L'Arche

L'Arche Bognor Regis Bethany

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place on 20 January 2015.

L'Arche Bognor Regis Bethany provides support and accommodation for a maximum of six adults with a variety of learning disabilities. These include Down's syndrome, autism and Asperger syndrome. At the time of this inspection there were five people living at the home, all of whom were able to communicate verbally and independently. People's levels of support varied; with one person requiring one to one support whilst others needed emotional support and were independent in other aspects of their lives.

L'Arche Bognor Regis Bethany is part of an ecumenical Christian community which welcomes people of all faiths and those who have none. The community has a cycle of events throughout the year that provide a focus for spiritual development. These include an annual pilgrimage, monthly community gatherings, days of reflection and occasional retreats and gatherings. People who live and receive a service at L'Arche Bognor Regis Bethany are known as 'core members' and staff as 'assistants'. Most assistants live in the home alongside the core members.

During our inspection the registered manager was present. A registered manager is a person who has

Summary of findings

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

The registered manager of L'Arche Bognor Regis Bethany is also the registered manager of another three services and shares her time between all three. In the registered managers absence the home is managed by a house leader. The house leader was present during our inspection.

People told us they felt safe. However, when medicine errors occurred prompt and appropriate action was not taken that ensured people received their medicines safely.

Staff were aware of their responsibilities in relation to safeguarding. The manager was clear about when to report concerns and the processes to be followed in order to keep people safe.

People were able to make choices, to take control of their lives and be supported to increase their independent living skills. Risk assessments and support plans were in place that considered potential risks to people. Strategies to minimise these risks were recorded and acted upon. People were supported to access healthcare services and to maintain good health.

There were enough staff on duty to support people and meet their needs. Appropriate recruitment checks were completed to ensure staff were safe to support people. Staff were sufficiently skilled and experienced to effectively care and support people to have a good quality of life. People told us that they were happy with the support they received from staff. Staff received training, supervision and appraisal that supported them to undertake their roles and to meet the needs of people.

L'Arche Bognor Regis Bethany met the requirements of the Deprivation of Liberty Safeguards (DoLS) and people confirmed that they had consented to the care they received. Staff were kind and caring and people were treated with respect. Staff were attentive to people and we saw high levels of engagement with them. Staff knew what people could do for themselves and areas where support was needed.

People were supported to express their views and to be actively involved in making decisions about their care and support. Staff knew in detail each person's individual needs, traits and personalities. People were supported to access and maintain links with their local community. The importance of community links and social inclusion was reinforced in peoples support plans. Support plans were in place that provided detailed information for staff on how to deliver people's care.

L'Arche Bognor Regis Bethany was generally well-led by a manager and house leader who encouraged people to work collaboratively to provide an holistic approach. Care was personalised and empowering, enabling people to take control of their lives and make decisions and choices. The manager and team leader were committed to providing a good service that benefited everyone.

The vision and values of the service were known by everyone and embedded at L'Arche Bognor Regis Bethany. As a result, relationships and spiritual needs flourished.

Regular meetings were held with people and staff which encouraged open and transparent communications between them and management. In addition, people were routinely asked their views about staff. People were routinely listened to and their comments acted upon. Weekly and monthly meetings took place where people could raise issues and a pictorial complaints procedure was in place that supported people to understand formal complaint processes.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. Systems did not ensure that people received their medicines safely.

People told us that they felt safe and that there were enough staff on duty to support them and meet their needs. Potential risks were identified and managed so that people could make choices and take control of their lives.

Staff knew how to recognise and report abuse correctly.

Is the service effective?

Good

The service was effective. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. People consented to the care they received and L'Arche Bognor Regis Bethany was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The home followed the requirements of the Mental Capacity Act 2005.

People played an active role in planning their meals and were supported to eat balanced diets that promoted good health. People's healthcare needs were met.

Is the service caring?

Good

The service was caring. People were treated with kindness and positive, caring relationships had been developed. Staff knew the needs of people and treated them with dignity and respect.

People exercised choice in day to day activities. Systems were in place to involve people in making decisions about their care and treatment and people were supported to use these.

Is the service responsive?

Outstanding

The service was responsive. People received highly, individualised care that was tailored to their needs. They were supported to access and maintain links with their local community based on their individual preferences and wishes. Staff supported people to develop their independent living skills. Relationships and spiritual needs flourished.

People were listened to and their comments acted upon. People were at the heart of decision making processes about care, the service provided and staff who supported them.

Is the service well-led?

Good

The service was well led. People's views were sought and used to drive improvements at the service. Quality assurance systems were in place that helped ensure good standards were maintained.

Summary of findings

The manager was committed to providing a good service that benefited everyone and people were encouraged to be actively involved in developing the service. Staff were motivated and there was an open and inclusive culture that empowered people.

L'Arche Bognor Regis Bethany

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 checked 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.

One inspector who had knowledge and experience of learning disabilities carried out this unannounced inspection which took place on 20 January 2015.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information that we received from a healthcare professional who provides a service to people who live at L'Arche Bognor Regis Bethany and with their consent have included their views in this report. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with all five people who lived at L'Arche Bognor Regis Bethany, four members of staff, a house leader and the registered manager. We observed care and support being provided in the lounge/ dining area.

We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for four people, and other records relating to the management of the home. These included three staff training records, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires, menus and incident reports.

L'Arche Bognor Regis Bethany was last inspected on 26 September 2013 and there were no concerns.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely at L'Arche Bognor Regis Bethany. Accidents and incidents had been recorded but not always acted upon to prevent or minimise re-occurrence. A medicine incident book detailed issues with medicines that included when people had not received their medicines or had been given the wrong medicine. Neither the manager nor house leader were aware of the book or its contents and confirmed that as a result, action had not been taken to investigate the errors to prevent or minimise re-occurrence. This meant that systems had not ensured people received their medicines safely. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

After our inspection the manager sent us a statutory notification that informed us that they had raised a safeguarding alert with the local authority due to the potential harm the medicine errors may have caused to a person. They also reviewed medicine incident recording systems and stopped staff involved with the medicine errors from administering medicines until they had received further training.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971 - these medicines are called controlled drugs or medicines. At the time of our inspection no one who lived at L'Arche Bognor Regis Bethany was prescribed a controlled drug. There was no safe storage facility for controlled drugs that complied with legislation. The manager said that she would raise this with the provider in order that safe storage facilities were put in place in the event that people were prescribed controlled drugs.

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Staff were able to describe how they ordered people's medicines and how unwanted or out of date medicines were disposed of and records confirmed this. Staff had been trained in the administration of medicines and this also included having their competency assessed.

People told us that they felt safe. Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to describe the different types of abuse and what might indicate that abuse was taking place. The house leader and manager were clear about when to report concerns. They were able to explain the processes to be followed to inform the local authority and the CQC.

People were able to make choices and take control of their lives. Risks were identified and managed that supported this. One person travelled to London by themselves on a regular basis to visit their family. They showed us their mobile telephone and explained that they kept the credit on this "Topped up" in order that they could contact people in an emergency or vice versa. Two people had their own key to the front door of L'Arche Bognor Regis Bethany and some people who lived at the home were able to go out and about away from the home independently. Risk assessments and support plans were in place that considered any potential risks and strategies to minimize these. Throughout our inspection we observed people entering and leaving the home, some with assistance from staff and others independently.

Risk assessments had been undertaken on the home environment to ensure it was safe. Equipment had also been checked to ensure it was safe for people. These included fire alarm systems, water sampling and assessments for Legionella and safety checks on small portable electrical items.

People told us that there were enough staff on duty to support them and meet their needs. One person said, "The assistants are very nice, and always available to help us through our problems". We observed that, on the day of our inspection, there were sufficient staff on duty. Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. We looked at the staff rotas for the three months previous to our inspection. These demonstrated that staffing levels had been maintained to the assessed levels required for each person.

Recruitment checks were completed to ensure staff were safe to support people. Three staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references from previous employers and proof of ID.

Good

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. One person told us, "I am settled here with the assistants around me. I love being here". Another person said, "The assistants are very nice".

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. Staff confirmed that during their induction they had read people's care records, shadowed other staff and spent time with people before working independently. They also said that they had regular meetings with the house leader who reviewed their progress and offered support. Training was provided during induction and then on an ongoing basis.

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, medication and moving and handling. A training programme was in place that included courses that were relevant to the needs of people who lived at L'Arche Bognor Regis Bethany. These included obsessive compulsive disorder, effective communication, spirituality and equality and inclusion. Staff were provided with training that enabled them to support people appropriately.

For 2015 the provider had reviewed the training programme and was introducing additional courses and workshops that were tailored to the vision and values of the organisation. These included 'Sources of Life – Sharing the resources that feed our daily practices'. This workshop would help staff familiarise themselves with L'Arche vision and values and inform their own practice. Further training had also been arranged titled, 'Man and Woman he made them – supporting people with learning disabilities in their personal development, sexuality and relationships'. This was being provided so that staff could reflect on their own personal attitudes and values and explore how these could affect how they supported people who had learning disabilities with relationships.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. All staff that we spoke with said that they were fully supported. One member of staff said, "The support we get is good as we have team and house meetings and we always know who to call for help".

L'Arche Bognor Regis Bethany was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Whilst no-one was currently subject to a DoLS, the manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. As a result, the manager informed us that applications were going to be made for some of the people who lived at the home.

Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests. The manager and house leader demonstrated understanding of when best interest meetings should be held with external professionals to ensure that decisions were made that protected people's rights whilst keeping them safe.

Mental capacity and DoLS training was included in the training programme that all staff were required to participate in, with half of the staff employed having completed this at the time of our inspection. The manager told us that the remaining staff would complete this training within the next 12 months. Workshops had been completed where staff had explored DoLS and people's rights to choose where they live.

People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with support being provided on a regular basis. During our inspection we observed staff seeking people's agreement before supporting them and then waiting for a response before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked

Good

Is the service effective?

of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

People played an active role in planning their meals during the weekly house meetings and had enough to eat and drink throughout the day. People were happy with the support they received and had a balanced diet that promoted healthy eating. Staff knew people's individual preferences without the need to refer to their records. People were supported to help cook light meals in the kitchen and some were able to prepare food independently. At breakfast and lunchtime people were observed enjoying a variety of light meals of their choosing. Some people chose to sit in the dining room while others sat in the lounge. People told us that as they were out in the day, the main hot meal was usually served in the evening. This was seen as a social event when everyone got together to discuss their day.

People were supported to access healthcare services and to maintain good health. People told us that they were happy with the support they received to maintain good health. They told us that staff supported them to visit their GP, dentists and opticians. One person told us, "I had my eyes checked and now wear glasses and can see better". Records showed people were supported to attend annual healthcare reviews at their local surgeries and that women were supported to attend breast screening clinics. People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital such as medicines and dietary need. They also had health action plans in place which supported them to stay healthy and described help they could get.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day to day care. One person told us, “The assistants are very welcoming. They are kind”. We observed that when one person became upset a member of staff immediately took their hand and offered reassurance in a kind, gentle and unobtrusive way. They also showed respect for the person concerned by positioning themselves so that other people in the room could not see that the person was upset. Within minutes the person was smiling.

People also praised the staff that supported them within feedback forms that they completed. Regarding staff one person wrote, ‘Happy and bright, friendly, loving and caring’.

Positive, caring relationships had been developed with people. We saw frequent, positive engagement with them. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was relaxed with laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew, in detail, each person’s individual needs, traits and personalities. They were able to talk about these without referring to people’s care records.

People were supported to express their views and to be involved in making decisions about their care and support. People were routinely involved in the review of their care packages and weekly house meetings took place that helped people to express their views. One person told us, “We have a house meeting every Monday where we can talk about how we can make things better”. The minutes of house meetings had been produced in an easy to read format to aid communication for people. Records confirmed that as a result of people expressing their views changes had been made to routines in the home, activities and meals. During these meetings people were regularly asked for their views on staff that supported them.

Staff were able to explain how they supported people to express their views and to make decisions about their day to day care. One person told us, “You always ask people what they want. Give as many free choices as possible. Put information in different ways depending on the person and never force someone to do something they do not want to do. For example, if someone does not want a shower explain the risks and benefits”.

People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. When two males were going out in the community staff advised they take hats and scarfs due to the cold weather. Good attention had been given to people’s appearance and their personal hygiene needs had been supported. Female’s nails were varnished and wore jewellery and hair accessories that were colour co-ordinated to match their clothes.

Staff understood the importance of respecting people’s privacy and dignity and of promoting independence. One person explained, “We do not go in rooms without asking. We don’t do things that people can do them self and we try and involve people as much as possible. For example, doing the laundry and keeping the house clean”.

Outstanding ☆

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We observed that staff provided additional support for one person whose needs had increased. This included presenting food items in small manageable pieces that allowed them to retain their independence at mealtimes. A health care professional involved with the care of people at L'Arche Bognor Regis Bethany told us, "I have no concerns whatsoever about the care people receive. They always seek advice promptly".

Information about the provider's vision and values were displayed in the home and included in the statement of purpose. This stated, 'Whatever their gifts or their limitations, people are all bound together in a common humanity. Everyone is of unique and sacred value, and everyone has the same rights. The fundamental rights of each person include the rights to life, to care, to education and to work. Also, since the deepest need of a human being is to love and to be loved, each person has a right to friendship, to communion and to a spiritual life'. People who lived at the home and staff that supported them understood the vision and values and that these formed the basis for living and working at L'Arche Bognor Regis Bethany. There was a real sense of community and opportunities for spiritual development.

The house leader told us that changes had been made to holiday arrangements in order that these were "More person centred". Previously, a community holiday in August took place where everyone went on holiday together. Arrangements had now been made for individual holidays to take place that reflected people's individual needs and preferences. One person was going to Berlin for a week, another person was exploring going abroad to a different destination and a third was having a number of day trips as short experiences away from the home better met their needs.

People were supported to access and maintain links with their local community. One person told us, "We are always out and about" and another said, "I'm going out today and tonight". People confirmed that the activities offered were flexible and included both in-house and external events. One person told us how they had recently made and sold candles at a local park. They explained, "We raised over two hundred pounds in two days for the poor people". In addition to the home having its own transport people also made use of local buses and trains.

People were supported with their relationship and spiritual needs. One person told us how they visited their family every six to eight weeks. Another person was supported to have contact with their family three times a week via Skype. Another person told us, "I get involved with the Church a lot. I go to the Catholic church on Sunday and a prayer meeting once a month. Other religious and spiritual events that people could choose to participate in included a pilgrimage and a retreat. One member of staff explained to us, "We are a Christian community but are open to any spirituality. The key is giving a home to people. We (staff) are called assistants but we are more like friends. If someone has no spiritual beliefs they can still live or work here. It's all about choice. Its people's choice if they want to attend prayer readings or church".

People were supported to increase their independent living skills based on their individual capabilities. On the day of our inspection we observed some people leaving the home independently to attend life skills workshops and to do gardening at a centre run by the provider. One person told us, "I'm going to a candle making workshop that I like. I go to dance and a drama group". Another person told us, "We are going to grow vegetables in the garden in the summer". Another person told us how they had the responsibly of putting the recycling bin out each week.

Support plans were in place that provided information for staff on how to deliver people's care. These had been compiled using different formats based on each person's individual needs and therefore were truly person centred. This meant the needs and preferences of people or those acting on their behalf were central to their care and support plans. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. We did note that for one person their support plan was not up to date and contained information about the previous place they used to live. The manager said that action would be taken to address this. People confirmed that staff supported them in line with their wishes and the contents of their support plans.

Outstanding ☆

Is the service responsive?

At least once a year each person had an annual review to discuss their care and support needs, wishes and goals for the future. Records evidenced that everyone of importance involved in a person's life were invited to attend, including the person, staff at the home and representatives of the local authority. People told us, and records confirmed that regular house meetings took place where people talked about anything relevant to the smooth running of the home and communal living. Where people raised points or made requests, these were acted upon. For example, it had been agreed by everyone that once a week there was a television free evening during which time people did other things such as telephoning friends and family.

People were routinely listened to and their comments acted upon. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. The opportunity for people to raise issues and complaints was included as a set item on the weekly house meeting agenda in order that issues could be raised and acted upon promptly. Records confirmed that when people raised issues these were addressed. L'Arche Bognor Regis Bethany had not had a formal complaint raised in over twelve months. The manager said that this was due to the informal structures such as daily chats with people which addressed things straight away.

Pictorial information of what to do in the event of needing to make a complaint was displayed prominently in the home along with a complaint book. One person who lived at the home explained how this information was for their benefit; so that they could make a complaint if they were unhappy. They also showed us a list of other services and contact telephone numbers ran by the provider which they said they could call if they wanted to talk to people who were not directly involved with L'Arche Bognor Regis Bethany.

Good

Is the service well-led?

Our findings

A range of quality assurance audits were completed by the manager and the house leader that helped ensure quality standards were maintained and legislation complied with. These included audits of cleanliness and infection control standards, care records, staff records and complaints.

The findings were discussed with people during house and team meetings in order that they knew of changes and/or of potential risks that could compromise quality. Some audits had not been completed at the frequency described in the provider's policy. For example, health and safety audits should have been completed three times a year but had been completed once. The manager said that due to a lack of time to complete these she had delegated the responsibility for these to the house leader to complete. We also noted that some action points had not been addressed within the timescales identified by the manager. For example, new person centred care plans had not been implemented for some people. Despite this, we found no evidence of this impacting on the quality of service that people received. Within 24 hours of our inspection we were supplied with documentary evidence that this had been addressed.

Accidents and incidents had been recorded and outcomes clearly defined, to prevent or minimise re-occurrence. However, these did not include medicine incidents as staff had not recorded these on incident forms and had not made the house leader and manager aware when incidents occurred. Within 24 hours of our inspection the manager had made arrangements to ensure all accident and incidents were recorded and acted upon appropriately. This included all staff being spoken with and additional daily medicines checks put in place and a representative of the provider who is a registered nurse to audit the homes medication systems to look at what went wrong and to write a report about recommendations.

The manager and team leader demonstrated knowledge and understanding of safeguarding issues in line with their positions. They were able to explain when and how to report allegations to the local authority and to the CQC. There were clear whistle blowing procedures in place which the manager said were discussed with staff during supervision and at staff meetings. Discussions with staff and records confirmed this. Although staff confirmed that they were aware of the whistle blowing procedures, two of the four staff we spoke with were unable to explain what these were when asked. The manager assured us she would discuss these in detail at the next staff meeting to ensure everyone understood how the whistleblowing procedures offered protection to people so that they could raise concerns anonymously.

People and staff spoke highly of the manager and house leader. Staff were motivated and told us that management at L'Arche Bognor Regis Bethany was good. They told us that they felt supported by the manager and that they received supervision, appraisal and training that helped them to fulfil their roles and responsibilities. One person told us, "There is a nice atmosphere here. Everyone uses first name regardless of their position in the organisation which is nice and everyone helps each other where needed". Another said, "The management is good. They know the core members and assistants well. They promote from within".

Involving people and obtaining their views about the quality of service were part of the provider's vision and values and embedded at L'Arche Bognor Regis Bethany. When new staff were reaching the end of their probationary period and when staff received an annual appraisal people were routinely asked for their views on the staff that supported them. Pictorial, colour, easy to read forms were used to help people express their views. Questions asked included, 'Do you like having X in your house?' 'what is he/she good at?' and 'is there anything that you would like him/her to do differently?' Other systems for obtaining the views of people included annual satisfaction surveys. The findings from these were being reviewed at the time of our inspection.

There was a positive culture at L'Arche Bognor Regis Bethany that was open, inclusive and empowering. One member of staff said, "It does not feel like a job, we do everything together like a family. It feels like home". Regular house meetings took place where people were encouraged to be actively involved in making decisions about the service provided. For example, as a result of people's input at these meetings, bedrooms were decorated and furnished in a way that reflected people's preferences and changes had been made to the menus.

The manager and team leader were aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions and staff meetings. The manager told us that

Good

Is the service well-led?

recruiting staff with the right values helped ensure people received a good service. Records confirmed that L'Arche vision and values were discussed during induction with new staff and staff that we spoke with confirmed this. Records also confirmed that the vision and values were discussed with staff during their annual appraisal. One member of staff's records stated, 'Stands up for and promotes L'Arche values e.g. building and promoting relationships, reflection and sharing'.

The house leader completed reports which were shared with the manager and the provider to ensure everyone with responsibility was kept informed. The reports included information on people who lived at the home, staff and other events concerning the service provided.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Management of medicines. The registered person had not protected service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the safe administrations of medicines.