Malhotra Care Homes (Sunderland) Limited

Belle Vue House

Inspection report

1-3 Mowbray Close
Sunderland
Tyne And Wear
SR2 8JA

Tel: 01915673681

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 1and 2 March 2016. This was an unannounced inspection. The last inspection of this service was carried out in May 2014. The service met the regulations we inspected against at that time.

Belle Vue House is a residential home which provides personal care for up to 27 people, with dementia or general care needs. There were 25 people living there at the time of our inspection. The accommodation is over three floors, with a lounge and dining room on the ground and first floors.

The service had a registered manager. 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.

We found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider did not have accurate records to support and evidence the safe administration of medicines. We found that some records relating to 'when required' medicines were not accurate and prescribed creams and ointments were not being recorded as administered, so it was unknown if this had taken place in the right way or at the right frequency.

You can see what action we told the provider to take at the back of the full version of the report.

People spoke positively about the service. Comments included, "It's lovely here", "The girls are great" and "Staff couldn't do more." People and their relatives told us the service was safe as people were well looked after.

Staff told us they were confident any concerns they raised would be listened to and investigated thoroughly to ensure people were protected. Staff had completed up to date training on safeguarding adults, and could describe different types of abuse and signs to look out for.

People were happy with the quality of the food which looked appetising and nutritious. People's dietary needs and preferences were catered for by a chef who knew people well.

People and their relatives made many positive comments about staff being caring, respectful and kind. The service had a homely atmosphere and there were positive interactions between staff, people who lived there and their relatives.

People had access to important information about the service, including how to complain, make a compliment or make a suggestion. Nobody we spoke to had needed to complain.

The service had a registered manager who had worked there for a significant period of time. People, relatives and staff told us the service was well run and the registered manager was approachable. The registered manager said they felt supported by the provider.

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 always safe as the registered provider did not have accurate records to support and evidence the safe administration of medicines.

People and relatives told us the service was safe. People spoke positively about the staff and felt they were well looked after.

Thorough checks were carried out on all staff before they started to work at the service, to check they were suitable to care for and support vulnerable adults.

Checks on the maintenance of the premises were carried out regularly.

Is the service effective?

Good

The service was effective as people were supported to maintain good health.

Food looked appetising and nutritious.

The chef knew people's needs and preferences well.

Staff training, supervisions and appraisals were up to date.

Is the service caring?

Good

The service was caring as people said staff were kind and caring.

People and their relatives spoke positively about their relationships with staff.

Staff knew people and their relatives well which contributed to the homely atmosphere.

Each person who used the service had important information about the service, including how to make a complaint.

Is the service responsive?

Good

The service was responsive. There was a range of activities and

events for people to participate in.

Relatives spoke positively about being consulted and included in events.

People's care plans contained detailed information about the care and support they needed and wanted.

Nobody we spoke to had needed to make a complaint. People and their relatives were confident any concerns would be dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led. The provider's quality assurance process had not identified our concerns in relation to medicines.

Audits in other areas identified the need for improvement and appropriate action was taken.

Staff told us the registered manager was open and approachable.

People and their relatives told us the registered manager and deputy manager were efficient.

Belle Vue 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 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.

This inspection took place over two days. The first visit on 1 March 2016 was unannounced which meant the provider and staff did not know we were coming. The second visit on 2 March 2016 was announced. Day one of the inspection was carried out by one adult social care inspector and one specialist advisor. One adult social care inspector visited on the other day.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern from these organisations.

We spoke with eight people who used the service and four family members. We also spoke with the registered manager, the deputy manager, a representative of the provider (head of compliance), a team leader, a senior carer, four care assistants, the chef, the kitchen assistant, a domestic and the maintenance person.

We looked at a range of care records which included the care records for six people who used the service, medicine records for 25 people, records for four staff, and other documents related to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed in a safe way. Medicine administration records (MARs) relating to 'when required' medicines were incomplete. There were 13 occasions in February 2016 when such medicines appeared to have been administered as they were not in people's blister packs, but these were not signed for. This meant people were put at risk of being given more than the recommended dose.

Prescribed creams for topical application were not managed in a safe way as dates of opening were not recorded, and creams were not disposed of in line with pharmacy advice. Topical medicine administration records (TMARs) were in place but these were not in people's rooms, where people usually had their prescribed creams administered. This could lead to inaccurate records being kept. Body maps advising staff of the specific area to apply prescribed creams were not in place. This meant we could not be sure topical medicines had been administered in the right way.

Some medicines were not kept safely. On the ground and first floors people's medicines for a four week period were stored in a locked trolley secured to the wall of the dining room; however no records were kept of the temperature of the area. This meant we could not be sure medicines were stored within the recommended temperature range.

Five staff members had access to the medicines trolleys, storage room and controlled drugs cupboard (medicines that are liable to misuse). These keys were not signed for at the start and end of each shift, and did not remain in the service when staff finished their shift. The controlled drugs register did not correspond to the amount of controlled drugs in the cupboard. This meant we could not be sure controlled drugs were stored securely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke to the registered manager about our concerns regarding controlled drugs and accurate medicines records and adequate procedures not being in place, they immediately devised an action plan to address these issues.

Other prescribed medicines were administered appropriately. They were supplied in 28 day blister packs and there was a clear system and audit trail in place from ordering and receiving medicines, to returning them to the pharmacy. Staff told us there were no issues with receiving medicines in a timely way, and that medicines prescribed by a GP were available the same day.

Each person had a personal emergency evacuation plan (PEEP) but these lacked detail about people's individual needs, should they need to be evacuated from the building in an emergency. They did not contain specific guidance for staff about how to communicate and support people as individuals in such circumstances. This meant staff did not have access to information about how to support people in the event of an emergency evacuation.

We asked people if they felt safe at this service. One person told us, "Yes I feel safe. I rarely come out of my room but that's how I like it. The staff always make sure I'm alright." People we spoke with said they were looked after well. We asked relatives if their family members were safe. One relative said, "Yes they are definitely safe. They take care of [family member's] mobility which is a worry." Another relative told us, "My [family member] is happy and settled so yes they're safe, and there are enough staff. It's a relief for me how quickly [family member] settled in."

All the staff we spoke with had a good understanding of safeguarding issues and how to report any concerns they may have. Staff were able to describe different types of abuse and what signs to look out for such as changes in a person's behaviour or appetite. Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults as part of their induction training and then at regular intervals. Staff we spoke with said they had confidence in the registered manager to investigate such concerns and deal with them appropriately. Safeguarding incidents were recorded, the local safeguarding team were informed and follow up action was taken when needed. For example, after one safeguarding incident a person's GP was called out and their observations were increased.

We looked at the recruitment records for four staff. Recruitment practices were thorough and included references from previous employers, copies of application forms and notes of interviews. A Disclosure and Barring Service (DBS) check had also been carried out before staff started work at the service. These checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The provider's policy was to update such checks every three years, which was good practice. Records showed where issues with DBS checks or previous employment history were identified, a through risk assessment was in place.

The service employed approximately 30 staff. There was one senior, five care assistants, and the deputy manager on duty during the days of our inspection. Two staff worked on each of the three floors. Staff rotas we viewed showed these were the typical staffing levels for the service. The service also employed a chef, a kitchen assistant, a laundry assistant and two domestic staff. Night staffing levels were one senior and one care assistant. Although the registered manager was on leave during our inspection they attended the service and assisted with the inspection on both days.

We asked the management team if they had enough staff to care for people. The registered manager said, "Yes we're well staffed". The registered manager told us, "I can request staff over and above what our dependency tool says if needed. The calculation says 4.8 staff but we actually work on six staff on duty. The provider is very understanding if we need extra staff. It's always addressed without question." Rotas showed that more staff were on duty than the provider's dependency tool suggested. The registered manager and deputy manager told us this was because the service was over three floors and the layout of the service could be challenging (the building was originally three houses).

The management team told us they had never needed to use agency staff as staff were willing to work extra shifts to cover leave or sickness. The registered manager described the staff as "helpful and committed".

Some staff told us they felt they needed more staff at certain times of the day, for example at meal times. Call bells were responded to promptly and staff were largely visible throughout the service. There were a few occasions when staff were difficult to locate on the first floor, although most people were in the lounges on the ground floor with staff present. People and their relatives told us they felt there were enough staff on duty.

Risks to people's health and safety were assessed and recorded in people's care plans. Risk assessments

had been carried out in relation to people's potential for falls, moving and assisting equipment, pressure damage to their skin and burns or scalds.

The premises were clean, comfortable, and well decorated. One relative said, "It's clean and tidy just like my [family member's] home." Regular planned and preventative maintenance checks and repairs were carried out by maintenance staff. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, window restrictors, bed rails and water temperatures. External contractors also carried out required inspections and services including electrical and gas safety. The records of these checks were up to date.

Accidents and incidents were recorded, dealt with appropriately and analysed monthly. Action following an incident or accident was evident, for example increased observations for people who chose to stay in their rooms who had a history of falls, and referrals to the falls team where appropriate.

Good

Is the service effective?

Our findings

People we spoke with said staff were trained and experienced to care and support them. One person said, "Staff know what they are doing." People and relatives told us staff sought permission before providing care or administering medicines.

Training the registered provider considered essential for staff to complete was up to date. This included fire safety, moving and assisting, safeguarding adults and health and safety. Training records we viewed confirmed staff received regular training in other areas such as food hygiene, nutrition and infection control. Staff told us they felt trained to care and support people, and they felt supported by the registered manager and deputy manager.

Staff supervisions and appraisals were up to date. The provider's policy was for staff to receive four supervisions each year. Supervisions are regular meetings between a staff member and their manager to discuss how their work is progressing and to discuss training needs. Staff we spoke with said they felt supported.

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. 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 (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager explained when they would use best interest decision forms and demonstrated knowledge of MCA and DoLS. People's care records contained best interest decisions which corresponded to the information contained in the DoLS authorisations. Detailed care plans were created to ensure the least restrictive options were considered for people.

Where people required a DoLS authorisation there was a record of when applications had been submitted to the local authority and when authorisations had been granted. The registered manager kept a record of DoLS expiry dates so new applications could be made in a timely manner. All DoLS for people in the service were in date.

When we spoke to staff they understood what MCA and DoLS were but felt they would benefit from more training in this area to increase their confidence. When we asked the registered manager about this they said

they were trying to find training that was more practical and appropriate for care staff. This meant staff had discussed their training needs with the registered manager, who had acted on this.

We observed meal times in both dining rooms. Some people in the first floor dining room were not given a choice whether they wanted an apron to protect their clothes or not. Three people in the first floor dining room were sat at the table for approximately 15 minutes before the meal was served, which may cause some people with dementia to become anxious. When we raised our concerns with the registered manager about the dining experience on the first floor, they took immediate action to address this.

Six people in the first floor dining room required support to eat and staff were available to do this, so people were supported to eat their meal while it was still hot. Staff were attentive and noticed when people were not eating. Staff gave gentle encouragement and said things like, "Can I help you with that?" or "Can I get you something else?"

Tables in the dining room were set nicely with placemats, serviettes, cutlery and condiments. People sat where they wanted to sit as there were several tables to choose from. Meals were served by the chef from a hot trolley. The chef engaged with people and knew their dietary needs and preferences.

People were offered a choice of a cold drink with their meal, and teas and coffees were served after dessert. Meals looked hot and appetising with plenty of fresh vegetables. Music was on in the background which contributed to the pleasant atmosphere, and there was a good rapport between people and staff. Staff asked people if they wanted help with condiments or extra bread and butter. Some people were given smaller portions as they preferred this. Staff helped a person clean their hands and face after eating in a supportive and respectful way.

After the meal the chef asked everyone on the ground floor if they had enjoyed their meal, to which everyone replied, "Oh yes." People were happy with the quality of the food. One person told us, "The food is marvellous here." One person we spoke with preferred to eat all of their meals in their room which was catered for. There were no restrictions on visitors at meal times and relatives were encouraged to visit during meals, particularly for Sunday lunch or when it was a person's birthday.

Kitchen staff had completed training in dysphagia (swallowing difficulties) and special diets. For example, how to ensure people's safety whilst eating and how to make food look appetising for people who required a pureed diet. A representative from the speech and language team told us, "A staff member from Belle Vue House recently attended dysphagia awareness training. You could see from their responses and questions that the staff team has really embedded the awareness and principles of safe eating and drinking."

People's weights were checked monthly and more frequently if needed. A team leader was responsible for monitoring people's weights and carrying out monthly nutrition audits. When people had lost weight their food and fluid intake was monitored for a few days and they were referred to the GP or the dietician as appropriate.

People had access to a wide range of health professionals including community psychiatric nurses, district nurses, GPs, opticians, and dentists. Records of any professional visits to people at the service or appointments were kept as well as contact notes which detailed advice and treatments. A member of the district nursing team who visited the home during our visit said, "The staff here are good at following our instructions for people's care."

The deputy manager told us, "We've worked really hard to build up relationships with health care

professionals. We've got a good working relationship with GPs, and district nurses. Communication between us is excellent. The GPs never doubt our word as they always say 'you know your residents'. They take the lead from us which is nice."

Throughout the service were large colourful picture signs on doors to help people find their way around, particularly those living with dementia. Menu choices were also displayed in picture as well as written format to help people understand what food choices they had. The registered manager told us, "I want staff to have more dementia training and for us to be more dementia friendly than we already are."

Good

Is the service caring?

Our findings

People we spoke with were happy with the care and support they received. People told us care staff were caring, polite and professional. People and relatives told us they had a positive relationship with care staff. One person told us, "The staff are good. They make my bed for me and bring me all my meals." Another person said, "The staff couldn't do more for you."

Relatives spoke positively about the caring attitude of staff. One relative said, "The staff are friendly and really caring. They are respectful to residents and maintain their privacy and dignity. I came to the dignity event they had on. I got an award and it was good fun, a really nice event." The deputy manager told us how one relative became a 'dignity champion' after they attended an event for 'dignity day' at the service. The deputy manager told us they were going to do another event to promote dignity in the future. They told us, "We have a fun event but the theme is very much focused on people's dignity."

In a recent satisfaction survey 99% of residents and relatives said staff were helpful and friendly, 100% said people's privacy and dignity was maintained. One relative wrote, 'I'm more than happy with [family members] care. They are always clean, well looked after and happy. The staff are fantastic.'

A member of the district nursing team, who visited the home during our visit, told us, "The care staff are really good, they are very caring. I would recommend this home to my own family."

Some people who used the service were unable to tell us about the care they received. During our visit staff addressed people in a kind and considerate manner. Staff communicated with people as individuals. For example, by giving people time to respond to questions and writing things down for them. Staff were calm and reassuring to people who were distressed or anxious, and they took practical steps to ensure people were comfortable such as ensuring they had slippers on or had a blanket to cover their legs.

The service had a homely atmosphere and staff knew people's needs well. There was a good rapport between staff, people who used the service and visitors. One person told us, "The girls are lovely. One girl comes in early, puts my bed socks on and gives me Horlicks. I love that." A relative said, "The staff are good at giving personal attention to residents. Staff make you feel welcome and they know you. It's really good here." A third relative said, "It's homely here. The girls are really friendly, they're great."

One relative told us, "I picked Belle Vue for [family member] as other people recommended it to me. That says something. I know [family member] is being looked after 24 hours a day and they're clean and comfortable. Staff know what to do to make [family member] happy."

The registered manager described the care at the service as "outstanding". The representative of the provider told us, "All the staff do a fantastic job here."

Care plans contained information on people's wishes for end of life care. This meant staff had access to personalised information so they could support people in the way they wanted and needed at the end of

their lives.

Each person who used the service was given a residents' guide which contained information about all aspects of the service, including how to make a complaint and how to access independent advice and assistance such as an advocate. Five people used a local advocacy service. Copies of the residents' guide were available in the reception area so they were accessible for family members, along with several guidance documents on dignity and living with dementia.

Good

Is the service responsive?

Our findings

People and relatives spoke enthusiastically about activities and events at the service. In a recent satisfaction survey 100% of residents and relatives who responded said there were sufficient activities at the service. One person said the activities were "absolutely marvellous." One relative told us, "We get involved in the activities here. The staff organised a big birthday party for [family member] and everyone had a great time. The residents love the activities here." Activities were well organised by the deputy manager and activities co-ordinator and included pamper sessions, sing-alongs, board games, cookery classes, art and crafts, and movie afternoons.

The deputy manager spoke enthusiastically about 'pop up rooms' and special events that were planned for the full year, such as a vintage tea room for Mother's day, an Easter bonnet parade, a party for the Queen's 90th birthday party, a pub for Father's day, a summer fete and a pie and pea supper. The deputy manager told us, "Our vision by the end of this year is to have had 12 pop up rooms with a different theme, one for each month. We're also going to set up an old fashioned sweet shop and bakers to help people reminisce".

There were lots of photographs around the service of people who used the service, their visitors and staff enjoying activities and special events. There were also photographs of community involvement such as local school children who had visited to sing Christmas carols, and staff putting on performances. The deputy manager produced a regular newsletter about people's activities, achievements and forthcoming events. They also produced a yearbook of activities highlights entitled 'our year in pictures'. People who used the service, visitors and staff enjoyed looking at these photographs.

There were lots of notices around the service to alert people and relatives of forthcoming events and activities, after they had been decided on at residents' and relatives' meetings. Relatives' meetings happened every three months and dates of meetings for the coming year were advertised in the reception area. Residents' meetings were held every two months.

People's needs were assessed before admission to the service. People's needs were regularly reviewed and recorded appropriately in care plans. These were detailed, well written and contained information about people's family background, work history, likes and dislikes, nutritional needs, communication, mobility and general support needs. This information was person centred and specific to the needs of the individual. For example, there was precise detail around daily tasks, 'When having a wash at the sink I need support from two members of care staff.' This meant staff had access to guidance about how to support people in the way they wanted and needed. Risk assessments were completed and were specific to the needs of the individual, such as the risk of falls, the risk of malnutrition or dehydration and the risk of skin damage.

Care plans contained a personal gallery of copies of people's family photos. There was a section on the person's life history which was divided into 'childhood memories', 'life as a young adult', 'life in my 20s and 30s', 'life in middle age' and 'life in later years.' Care plans also noted what people's aspirations had been and what they were now. There were good descriptions of people's personality and characteristics, which meant staff had access to information to help them get to know people well.

People and relatives had been involved in their care planning, where capabilities allowed, and people had given their consent. One relative told us, "We're always involved in care plan meetings." The service had received feedback from one relative which said, 'Staff always speak to us and make us aware of anything that's happened. Staff know all of [family member's] needs.'

There were clear examples of the service responding to and acting on people's changes in needs. We observed a person being given a cold drink and reassurance when they became anxious and started to undress. Care plans showed clear evidence of people's changes in needs being recorded and acted upon. For example, a relative told us how staff identified a health issue and promptly involved the district nursing team and sourced the necessary equipment. The relative said, "Staff couldn't have done more." A member of the community nursing team who visited the home during our visit said, "Staff are quick to identify and respond to changes in people's health, for example if they suspect an infection."

People and relatives told us they had never needed to make a complaint, but if they did they would speak to the registered manager or deputy manager. One person told us, "I tell the manager everything, I don't hold back, but there's nothing to be improved here." People and relatives also told us they had confidence in staff to deal with complaints appropriately. One relative said, ""I've got confidence in the manager to investigate concerns and deal with complaints thoroughly." There had been no formal complaints received in the last 12 months. The complaints policy was also available in picture format.

The registered manager told us, "We understand people's needs and try to ensure things are personal and people's families are involved. We try to be approachable, they can come in the office at any time."

Requires Improvement

Is the service well-led?

Our findings

The provider's quality assurance process had not identified our concerns in relation to medicines. For example, monthly medicine audits had not identified that people's medicines were being kept for a four week period in an area where the temperature was not monitored. This meant the provider's audits were not always effective in identifying areas of concern.

The registered manager carried out a number of audits in areas such as accidents, incidents, nutrition and care plans. The provider also carried out checks of these areas and other areas such as catering, infection control and pressure damage. The representative of the provider told us there was a comprehensive audit framework in place so all areas of the service were quality assessed regularly. Records confirmed audits happened regularly and recent audits identified the need for some new equipment in the kitchen and additional training for staff in lead roles, which had been acted upon.

Notifications of changes, events or incidents that the provider is legally obliged to inform us of were made appropriately.

During our visit there was an incident involving medicines. This was investigated and dealt with immediately. The deputy manager identified that lessons could be learnt, so they devised an action plan which included updating the person's care plan and further training for staff.

People and relatives spoke positively about the registered manager and their 'open door' policy which was advertised throughout the service. Meetings were also held regularly for people who used the service and their relatives to provide feedback. One person we spoke with said, "The manager is very nice. She does a good job." Another person told us, "I would describe Belle Vue as an institution of excellence."

Relatives told us they felt confident the management team would thoroughly investigate any issues and deal with them thoroughly. One relative said, "The manager and the deputy are always there to talk to and are very helpful." Another relative told us, "I've got confidence in the manager and deputy. They're a good team. They run the place very efficiently."

Staff told us they thought the service was well-led, and that the registered manager and the deputy manager were approachable and took their views on board. One staff member said, "I'm happy working here, communication is good and the manager is responsive to all suggestions." Another staff member told us, "I love it here. The bosses are very approachable and have plenty of time for staff, residents and relatives." The service had a low turnover of staff and most staff members had worked there for a long time.

Staff surveys were carried out annually, the most recent one was completed in February 2016. All of the responses were positive and comments included, 'The manager is good, approachable, listens and will explore suggestions staff make.' The representative of the provider told us, "Staff don't wait for the annual survey, they tend to speak up if anything is wrong."

The registered manager had worked at the service for more than 30 years, and the deputy manager had also worked there for a long time. The staff team were stable and three new staff had recently been employed. The deputy manager told us, "We've got lovely staff here. We've got the mix right. The young staff are our future in care. It's good to see them grow in confidence."

The service had good links with a local church, and a member of the clergy attended during our visit to take a service for people. We spoke to the member of the clergy who described Belle Vue House as "an integral part of our community." They knew people who lived there well and had a good relationship with the registered manager and the deputy manager.

The registered manager told us, "I get plenty of support from [provider] and the senior managers. They listen when people's safety and welfare is concerned. My manager understands our challenges and needs. If we need anything I just ask."

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 People who use services were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12 (2) (g).