to mitigate these risks.
- Risk assessments included those for moving and handling, falls, medicines, skin integrity, health conditions and incontinence.
- Emergency procedures were in place in the event of a fire within the home and staff had guidance on what to do if there was a fire incident.
- The registered manager had completed personal emergency evacuation plans (PEEP) to support people to leave the building if there was a fire.
- However, it was not easy to identify who the evacuation instructions referred to because the person's name was not clearly written.
- The registered manager told us they would address this.
- The provider assessed risks and carried out appropriate checks to ensure the premises and equipment people used were safe, including fire safety, water safety, gas safety and electrical safety.

Staffing and recruitment:

- We received mixed feedback from people, relatives and staff about staffing levels. One person said, "I think that there is enough staff in the home." However another person told us, "I don't really think that there is enough staff, they need more" and a comment from a relative was, "There is not always enough staff, they are sometimes very busy."
- We asked the registered manager how they assessed staffing levels to determine how many staff were required based on people's needs.
- We saw that they had assessed staffing levels for both day and night periods. During our inspection we saw enough staff on duty.
- We saw that call bells people used in their rooms to alert staff were responded to within a few minutes and staff assisted people in a timely manner.
- Records showed that two staff were on duty at night.
- The registered manager said, "I have assessed the requirements for staff at night and we have determined that two staff is more than sufficient as we do not get many incidents."
- We viewed incident records which showed that there were fewer incidents at night times in the home. Staff told us they had no concerns about staffing. One member of staff said, "I think it is fine. We manage it and get support from agency staff when needed so we are not short."
- Pre-employment checks such as criminal record checks, references and ID checks were carried out before employing staff.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection. There were sufficient hand washing facilities for staff.
- We observed the home to be clean and well maintained. A relative told us, "The cleaner cleans everywhere and is very good." Another relative said, "The home is clean and doesn't smell."
- Staff had received training and told us they knew how to prevent the spread of infections. For example, they used personal protective equipment (PPE) such as gloves and aprons when providing personal care.

Learning lessons when things go wrong

- Accidents and incidents, such as falls or injuries to people, were recorded and analysed for trends to consider if lessons could be learnt.
- The registered manager was able to ensure accidents or incidents were minimised by analysing events and taking action to prevent re-occurrence. For example by reviewing risk assessments for people to reduce the chances of them falling.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People and relatives told us that staff were suitably skilled to support people. A person told us, "I think the staff are well trained." Another person commented, "Yes the staff are good and seem trained."
- Staff told us that they were happy with the training they received. A staff member told us, "Training is very good. It helped me."
- Records showed that staff had completed essential training such as safeguarding adults, moving and handling, dementia awareness and managing behaviour that challenged. New staff received an induction and completed training prior to starting work.
- However, annual training on medicines was due for most staff in January 2019 but we saw that this had not been completed. The management team informed us it was booked for April 2019. We were concerned about this delay in light of the issues we found with medicines and ensuring staff were competent in managing medicines safely.
- Another member of staff had also not received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards since 2016. Some staff had also not received person centred care training.
- The registered manager undertook a brief audit of the staff training matrix each month and identified what training had been completed. However, there was little detail about how many staff were due training and when this would be completed or when their training expired.
- The registered manager's operational reports on the home did not cover staff training in detail and whether it had been reviewed. This meant staff may not always receive the training or support they required to meet people's needs effectively.
- Staff told us they felt supported by the management team. They received supervision and appraisals to review their work and discuss any concerns or issues they had. One staff member said, "I feel supported and can approach all the managers with anything."

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

- Pre-admission assessments were carried out to identify people's backgrounds, health conditions and support needs to determine if the home was able to support them.
- People's needs and choices were reassessed through reviews. Where changes had been identified, this was then reflected on the care plan.
- This meant that people's needs and choices were evaluated to achieve effective outcomes.

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

- People told us they were provided choices for their meals and were provided a menu, although they had mixed feedback about the food. One person said, "There is a very big improvement in the meals." Another

person told us, "There should be more use of herbs and spices." Another comment from a person was, "I think that the food lacks flavour. Meals vary."

- People were able to choose what time they wished to have breakfast. The registered manager said, "We have staggered breakfast times because people like to wake up at different times so they can have breakfast whenever they like. It is their home."
- We observed staff supporting people and speaking with them before a lunch time service as they assisted them to their tables. Staff did not always engage with people to ask if they enjoyed their meal during the service or if they wished to have anything more to eat. However, the chef came to speak to people to check if they enjoyed their lunch.
- We spoke with the chef who recently started their role in the home. They told us they listened to feedback from people to ensure that meal choices were more suited to them and was aware of the types of meals different people preferred.
- People who required particular types of meals such as soft food or had specific allergies were provided meals to suit these dietary needs. The chef and kitchen staff were aware of people's dietary requirements and there was a system in place to ensure they received these.
- People were supported to maintain a balanced diet and their weights were monitored. They were referred to health professionals should there be a concern.

Supporting people to live healthier lives, access healthcare services and support

- People had access to the healthcare services they required, such as GPs, district nurses and dentists.
- One person we spoke with had recently sustained an injury and we saw that staff took appropriate action to get them seen by a GP and a referral to the hospital.
- This showed staff recognised when a person was unwell or was hurt and took action to ensure they were treated to minimise the risk of any health complications. A staff member said, "In an emergency we would dial 999 and we have information available to access the doctors."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and professionals. For example, we saw that where bedrails were in use to keep people safe, an assessment or best interest decision was undertaken. People who had capacity gave consent to their use.
- At the time of our inspection, one person in the home was subject to a DoLS authorisation.
- Staff requested people's consent before carrying out tasks.
- A staff member told us, "I always ensure I ask permission before carrying out personal care to the resident."

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

- The premises and environment met the needs of people who used the service and were accessible.
- The provider demonstrated a new adaptation within the home, whereby a set of stairs converted into a

ramp for people who required wheelchair access. The provider told us they had further plans to adapt and renovate the home.

- There were communal areas, a dining room and a large lounge for people to socialise and take part in activities. There was a garden for people to sit outside in suitable weather that contained features for them to enjoy.
- There was appropriate signage on display in the home to assist some people with dementia to help find their way around.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us most staff were kind and caring. One person said, "The staff are nice. They are very kind, very helpful." Another person said, "I can talk to staff. I get on extremely well with them and there is one I feel I can confide in and consult."
- Staff, relatives and people in the home developed positive relationships. Staff were polite and respectful towards people and approached them in a way that was considerate of their needs.
- We observed a lively atmosphere in the home and people enjoyed the company of others and of staff. People were dressed and ready for the day
- Staff spent time getting to know people and listened to them so that they could provide support that was suited to their needs and wishes. One person said, "The staff talk to me while washing me. They listen."
- However, people told us they were unhappy with the approach of staff at night. One person said, "I think there are more issues with night staff. They don't speak, they point. I can't see what they are trying to do." Another person told us, "There have been a few night staff that are not very efficient or appropriate, barging in to rooms."
- We saw that the registered manager monitored and observed staff at night to check people remained safe. Action was taken when necessary where they found concerns. We addressed these additional concerns with the registered manager who told us they would take further action to ensure staff working in the home at night conducted themselves more appropriately.
- There was a Christian ethos and culture in the home and people were supported to practice their faith through the provider's connections with the church.
- The provider told us that people from all faiths or non-faiths were welcome to stay in the home and people were protected from any form of discrimination within the service. One person said, "I have a room upstairs and I told them that I am not religious. I was told by the staff that that was alright."
- Equality and diversity policies and training for staff ensured all people were treated equally and their human rights were respected, regardless of their religion, race, sexuality or gender.
- A staff member told us, "I treat everybody with respect and equality. We cannot discriminate and we see everyone as the same as one another."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person told us, "The staff do respect my privacy." Another person said, "The staff knock on my door before they come in."
- A relative told us staff were respectful of their family member and said, "Staff are friendly and understand my [family member's] needs."
- People were encouraged to remain as independent as possible and do as much for themselves as they could.

- We saw people were able to have their meals independently without assistance and one person said, "I am quite independent. I self-medicate for pain relief and taking my eye drops." Another person told us, "I am quite independent, I am shown how to do things for myself."
- Staff understood that personal information should not be shared with others or misused in order to preserve and protect people's confidentiality.

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

- People and their relatives were involved in making decisions about their individual care and support needs. A person told us, "Yes they get us involved and my [relative] deals with my care plan and will talk to the staff."
- Staff told us they respected people's decisions and followed up on their requests and choices.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us the staff were responsive to their needs and understood their preferences for their care and support. One person said, "The staff do listen to what I have to say. It doesn't matter if it is complaints or compliments."
- People's care was personalised through care plans which detailed their needs around their personal care, medicines, nutrition, skin care, behaviour, mobility and continence.
- Staff worked together and communicated with each other to share important information. Staff logged details of care tasks and incidents electronically on handheld devices, which automatically updated a central system. This meant all staff were able to view the information on their own devices and there was continuity of care.
- We observed a handover session between staff who were finishing their shift and staff starting their shift. They discussed any issues or concerns about people so that actions could be followed up.
- A staff member told us, "We all work well as a team. There is good communication between us."
- There was an activity programme in place run by a co-ordinator. People told us they enjoyed the activities, which included indoor and outdoor events. For example, church events, pub lunches, trips to the seaside and visits from farm animals.
- We noted that in the garden, there was a project to raise butterflies that people would be able to take to the local park for release.
- People were provided the option of not participating in activities and could choose what they preferred to do. One person told us, "I just prefer to read and watch TV."
- Another person said, "I pick and choose. I enjoy reading and crosswords, the physiotherapy exercises and the Monday services." A third person commented, "I enjoy the quizzes, singing, the animals and children visiting."
- People received information in accessible formats. Care plans detailed people's communication ability and how to communicate with people effectively. We observed that communication and interaction between people and staff was effective and helped them understand one another.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and there was a procedure in place for them. One person said, "If I had a complaint, I would let my relatives know and leave it with them." A relative told us, "If I have a complaint I would speak to the staff and managers."
- Complaints were acknowledged and addressed by the registered manager who investigated and responded to people and relatives with an outcome.
- Compliments were also received by the home. Comments included, 'Staff and management went above and beyond to assist [family member]' and 'The level of care was excellent.'

End of life care and support

- The home supported people with end of life care and discussed their wishes with them and their relatives.
- Where possible, end of life care had been discussed with people and support was received from end of life care health professionals and local hospices.
- Where appropriate, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were in place in people's care plans to detail people's specific wishes regarding their future care.

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.

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. A regulation was not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was not an effective quality assurance system in place to identify shortfalls in the home.
- At our last inspection in September 2017, we rated the Well-Led domain as Requires Improvement because the home was not robustly managed. We found there were still some concerns at this inspection because audits had not adequately identified the significant issues with medicines we found during our inspection.
- The registered manager was appointed after our last inspection. They were supported by a deputy manager, who was also recently appointed. The registered manager carried out monthly audits on medicines, care plans, nutritional charts, safeguarding alerts, incidents and staff supervisions. The last audit took place on 28 February 2019.
- A specific medicines audit took place on 23 March 2019, which was also undertaken by the registered manager and the deputy manager. They identified that further staff training on medicines was required because staff did not always record dates of expiry and administration of medicines.
- We noted that these issues relating to medicine record keeping had been ongoing for some time but had still not been sufficiently addressed.
- However, neither audit had identified the high number of errors with stock balances we found and the unexplained gaps in MAR sheets, which would require immediate action. Staff training needs were not sufficiently addressed in audits.
- The registered manager was assisted by the pharmacy that supplied the home, who undertook an annual audit of medicines. Their last audit of the home was in September 2018.
- This meant the home's internal quality assurance systems for medicines management in the meantime, were not effective enough to pick up shortfalls, which could put people's safety at risk.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There was a clear management structure and we had some assurances that these concerns would be addressed and rectified, due to there being a new and consistent management team in place.
- Records showed that the registered manager took disciplinary action when staff did not perform their roles to the required standards.
- There was a board of Trustees to whom the registered manager submitted operational reports and audits.
- Staff were clear about their roles and told us the registered manager was approachable. A staff member said, "The managers are all supportive and nice. From the deputy, the manager and the chief executive." Another staff member told us, "I approached the registered manager with some concerns I had and they

listened and tried to help me."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager understood their responsibilities and notified the relevant authorities, including the CQC of safeguarding concerns and serious incidents.
- Person-centred care was planned using technology that the provider had invested in. For example, people's personalised care plans were stored, reviewed and updated electronically.
- Staff had access to the care plans and people could view paper copies of their own care plans should they request them.

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

- People and relatives told us they were satisfied with the home. One person told us, "The deputy manager is very good and the manager comes round to see I am okay." Another person said, "I don't think there is anything they could do better."
- We saw that the home displayed photographs of staff and their positions to help people identify them. However, some people and relatives were still unclear who the registered manager was.
- The registered manager told us they planned to attend more meetings with people and relatives to further establish relationships with them.
- Surveys and questionnaires were sent to people and relatives for them to provide their feedback and suggestions about the running of the home.
- An analysis of the most recent survey showed that feedback was mostly positive. Areas for improvement were identified to ensure there was a drive to continually improve the home.
- For example, we noted that the home had improved its Christmas celebrations and dinner experience from the previous year following feedback from people, relatives and staff.
- People took part in meetings to receive updates about the home and voice any concerns they had.
- Relatives were invited to a separate meeting but the provider told us these were being put on hold temporarily and they had introduced one to one surgeries instead for relatives.
- Staff meetings were held in order to share information and any areas of concern or improvement were discussed as a team.
- Staff were given promotional opportunities within the home to help develop their careers.

Working in partnership with others

- The home had a presence in the local community and worked with other services such as schools, museums and businesses to help provide meaningful experiences and activities for people in the home.
- Local church groups visited the service to support people's spiritual needs.
- The service had good working relationships with health and social care professionals.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not adequately assess and monitor risks relating to the health and safety of people in the service. Quality assurance systems were not effective in identifying shortfalls relating to medicines management.</p>

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure the proper and safe management of medicines. Staff responsible for the management and administration of medicines were not suitably trained or supported.</p>

The enforcement action we took:

We submitted a Warning Notice to the provider.