

Orchard Care Orchard House

Inspection report

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Date of inspection visit: 13 October 2014
Date of publication: 12/02/2015

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?

Good



Is the service well-led?

Good



Overall summary

Orchard House is a registered service providing support to adults with a learning disability and/or adults who experience a mental health problem. On the day of the inspection ten people were living at the service. The service is situated within a residential area of Sheffield and has good bus service links to the city centre.

Elements of the service provision are designed to ensure that people living in the home are supported to be independent.

There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We last inspected Orchard House on 23 December 2013 and found the service was meeting the requirements of the regulations we reviewed at that time.

This was an unannounced inspection. During the visit, we spoke with four people living at the home, the registered provider, the registered manager, one senior support worker and two support workers.

Summary of findings

We found the system in place to store medicines was unsafe. This was because medicines were carried around the home in a box which did not lock. This meant there was a risk that people living in the home or visiting the home would be able to access the medicines.

We also found a controlled drug was packaged in a person's blister pack alongside their other medicines. Without an appropriate risk assessment in place this meant the service was not meeting the requirements for the management of medicines, which has an impact on the safety of people living in the home.

The recruitment of one recently employed care worker did not evidence that all the documents required by the regulations were in place. This demonstrated that satisfactory evidence of the person's conduct in their previous employment was not obtained as part of the recruitment process. Therefore the service had not followed correct procedures for the requirements relating to workers.

People told us they were well cared for in this home. People said, "the staff are lovely, I feel very safe here," "we all get on and the staff are great" and "staff are around if we need them, there's someone here all the time." We saw staff advising and supporting people in a way that maintained their privacy and dignity.

The nine external professionals we contacted before the inspection said they had no concerns about the safety of people or care and support people received at Orchard House.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

People who used the service and their relatives were encouraged to be involved in the running of the service and were asked their opinions about how the service could be improved. Two relatives told us, "we are involved in our family members reviews and the manager makes sure she speaks with us every week to ask if we have any problems or concerns."

People participated in a range of daily activities many of which were meaningful and promoted their independence in and outside the service.

People were encouraged to maintain a healthy lifestyle which included being provided with nutritious meals and being supported to attend healthcare appointments.

Staff said the training provided them with the skills and knowledge they needed to do their jobs. Care staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

The service was not safe.

The system in place to store medicines was not suitable due to a lack of security around how medicines were kept.

One member of staff had been recruited and had commenced working at the home without adequate checks being completed.

Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Requires Improvement



Is the service effective?

The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff had processes in place to identify where people required referrals to other health professionals so that people received care to meet their needs in a holistic way.

Staff received training necessary for their roles as well as additional relevant training to improve their knowledge and skill set.

Good



Is the service caring?

The service was caring.

Staff were caring in their approach and interactions with people. They assisted people with patience and offered prompting and encouragement where required.

Everyone we spoke with during the inspection commented positively about staff being kind and caring. External health professionals who attended the home also told us people were well cared for.

We saw that staff respected people's privacy and dignity and knew people's preferences well.

Good



Is the service responsive?

The service was responsive.

Staff understood people's preferences and their abilities. People and external professional told us the service was responsive to people's needs.

People's care plans were reviewed and amended in response to changes in their needs.

People and relatives told us they felt confident to raise any issues with staff and registered manager and felt their concerns would be listened to.

Good



Summary of findings

Is the service well-led?

The service was well led.

The provider, registered manager and staff told us they felt they had a good team. Staff said the registered manager and provider were approachable and communication was good within the home. Team meetings took place where staff could discuss various topics and share good practice.

A number of the home's policies and procedures had not been reviewed for several years. This meant there was a risk that changes in current practices may not be reflected in practice.

Good



Orchard House

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.

This inspection took place on 13 October 2014 and was unannounced.

Two adult social care inspectors carried out the inspection.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

Before our inspection the provider completed a provider information return [PIR] which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We contacted the commissioners of the service and nine external healthcare professionals who had knowledge of Orchard House. We received feedback from GP's, dentists, a pharmacist, chiropodist, practice nurses and social workers. This information was reviewed and used to assist with our inspection.

During the visit, we spoke with four people living at the home, the registered provider, the registered manager, one senior support worker and two support workers.

We spent time observing daily life in the home including the support being offered to people. We spent time looking at records, which included three people's care records, nine staff records and records relating to the management of the home.

Is the service safe?

Our findings

We looked at how medicines were managed and administered to people using the service. We found medicines were supplied to each person in a weekly blister pack. The blister packs were kept in a 'nomad' box which was stored in a cupboard in the office. A 'nomad' is a monitored dosage system whereby medicines are stored in a separate compartment for the time it had been prescribed each day. We found that medicines were not stored securely as the box and cupboard in which they were stored did not have a lock and at the time of our inspection we found the office door was left unlocked. Staff told us they carried the box around to each person's room to administer medication. Staff told us they did not leave the box unattended. However, there was a risk if a care worker carrying the medicines encountered an emergency situation and left the box unattended.

We also found that Temazepam was packaged in a person's blister pack alongside their other medicines and kept in the same box. Temazepam is a Controlled Drug (CD) and must be stored in a legal controlled drug cupboard. Therefore it cannot be kept in a box in an unlocked cupboard. If it is packed in a blister pack the whole pack must be stored as a CD. This meant people were not kept safe from risks associated with unsafe storage of medication. We spoke with the provider and registered manager about this and they said they would contact the pharmacist and discuss our concerns with them.

We looked at records about medicines. We found Medication Administration Records (MAR) sheets had not been signed by staff on three occasions in September 2014. We asked the registered manager for the medication audit for September 2014 and found it had not been completed. This meant the gaps in the MAR sheets had not been identified and no action had been taken to safeguard people from inappropriate administration of medicines.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with the pharmacist who supplied medicines to the home. They told us, "we provide medicines to the service and complete regular audits. The last two audits have not required any actions as everything was up to date and correct. If there have ever been any actions required the service are prompt to complete these. We have a good

working relationship with the staff and manager and have no concerns about the service. They always take appropriate action in the best interests of the people living in the home."

One person who received medication from staff said they received their medicines at the correct times and that their medication was regularly reviewed by their GP.

There was a current detailed medicines policy in place. We spoke with two staff who were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. All staff had also been on medication training, which they said was regularly updated. We saw training records which provided additional evidence that staff had undertaken this training.

We looked at the systems of recruiting staff. Three staff we spoke with had been employed by the home for several years and they told us they had provided reference details and had a Disclosure and Barring Service (DBS) check prior to starting their role.

We viewed nine staff files. Eight contained all the required information and checks. We found a recently employed member of staff did not have any references. The manager told us they had received two verbal references and were waiting for written references to be sent to them. We saw there was no record made of the verbal references obtained. On this person's application form we saw they had not given their last employer as a referee. We also found the person had not had a new DBS check completed but had brought a copy of their existing check from their previous employer. The DBS check they had brought with them was over three months old and a new DBS check had not been requested. The person had started working at the home during the day when other staff were able to supervise them at all times. If full checks are not completed prior to a person starting work there is a risk that the person employed would not fit and physically and mentally able to do their job, which could put the safety and welfare of people who use the service at risk.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. People who used the service had their own appointee (a person appointed to make sure their finances

Is the service safe?

were being managed appropriately). The service managed money for some people. We saw the financial records kept for each person, which showed any money paid into or out of their account. The record was signed only by the provider. We were unable to check if the money recorded on account sheets tallied with the money available because money kept for people living in the home was not kept on site for insurance purposes. We fed back this concern to the registered provider and registered manager. They told us they had not been allowed to place people's personal money in a 'group' bank account and people living in the home were unable to have their own bank accounts as they did not have the necessary identification documents. The provider said the Local Authority had now said they would be able to bank people's money together in a group bank account as long as it was not attached to the service. The provider confirmed that this would be actioned immediately.

The nine external professionals we contacted before the inspection said they had no concerns about the safety of people or care and support people received at Orchard House.

We found safeguarding and whistleblowing policies and procedures in place, including access for staff to South Yorkshire's local joint working protocols to ensure consistency in line with multi agency working. Staff told us and records confirmed all staff had received safeguarding training.

We spoke with two members of staff who were able to tell us how they would respond to allegations or incidents of abuse and the lines of reporting in the organisation. Staff spoken with were confident the registered manager would take any concerns seriously and report them to relevant bodies. They also knew the external authorities they could report this to, should they feel action was not taken by the organisation or they felt uncomfortable raising concerns within the service.

One healthcare professional told us, "I do not have any concerns but have been working on a recent safeguarding

with the provider and registered manager of Orchard House. I just wanted to let you know that the request to them to complete this investigation was carried out in a timely manner and at all times both were extremely professional. The safeguarding is now closed."

The registered manager was aware of the need to report any incidents to us and the local authority in line with written procedures to uphold people's safety. The registered manager said currently there were no on-going safeguarding concerns.

We looked at three people's care records. There were individual risk assessments in place for people who used the service in relation to their support and care provision. These were reviewed and amended in response to needs. People said they were involved in monthly discussions about their care and support and risk assessments. This consultation was confirmed and recorded as having taken place in the support plans we checked. They were designed to ensure that risks were minimised, whilst still allowing independence, to ensure people's safety.

There were nine people living in the home at the time of our inspection. We spoke with the registered manager and staff who described staffing levels for the home. The home was staffed by two support workers during the day and evening. Through the night one support worker slept in to provide support if required during the night. Staff told us the staffing levels were sufficient and if they needed additional support the registered manager would either provide this or ask other members of staff to work additional hours.

People we spoke with said they felt 'safe' living at Orchard House. People said, "The staff are lovely, I feel very safe here," "We all get on and the staff are great" and "Staff are around if we need them, there's someone here all the time." We saw staff advising and supporting people to keep safe.

Two relatives spoken with said, "We visit every week and the staffing levels are good. There are always staff around and we don't have any concerns."

Is the service effective?

Our findings

People we spoke with said the care and support they received from staff was good. People told us, “The staff always keep an eye on me because I’m diabetic and they make sure I eat the right things” and “They really look after me and make sure I look after myself to.”

We checked staff files and spoke with staff. They told us and files showed all staff had an initial induction and undertook mandatory training, including for example, fire safety, safeguarding, food hygiene and health and safety with updates where required. A training matrix was in place which detailed additional e-learning training that support staff could access, for example diabetes care and mental health awareness.

Staff told us, “We have regular supervision and appraisals” and “The training programme is good and this helps us to provide good quality care to people.”

We observed staff engaging with people in a number of situations and they adapted the support appropriately to the needs of the individual, showing they had the necessary skills to meet people’s needs effectively.

We saw a matrix which showed regular supervisions and annual appraisals took place, for support and development of staff. Staff told us they found these sessions beneficial and said the managers were approachable and supportive. Comments included, “The registered manager is very supportive and I can go to her with any issues either personal or work related” and “I have a lot of confidence in the managers, they listen and then we resolve issues together.”

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. No one at the home had a DoLS authorisation in place as the registered manager said no applications had been required.

The provider told us that staff had received MCA and DoLS training, which had been incorporated into the safeguarding training. The training matrix showed this was undertaken in August 2013. Staff we spoke with were able

to correctly describe what the act entailed and how it was used. Staff were clear about the importance of ensuring decisions were made in the best interests of people and correct procedures were followed.

People we spoke with said, “I can spend my days doing what I want and what I like” and “The staff like to know where I am but let me come and go as I please.”

During our observations, we saw meal times were flexible and individual to each person’s preferences. We observed people being provided with drinks and snacks of their choice. One person said, “We have a meeting on Sunday and decide what we want putting on the menu. We each choose so many meals and all agree. If we don’t like something we don’t have it. We always try and choose healthy food that’s why we look well.”

We saw staff used picture menu’s when people were asked what they would like to eat. Staff told us this meant people were able to choose their own personal preferences easily and knew exactly what meal they were having.

Staff were frequently making drinks for people who lived in the home and their guests and the hub of the home centred around the kitchen where people and staff sat around the table chatting to each other.

We looked at three people’s care plans. The registered manager told us the care plans had recently changed so that they provided a clear picture of each person. We saw people’s needs were assessed and recordings demonstrated that care was planned appropriately. Sections of each care plan included information about the person and their family, safety, communication, health, eating and drinking, mobility, activities and everyday living.

We saw people were referred to appropriate other professionals in order to maintain good health and receive suitable healthcare support. For example, people were referred to GPs, opticians, community psychiatric nurses and diabetic nurses. One healthcare professional told us, “A person from the home visits our clinic on a regular basis for treatment. They always attend their appointment on time and are escorted by a member of staff. Instructions and information given to the staff member about the care of the person is always acted upon.”

People told us they had access to healthcare services when they needed them. One person said, “I get to see my GP

Is the service effective?

when I want. I usually go to see him on my own but if I have to go to hospital I ask the staff to come with me and they do." Another person said, "I've just had my flu jab, staff make sure I get it so I don't get poorly."

Staff we spoke with told us they thought communication between everyone at the home and external people that had an interest in the home was very good. One healthcare professional told us, "My own dealings with the management of Orchard House involves the Learning

Disability Enhanced Service. I find their management well organised and proactive in ensuring that our patients receive their annual health check from us."

Another healthcare professional said, "Staff bring the residents to the surgery when they need annual reviews or appointments for acute illness. They provide helpful observations and insights as most of the residents are poor communicators. The staff rarely call for home visits and when they do so that is appropriate."

Is the service caring?

Our findings

During our observations, we saw staff were kind and caring when they interacted with people, who in turn responded positively to staff. Staff demonstrated familiarity and knowledge of people's preferences and dislikes. We witnessed a lot of shared laughter between staff and people at the home.

Staff we spoke with said, "We try to promote independence in every day life, for example cooking and cleaning. People living here like to help with chores because they feel they're helping us and we all have mutual respect for each other" and "We all care for each other just like you do in your own home."

When we asked people how staff treated them, all comments were positive. No one had anything negative to say about the care they received. People living at the home told us, "The staff are lovely. They think a lot about me and I do them. I try and help them by drying the pots and putting the rubbish out. I think the world of them" and "We all get on. The staff are marvellous. They know all about me and what I like and don't like. I couldn't ask for better."

Two relatives we spoke with said, "The manager and staff are excellent you couldn't beat them. All the staff are very caring and we can't fault them in any way."

People were supported to maintain their independence. One healthcare professional told us, "I worked with two people at Orchard House up to August this year and I had no concerns regarding the quality or suitability of care there. I found the staff to be helpful, accommodating and always flexible in meeting the clients' needs. Hygiene levels appeared to be of a high standard, risk assessments kept updated and clients' health and safety closely monitored, while promoting independence."

We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect. A privacy and dignity statement was included in the service's 'statement of purpose' to inform people how their dignity should be promoted and upheld by staff. Staff told us that the issue of privacy, dignity and choice was discussed at training events and at staff meetings that were held. They were able to describe how they maintained people's privacy and dignity and how important this was for people.

The nine healthcare professionals and commissioners of the service we contacted had no concerns with the home and told us they found the staff to be caring. One professional told us, "I find the staff professional and I am able to talk with them about any issues."

We looked at a range of records and three people's support plans. These contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records have been reviewed and updated to reflect people's wishes. Examples of these wishes included meal choices and choosing the social activities they wanted be involved in.

People who used the service said they were aware they had a support plan and that they were involved in monthly discussions about their care and support. This consultation was confirmed and recorded as having taken place in the support plans we viewed. One person told us, "I have a care plan, I know what's in it and I often talk to my key worker about me."

Two relatives told us they were involved in the reviewing and updating of their family members care plan and that they had a copy of it that they could refer to.

The Service User Guide stated that family members were welcome to visit their loved ones at any time. The home did suggest relatives may want to ring before they visited as people who lived in the home were often out on activities. Two relatives we spoke with said they visited every week and were always made to feel welcome.

We observed information on display around the home about how people could access advocacy services if they wished. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf. The provider told us they had recently put this information on display following advice from the local authority contracts and commissioning team. For most people living in the home their advocate was a close family member or friend.

Is the service responsive?

Our findings

All of the people that we spoke with told us that the service provided in the home was flexible to their needs and they were able to make choices about their lives. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. People told us the staff in the home listened to them and respected the choices and the decisions they made.

We looked at three people's care records and saw evidence people had been involved in discussions and reviews of care. We saw a resident's profile in each care record which detailed their life history, family and preferences. We saw there were individual personal support plans which reflected people's interests. We found people's support plans and risk assessments had been regularly reviewed.

People said they were involved in monthly discussions about their care and support. This consultation was confirmed and recorded as having taken place in the support plans we checked. People told us, "I have a care plan and I know what it says."

We saw that family members of people living in the home had been asked to contribute to the care plans. Some relatives had given information about their own feelings and thoughts about the person and what they believed was best for their loved one.

People's personal preferences and interests were recorded in care plans and support was being provided in accordance with people's wishes. We looked at their daily notes records and we saw examples where they had been supported to participate in these interests.

We spoke with two members of staff and discussed aspects of people's care and support. Staff were fully aware of and able to describe to us the care, treatment and support that people required to meet their needs and to make sure people had choices.

The nine healthcare professionals we spoke with told us they felt the staff at the home were responsive to people's needs. They said staff were always willing to listen to ideas to improve people's care and they acted promptly on suggestions made, such as referrals to other professionals. One healthcare professional said, "At a recent visit I found a person had a small bruise on their foot. I asked the

manager about this and was told they had stumbled over. The person had visited the accident and emergency department and all staff were aware of this. I also told the staff about a minor health problem that I observed for another person. Staff took the person to see their GP who prescribed cream which staff now apply as instructed. This condition is now improving. On my visits I see people in a private room with a support worker in attendance. Whenever I have raised anything with the manager or staff they have acted swiftly and appropriately. I have no concerns about the care people receive at the home."

People participated in a range of daily activities which were meaningful and promoted their independence in and outside the service. One person told us they attended a day centre and evening class. They said they thoroughly enjoyed this and felt they were "doing a good job." Another person talked to us about all the outings they went on including going into town shopping and going for meals. People also talked to us excitedly about their forthcoming holiday.

Staff told us they had planned two holidays for people who lived in the home. One group were going on a Turkey and Tinsel break and other more dependent people were going on an Arts and Crafts mini break.

People said they maintained good links with their family and friends. One person said, "My family come and take me out, I see a lot of them and they can come here anytime to see me. Two relatives told us, "We visit regularly and we feel part of the family."

The registered manager told us there were monthly residents house meetings and we saw minutes to show these had been carried out regularly to hear and respond to people's views. We saw where there were any concerns or comments this led to action being taken to make improvements to the service. People we spoke with said they felt involved and included in how the home was run and how it could be improved to respond to their needs. There was a clear complaints system in place and we saw any matters were recorded and responded to. People we spoke with told us they knew how to make a complaint if they wished to. One person said "I would tell one of the staff if I wasn't happy and I know they would sort it out."

We looked at the minutes of the most recent 'residents house meeting' which were usually held on Sunday afternoon. We saw that a range of topics had been

Is the service responsive?

discussed including plans for social activities, the planning of meal choices and general housekeeping issues including what to do in the case of emergency such as fire. This told us the service actively sought out the views of people and included people in the day to day running of the home.

One person told us, “every Sunday we talk about our feelings and say if we’ve got any complaints. The staff listen and then try and sort these out. I can also talk to the staff confidentially if I want to.”

The provider told us there had been no formal complaints within the last 12 months. The complaints procedure was

contained in the Service User Guide and each person had a copy of this. The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them but it did not include time scales for responses. The provider told us they would review this and include time scales by which people could be expected to receive a response to their concerns. One relative told us, “if there is anything to bring up with the staff or the manager then I feel comfortable doing so and I know that something would be done”.

Is the service well-led?

Our findings

The registered manager had been in post for a number of years and was registered with CQC.

Staff, people and professionals we contacted spoke highly of the registered manager and staff team at Orchard House. One healthcare professional told us, “In my experience the staff at Orchard House are diligent and helpful.”

Staff told us, “I have no worries about approaching the registered manager for advice and support. She’s always there when we need her” and “This is a rewarding job. I get really good support from the manager and together we improve people’s quality of life.”

Two relatives said, “The manager and staff are really good. They involve us in our family member’s care. They are good at promoting independence in a caring and supportive way.”

During our inspection we found the atmosphere in the home was relaxed and friendly. We saw many positive interactions between the staff on duty, visitors and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were proud of the service and the care provided.

We saw evidence of regular audits completed by the provider and registered manager within the service to check the quality of service. These included health and safety audits, infection control and premises audits. Actions resulting from these audits were recorded.

We found some audits, for example, the medication audit had not been completed for the previous month. The manager told us they were aware some monthly audits had not been completed as they were in the process of changing the system of auditing after taking advice from the local authority contract and commissioning team. The local authority had advised the service to ‘streamline’ their audits and we saw evidence that the manager was looking at the best way of doing this.

People who used the service were asked for their views about their care and support and these were acted on. We saw evidence the provider carried out annual satisfaction surveys. Feedback was analysed and the provider, took appropriate action. We saw the results of the surveys were very positive.

People said they had regular ‘house meetings’ where any issues or concerns and plans for the running of the home were discussed and acted upon. One person told us, “we can talk about our feelings and complaints. Staff listen and help us sort these.”

We saw minutes of staff meetings which took place every month or more frequently if required. The minutes we saw had included discussions on training, general care, incidents, updated policies and procedures and best practice. Staff we spoke with told us they were always updated about any changes and new information they needed to know.

The home had a number of procedures and policies in place which covered a number of areas. Although these were comprehensive, improvements were required as the majority had not been reviewed for several years. This meant there was a risk that changes in current practices may not be reflected in the home’s policies. The provider and manager said they were aware that many of the policies and procedures had not been updated since 2011 and that they would prioritise this.

The registered manager said they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. They confirmed that any notifications required to be forwarded to CQC had been submitted. They said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required. They said they would also use this regular review to identify any themes or trends that may require addressing.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People who use the service and others were not protected against the risks associated with the unsafe use and management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The Registered Person did not have all the information specified in Schedule 3 of the regulations for people employed for the purposes of carrying on the regulated activity.

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.