Avenues London

1a Webb Road

Inspection report

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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

This inspection took place on 10 March 2016 and was unannounced. 1a Webb Road provides accommodation and personal care support for up to six people with profound and multiple learning and physical disabilities.

At this inspection we found breaches 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.

Medicines were not always managed safely as medicines records were not always promptly kept up to date and there were no regular effective systems in place to monitor and check safe medicines practice within the home. Staff had not been supported through regular supervision and the provider did not have systems in place to ensure staff received an appraisal of their practice and performance. The service manager later confirmed after our inspection that staff personal development plans were now in place and we will review these at our next inspection of the service.

There were appropriate policies and procedures in place that ensured people were kept safe from harm. Staff received training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they should take. Incidents and accidents involving the safety of people using the service were recorded and acted upon and there were arrangements in place to manage foreseeable emergencies. Assessments were conducted to assess levels of risk to people's physical and mental health and care plans contained guidance for staff that would protect people from harm by minimising risks.

There were sufficient numbers of staff on duty to ensure people were kept safe and there were safe recruitment practices in place to ensure people were cared for and supported by staff that were suitable for their role. Medicines were stored and administered safely. People were supported by staff that had appropriate skills and knowledge to meet their needs and staff received appropriate training.

There were processes in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure well-being. People were supported to maintain good physical and mental health and had access to health and social care professionals when required.

Staff treated people in a kind and caring manner and care plans contained guidance for staff on how best to communicate with people. People were supported to maintain relationships with relatives and friends. People were supported to understand the care and support choices available to them. People received care and treatment in accordance with their identified needs and wishes. People's diverse needs, independence and human rights were supported, promoted and respected. People were supported to engage in a range of activities that met their needs and reflected their interests. People and relatives told us they knew who to

speak with if they had any concerns.

There was registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There were systems in place to evaluate and monitor the quality of the service provided and where possible the provider took account of the views of people using the service through 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.

Medicines were stored and administered safely but not always managed safely.

There were safeguarding policies and procedures in place that ensured people were kept safe from harm.

Incidents and accidents involving the safety of people using the service were recorded and acted upon.

There were arrangements in place to deal with foreseeable emergencies.

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

There were sufficient numbers of staff on duty to ensure people were kept safe. There were safe staff recruitment practices in place.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff were not supported through regular supervision and the provider did not have systems in place to ensure staff received an appraisal of their practice and performance.

There were processes in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. However this required improvement.

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

People were supported to maintain good physical and mental health and had access to health and social care professionals

when required.

Is the service caring?

Good

The service was caring.

Staff had developed positive, caring relationships with people and staff treated people in a kind and caring manner. Care plans contained guidance for staff on how best to communicate with people.

People were supported to maintain relationships with relatives and friends. People were supported to understand the care and support choices available to them.

Is the service responsive?

Good

The service was responsive.

People received care and treatment in accordance with their identified needs and wishes and care plans detailed people's physical and mental health care needs.

People's diverse needs, independence and human rights were supported, promoted and respected.

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

People and 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.

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.

There was a registered manager in post and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2008.

The provider took account of the views of people using the service through resident surveys.

1a Webb Road

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 10 March 2016 and was unannounced. There were six people using the service on the day of our inspection. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding concerns. 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 to seek their views. We used this information to help inform our inspection.

On the day of our inspection we met with three people living at the service. Due to the nature of people's complex needs, we did not ask direct questions, however we observed people as they engaged with staff and completed their day-to-day tasks and activities. We spoke with two relatives by telephone and five members of staff including the registered manager and the area manager. We spent time observing the support provided to people in communal areas, looked at four people's care plans and records, staff records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Throughout the course of our inspection we observed people were supported by staff to ensure their safety. People appeared safe, well and relaxed in the company of staff and other people using the service. Relatives of people using the service told us they felt their relatives were safe and well supported by staff. One relative commented, "My relative is definitely safe, staff are so watchful of them." However we found that people's medicines were not always managed safely.

We looked at medicines records and Medication Administration Records (MAR) for people using the service. Photographs of people using the service were in place to help staff identify them when administering medicines. People's MARs also detailed illustrations of medicines prescribed, details of people's GP and information about any known allergies people may have. MARs included instructions for staff about a person's preference for taking their medication, for example, "Sitting up in bed, offer a cup of tea afterwards." Staff administering medicines told us that two members of staff administered medicines to check medicines were given correctly. However we noted that MARs were not always signed by staff as soon as medicines were given. For example, we checked the MARs at 10:35am and saw that most 08:00am medicines had not been recorded as given on the MAR although staff told us medicines had been given as prescribed. We brought this to the registered manager's attention who took appropriate actions to ensure the safe administration and recording of medicines.

We spoke with the registered manager and area manager about the systems in place to ensure medicines were managed and administered safely. Staff were knowledgeable on how to respond in the event of a medicine error and we saw there were appropriate and up to date medicines policies and procedures in place. However the area manager confirmed that there were no regular medicines audits in place at the service to identify and address any issues or concerns relating to medicines management. The area manager advised that the registered manager and staff at the service conducted medicines stock counts on a daily basis but these were not documented and only checked against people's MARs. The area manager also told us they undertook infrequent medicines audits during themed audit visits and the last medicines audit conducted by them was on the 29 January 2014. This meant that people may be at risk of unsafe medicines management as there were no safe and effective systems in place to monitor and check safe medicines practice within the home.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The area manager advised us that they would implement a new monthly medicines audit tool to ensure the safe management of 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 securely stored and medicines trollies were locked and kept in a locked room that only staff had access to. A senior member of staff explained that all medicines were delivered from a local pharmacist in blister packs and newly delivered medicines were checked by two members of staff to ensure that the

correct prescriptions had been received. We saw that medicines for return were stored safely and entered into a record ledger. The record book was up to date and included explanations for why the medication was being returned. Staff told us they had received appropriate medicines training and had undergone competency assessments to ensure medicines were safely administered within the service. Medicine training and competency assessment records confirmed that staff had received appropriate training which was up to date.

Assessments were conducted to determine the levels of risk to people's physical and mental health needs. Each person had a care plan in place which contained guidance to provide staff with information that would protect people from harm by minimising assessed risks. Risk assessments were detailed and responsive to individual's needs, for example where a person was at risk of falling out of their wheelchair, there was a risk assessment specific to the use of a lap strap which prevented falls. Another risk assessment related to supporting a person to eat safely. Documented guidance for staff included how to support the person when eating in the least restrictive way. Risk assessments were reviewed on a six monthly basis, or when there had been a change in a person's condition and risk level. Information from health and social care professional's involvement was also documented to ensure people's needs were met and risks to people's health were minimised.

There were up to date safeguarding adult's policies and procedures in place to protect people from possible harm and information on the "London Multi Agency Adult Safeguarding Policy and Procedure" was readily available for staff reference. Staff had received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they should take. Staff told us they felt confident in reporting any suspicions or concerns they might have. One member of staff said, "Some of our residents are non-verbal, so I look for other things such as changes in their behaviour or if they are off their food, then I know that something is not right." Another member of staff told us, "If there is any little bruise I immediately look for a possible explanation and body map it at the same time." Staff explained that if they saw something of concern they would report it to the manager or deputy manager, and in their absence, to the senior care worker on duty. Staff were also aware of the provider's whistle blowing procedure and how to use it. One member of staff told us, "I would continue to report up the management chain, as far as it needs to go, and ultimately to the Care Quality Commission."

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, had taken appropriate action to address concerns and referred to health and social care professionals when required. Information relating to accidents and incidents was analysed to address any recurrent risks and patterns. The area manager told us that all accidents and incidents were recorded on the provider's electronic system which enabled them to monitor any patterns, address concerns promptly and implement action plans where appropriate. When required accidents and incidents were also referred to local authorities and the CQC.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place which detailed the support they required in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. Staff told us that all staff had received fire training and records we looked at confirmed this. There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained and regular routine maintenance and safety checks were carried out on gas and electrical appliances. We observed the home environment was clean, free from odours and was appropriately maintained.

Relatives told us they felt there were enough staff to meet their loved ones needs. One relative commented,

"There is always plenty of staff around whenever I visit." Another relative told us, "I am comfortable with the staffing levels." During our inspection we observed there were sufficient numbers of staff on duty and deployed throughout the home to ensure people were kept safe and their needs were met. Staff confirmed that there were enough staff rostered on duty to ensure people were safe. One member of staff told us, "In general, I think there is enough staff. However, we get really stretched when there is sickness or leave." Another member of staff said, "I think staff levels are fine. I understand that we can be a bit more pushed when someone calls in sick, but that's when we all pull together as a team and make sure the residents get the same quality of care."

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 told us that pre-employment checks were carried out before they started work. Staff records contained information relating to staff employment references, job applications, fitness to work, proof of identification and criminal records checks. One member of staff told us they were not allowed to work until their criminal record check had come through. They said, "I had to wait four months before I could start, because my check took so long. It was very frustrating, but I fully understand the reasons why."

Requires Improvement

Is the service effective?

Our findings

We observed that staff had knowledge and skills to enable them to support people effectively. We saw several examples of how staff used their skills to engage people of varying abilities and communication. For example, where a person was struggling to make their wish known, a member of staff showed them laminated pictures, which the person could then point to enabling them to express their wish. Relatives we spoke with told us they thought staff were skilled and appropriately trained. One relative said, "The staff are marvellous. My relative is very complex in many ways and yet they know exactly how to work best with them." Another relative told us, "The staff can really tune into my relative and get the best out of them."

Although staff were effective in meeting people's needs we found that staff had not been supported through regular supervision and the provider did not have systems in place to ensure staff received an appraisal of their practice and performance. The registered manager confirmed that supervision had not been conducted "as regularly as it should," in line with the providers policy that staff should receive supervision every six to eight weeks. Staff supervision records showed that one member of staff last received supervision in January 2015, whilst two other members of staff last had supervision in November 2015 and a fourth member of staff last received supervision in December 2015. We asked to see staff appraisals that had been conducted. The registered manager confirmed that the provider did not have a formal appraisal system in place to enhance staff learning and identify development needs. However they told us staff development plans were implemented from supervisions that had been conducted but they were not in place at the time of our inspection.

These issues were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service manager later confirmed after our inspection that staff personal development plans were now in place and we will review these at our next inspection of the service.

Staff new to the service completed an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. We discussed with the registered manager whether newly recruited staff would follow the Care Certificate (CC). The CC was introduced in April 2015 and is the benchmark that has been set for the induction standard for new social care workers. The area manager told us that the provider offers the CC to new staff with less than one year's experience and systems were in place to facilitate this. Staff new to the service were also provided with mandatory training and opportunities to initially work alongside experienced members of staff to promote good practice. Staff received training that enabled them to fulfil their roles effectively. Training records showed that staff received up to date training appropriate to the needs of the people using the service and which also meet the needs of staff.

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 some 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 support and when supporting people who could not verbally communicate, staff looked for signs from people's body language and behaviour to confirm they were happy with the support being offered. One member of staff told us they made sure they were acting according to the person's wishes by, "Getting out pictures, for example, of an activity or particular type of food to enable them to choose what they want." Another member of staff told us, "I understand how service users communicate and so I look out for that, for example, certain gestures, before I begin anything."

Care plans contained mental capacity assessments and best interests meetings that had been held. We noted that one person's medicines were administered covertly. Covert medication is the administration of any medical treatment in a disguised form. This usually involves disguising medicines by administering it in food and drink. As a result, the individual is unknowingly taking the medicines. We looked at the provider's policy on covert medication which stated, 'where covert medication is considered, a mental capacity assessment should be undertaken. When a Best Interest meeting is held, a pharmacist should be in attendance, as well as the GP'. The policy also stated that the decision should be reviewed regularly. We discussed the process for this with the registered manager who showed us minutes of a meeting held at the person's GP surgery and included the attendance of the person, their advocate, GP and the registered manager. We noted there was no pharmacist in attendance. This meeting was considered a best interest meeting, which is held when the person is deemed to 'lack capacity' to make a specific decision, following a mental capacity assessment. However we noted that there was no mental capacity assessment contained in the person's care plan to demonstrate they did not have capacity to make this specific decision. The registered manager confirmed that the GP had conducted it. The registered manager told us, that the provider did not have systems in place to carry out mental capacity assessments; and stated "this is done by professionals." We discussed our concerns with the area manager about the provider's lack of systems in place for staff to assess people's on going mental capacity issues. The area manager told us they would address this issue with the provider. These issues required improvement.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs and ensure their well-being. Staff told us weekly menus were discussed and planned with people to ensure they took account of people's preferences, dietary requirements and cultural needs and wishes. People were offered menu choices and we saw picture cards of various foods and menu options available for people who were unable to verbally express their choice and to aid comprehension. Staff were knowledgeable about peoples nutritional needs such as soft or moist diets to reduce the risk of choking and smaller plates to reduce portion sizes where this was peoples preference. People's care plans documented and monitored any risk relating to people's nutritional needs and health. Care plans also documented guidance for staff on people's diet and nutrition. Guidance by health care professionals such as dieticians, nurses and speech and language therapists were in place to ensure people received the appropriate care and support to meet their needs.

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 healthcare professionals as required. Care plans also demonstrated that where appropriate relatives were

kept informed of health issues and any interventions people had received. One relative told us, "They [staff] keep me up to date with everything."

Good

Is the service caring?

Our findings

We observed that positive, caring relationships had been developed between people and staff. We saw people were cared for by staff that were attentive and who understood people's individual needs. Relatives spoke positively about staff and told us that the staff were very caring and supportive of their loved ones needs. One relative said "Staff are so caring; you can tell by the way they speak to my relative." Another relative told us, "Each of the residents is treated as an individual; staff try hard to understand everyone." Relatives also told us that staff were very welcoming towards them when they visited the home. One relative commented, "I am made to feel very welcome when I come. No matter how busy the staff are, they always have time for a chat with me."

Staff supported people to express their views and to be actively involved in making decisions about their care, treatment and support needs as much as possible. We saw that staff had good knowledge of people's behaviour and body language and were able to communicate effectively for example when enquiring if they wanted a drink or if they wanted to participate in an activity. Staff also used various pictorial signs to enable people to understand and communicate effectively.

We observed staff speaking with people in a friendly and respectful manner and care plans contained guidance for staff on how best to communicate with people, including how people preferred to be addressed. Care plans demonstrated that where possible people had been involved in decisions about their care including sourcing independent advocates for people who required support to make choice about their care. People were allocated their own keyworker who co-ordinated all aspects of their care and keyworkers met regularly with people to review their care needs on a monthly basis. We noted that clocks and calendars throughout the home were correct and these were a good aid to support people's orientation.

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. One member of staff told us how they observed peoples choices and wishes in relation to the personal care delivery. We also observed how staff were discreet when asking a person if they needed assistance with their personal care. Discussions with staff demonstrated their commitment to meeting individuals' preferences and recognising what was important to each person.

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. Staff told us that they received training in equality and diversity and demonstrated their knowledge of the topic by the individual work they did with people using the service.

People were supported to maintain relationships with relatives and friends and we observed that people were also supported to access community services such as social clubs. Care plans documented where appropriate that relatives were involved in their family members care and were invited to review meetings and any other relevant meetings or events held. People and their relatives were also notified about any

significant events or visits from health and social care professionals and these were recorded within people's care plans.

Good

Is the service responsive?

Our findings

People received care and support in accordance with their identified needs and wishes. Assessments of people's needs were completed upon their admission to the home to ensure the staff and home environment could meet their needs safely and appropriately. Care plans provided guidance for staff about people's varied needs and behaviours and how best to support them. For example one person's support plan documented clear guidance for staff on how best to support them with a specific health need and the support they required when eating, according to guidelines issued by a speech and language therapist. Health and social care professional's advice was recorded and included in people's care plans to ensure that their needs were met and people's progress was also documented by staff to ensure the care was responsive to their needs.

Care plans detailed people's physical and mental health care needs, risks and preferences and demonstrated people's involvement in the assessment and care planning process. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. We saw that people's care needs had been identified from information gathered about them and consideration was given to people's history, preferences and choices. Care plans demonstrated people's care needs were regularly assessed and reviewed in line with the provider's policy. One relative told us, "I was at a review a few weeks ago. I was very impressed with all the information which was discussed and I felt very included in it all, my opinion counted." Daily records were kept by staff about people's day to day wellbeing and activities they participated in to ensure that people's planned care met their needs.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to specialist equipment that enabled greater independence and promoted dignity whilst ensuring their physical and emotional needs were met. Care plans contained detailed guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks by staff and routine servicing when required.

People were supported to engage in a range of activities that met their needs and reflected their interests. The home had access to a vehicle that enabled people to access community services with support from staff. People had individual activity programmes contained in their care plans which detailed there weekly schedules and planned activities. Activities included trips out and attending local community clubs and social events. One relative told us, "There are lots of activities nowadays. They do everything; go to football matches, theatre and meals out." Another relative commented, "There are many more activities recently, which is good because my relative gets bored very easily." A member of staff told us how they had recently planned a person's activities. They said, "I really enjoy getting the residents out and about, it is such fun and we get up to all sorts of different things."

People had the opportunity to discuss things that were important to them at regular individual keyworker meetings and at residents meetings. We saw there was also a 'thoughts and complaints' book in place providing people with the opportunity to feedback about the service or make any suggestions. People's

relatives told us they knew who to speak with if they had any concerns or complaints. There was a complaints policy and procedure in place which was on display for people and visitors to refer to. One relative told us they had been given information regarding how to make a complaint, although they felt there was no need to complain.

Requires Improvement

Is the service well-led?

Our findings

Relatives of people using the service told us they thought the service was well led and the registered manager and staff were supportive and approachable. One relative said, "The manager is lovely, she seems to be always there." Staff also spoke positively about the registered manager and the support they received to ensure the home was managed well. They told us that the management team promoted an open culture which encouraged feedback to help drive improvements. One member of staff told us "I feel supported by the management team, they are very approachable, and have an open door policy." Another staff member said, "The changes in this service are amazing, it is a good place to be and to work. There is great support from seniors; they are always offering guidance about how to work differently or better with people." A third staff member commented, "The manager is always there for the staff and the residents." However we found improvements were required in some areas.

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 improving the quality of care people received. For example staff were not following safe practice in relation to the management of medicines and staff had not been appropriately supported through regular supervision and appraisals and these issues had not been identified by the provider.

We looked at the regular audits conducted by the area manager, registered manager and senior staff. These audits conducted included maintenance and environmental checks, fire, care plans, incidents and accidents and health and safety amongst others. Audits confirmed that checks were conducted on a regular basis and had identified some areas requiring improvements. We noted that records of actions taken to address any highlighted concerns were completed.

There was a registered manager in post and they knew the service and people's needs well. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staff team. Daily staff handover meetings were held which provided staff with the opportunity to discuss people's daily needs and activities attended and any issues or concerns. Staff team meetings were held on a monthly basis and provided staff with the opportunity to discuss issues relating to the running of the service and the care and supported provided. The culture and ethos of the home was one of 'family and home' and we observed this throughout the day. When people returned from their various activities they had been involved in, they were enthusiastic to share with staff what they had done. Staff were welcoming and greeted them with kindness. One member of staff told us, "This is people's home and I am a visitor here supporting them. I always try to respect that."

The provider took account of the views of people using the service through resident and relatives surveys. We asked to look at the results for the survey conducted in 2015 but no completed surveys had been returned. The area manager explained that they felt this was because people and their relatives had always had very close contact with the service and the registered manager and had always confidently approached the provider direct about any issues that they felt were important. They also commented that they wrote to

relatives asking for feedback on how they felt the service might improve but did not receive any responses.

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 medicines were managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff received appropriate support, supervision and appraisals to enable them to carry out the duties they are employed to perform.