

# Barchester Healthcare Homes Limited

## Chalfont Lodge

### 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?

Requires improvement



Is the service well-led?

Good



### Overall summary

This inspection was unannounced and took place on the 24 September 2015.

Chalfont Lodge provides care and nursing for up to 119 people. The home is divided into five units over two floors. Three units are dementia care units, known as Memory Lane. Sunningdale unit provides general nursing care and Turnberry unit is for people with physical disabilities. On the day of our inspection there were 102 people living at the service.

At the time of the inspection Chalfont Lodge did not have a registered manager. A registered manager is a person who has registered with The Care Quality Commission

(CQC) 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 confirmed that the newly appointed manager had applied to the CQC for registration.

In the most recent inspection of Chalfont Lodge in June 2014 we found there was a lack of clarity about the

# Summary of findings

provision of one to one or enhanced care. This had meant it was not possible to demonstrate that there were, at all times, sufficient numbers of suitably qualified, skilled and experienced persons employed by the service.

The provider submitted an action plan dated 22 August 2014 which set out the action already taken or to be taken to address this. The action plan indicated the necessary action had already been completed. This inspection provided an opportunity to assess whether the action plan had been successful. The staffing position in respect of one to one care had been reviewed with the appropriate authorities. People's needs had been re-assessed where necessary. We were informed the current arrangements where two people might at times share a 'one to one' carer had been agreed with the persons' care commissioners.

We found different people had significantly different views of the service and the way it operated. The home was in transition following a series of management changes over a period of months. Some of the views expressed therefore were looking back over the recent past, whilst others were focussed on the present and the immediate future. Where it was the former, the levels of satisfaction were much lower than in the latter case.

Where external organisations, associated with the service provided information and assessments, these again varied quite significantly. Overall, recent improvements were acknowledged, whilst some issues from the recent past had still to be fully addressed.

The standard of care people experienced was, overall, assessed by them as good, whilst there were individual cases where satisfaction was much less positive. People continued to express concern and some frustration at problems with understanding some of the staff for whom English was a second language. The management of the service were aware of this issue and gave details of the assessments made of spoken and written English as part of their recruitment process.

Staffing levels were also still the subject of some concern, although at the time of this inspection, overall people told us they were usually about adequate. There had been times recently when the assessed numbers of staff required had not been reached, however, recruitment and retention of staff were said to be improving. This remained an issue within the local care sector where demand for care and nursing staff outstripped the numbers available.

The standard of record keeping we found was variable but improving, however there was further work to be done to maintain an appropriate level of accuracy and completeness. This included the recording and administration of medicines, where the standard was found to be variable.

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.

# 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 consistently safe.

People did not always consistently experience safe medicine administration and recording.

People were at risk of receiving inconsistent or unsafe care because care records were not consistently fully completed or up to date.

Safeguarding referrals had been made appropriately and staff had received training to enable them to protect people from abuse.

**Requires improvement**



### Is the service effective?

The service was not consistently effective.

People told us whilst staff were caring, they sometimes found it difficult to understand them or to make themselves understood.

Staff received inconsistent levels of formal supervision to help them maintain and develop their care practice.

People told us the choice and quality of the food provided for them was good.

**Requires improvement**



### Is the service caring?

The service was caring.

People were positive about their relationship and the quality of their interaction with staff.

People's dignity was protected and staff treated them with respect.

People were able to express their views about their care and support and how it was provided and they were listened to.

**Good**



### Is the service responsive?

The service was not consistently responsive.

People's care plan documentation was not consistently completed and did not show how they were involved in the planning of their care.

People's care plan documentation was not consistently up to date and reviewed to ensure their current care needs were being appropriately met.

People had access to community health services as they needed them

**Requires improvement**



### Is the service well-led?

The service was well led.

People were able to give their opinion about the care they received and to influence how the service developed.

**Good**



# Summary of findings

People associated with the service were increasingly confident it was changing for the better following a period of successive management changes.

The senior and local management of the service demonstrated openness and transparency in sharing information, which enabled people to benefit from effective partnership working.

# Chalfont Lodge

## 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 was unannounced and took place on the 24 September 2015. The inspection team consisted of two inspectors, one special advisor with an appropriate nursing background and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses or has used services. In this case services for older people, domiciliary care services and services for adults who use, or have used, mental health services.

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

We also reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific significant events the service is

legally required to send to us. In addition we requested feedback on the service from eight community health services, local authority commissioning, and safeguarding or quality assurance teams with experience of the service. Some of this important information was received before our inspection visit and some was received following the visit.

Before our visit we also received a total of eight contacts from people who wanted to share their experience and views about the service. These included concerns about the adequacy of staffing numbers, the language capabilities of some members of staff for whom English was not their first language and the safety of some people who lived in the home.

We looked at 21 care records of people who received a care service, 17 medicines records and checked medicines storage and stock records. We also spoke with two recently recruited members of staff about their recruitment and induction and looked at the associated records.

During the inspection we spoke with 19 members of staff, 12 people who received care and 12 relatives of people who received care. We spoke with and received full support and co-operation during the inspection, from the newly appointed general manager and the regional director responsible for Chalfont Lodge within Barchester Healthcare Homes Limited.

# Is the service safe?

## Our findings

People who contacted us before the inspection expressed concerns about staffing levels. This was also reflected in complaint records we saw during the inspection.

The manager and regional director told us the service used a recognised staffing dependency tool to identify appropriate staffing levels within the service. We were provided with a summary of this which indicated the home was being staffed slightly above the indicated levels. We were told there had been occasions when staffing had fallen below the indicated levels, due to short notice of staff absence and lack of available agency cover. We were given examples of how the service had used qualified and appropriately trained management and other staff to reduce the effect of this on people who required care and support.

The previous inspection in June 2014 had identified a lack of clarity about those people who had been identified as requiring care and support on a one to one basis. Following that inspection the staffing position in respect of one to one care had been reviewed with the appropriate authorities. People's needs had been re-assessed where necessary with changes made to reflect the most up to date position. We were informed the current arrangements where two people might at times share a 'one to one' carer had been agreed with the persons' care commissioners.

In their PIR the provider told us that one of the core objectives of the service's recruitment and retention plan was to reduce the use of agency staff and indicated this had already improved. Recruitment was ongoing, however the service continued to face difficulties with recruitment and retention of staff due to the location of the home and the increasing number of local health and social care employers who were recruiting staff. This problem was recognised by Barchester Healthcare Homes Limited and action had and was being taken to address it wherever possible, for example by the provision of accommodation and subsidised transport for staff.

People said they preferred a settled care team so they received consistency of care. They said there were a large number of agency staff being used, however they did not say there were insufficient staff overall. One person said they had on occasions experienced delays when they required assistance to use the toilet. We were told by the

manager that the response time for call bells would ideally be within three minutes. We monitored one call bell response at four minutes. Call bell response monitoring information provided to us confirmed people could sometimes experience delays of more than eight minutes. This was however exceptional. The average response time from the information we saw was less than eight minutes (88%) with 68% within three minutes.

From our observations over all units within the home, including at meal times, staffing appeared to be adequate on the day.

People did not always consistently experience safe medicine administration and recording. We checked medicines records and practice on Turnberry and Sunningdale units. We found these varied in terms of accuracy and completeness. On Turnberry unit we were told the service had initiated a meeting with their pharmacy to address delays experienced by them in respect of covert medicines documentation. Action was being taken to address this. Overall, Turnberry unit medicines records were found to be satisfactory.

On Sunningdale unit we found some records were in need of updating, for example one record of covert medicines administration. Audits had been completed satisfactorily in most cases; however there were some gaps where audits had not been recorded. In one case a new medicines administration chart had been overwritten with new dates, which could cause confusion. This was reported to the senior nurse on duty at the time.

There were inconsistencies in the way allergies were recorded on people's medicine administration records (MAR). One person's care plan indicated they were allergic to penicillin, however this information was not clear on the front of their MAR which meant the person could be at risk of an allergic reaction if, for example, antibiotics were prescribed which contained penicillin. However, in another case an allergy to one specific medicine was very clearly endorsed on the person's MAR.

One person's medicines for pain relief had insufficient stock at the start of the inspection. This was again reported and we were told a delivery was due that day. Another person's medicines records were inaccurate in that there should have been seven tablets remaining according to the record whilst there were in fact ten. Another of the same person's medicines had not been entered onto the medicines

## Is the service safe?

record, which made it impossible to reconcile the balance. In one other case, there was a discrepancy between stock remaining and medicine administered of 16 tablets. Other records on Sunningdale unit were accurate and up to date.

In their PIR the provider reported there had been 11 medicines errors in the previous 12 months. They told us that one of the core objectives of the service's clinical improvement plan was to reduce the number of medicines errors.

This inconsistency represented a breach of Regulation 12, 1 and 2(g) of the Health and Social Care Act (2008) Regulated Activities 2014.

People told us they felt safe and/or their relatives were safe. "They are safe here" and "I feel safe here and the staff are polite" were two typical comments made.

People were protected by appropriate and effective recruitment procedures for staff. We spoke with two recently recruited members of staff and discussed the process with them. We looked at the associated records of their recruitment which confirmed that it had been thorough and robust.

The provider had plans in place to mitigate the effects of any systems or equipment failures and to protect people who lived in the service as well as staff from harm in the event of a major incident. There were schedules in place for the regular maintenance of equipment and the facilities appeared clean and free from obvious hazards during our inspection. Physical adaptations were in place to help people maintain safety, for example, non-slip flooring in toilets and bathrooms and window restrictors and appropriate security to doors.

There were risk assessments in place to safeguard people from avoidable harm. These assessments included, for example, pressure care, malnutrition, falls or with specific mobility issues. There was evidence these risk assessments had been reviewed where there had been changes in people's health.

The CQC had received anonymous concerns from staff about aspects of the service, prior to the inspection. These were raised with the regional director, who investigated them very thoroughly, including speaking with staff. As part of the outcome of their investigation, staff were reminded about the service's whistle-blowing policy and additional posters were in place to ensure staff were aware of it. This meant staff were able, where they felt it necessary to do so, to raise concerns outside of the service or with senior Barchester Healthcare Homes Limited managers.

From July 2014 to 30 June 2015, CQC had been notified of 13 safeguarding incidents. These had been made appropriately and action had been taken by the service to address them.

During the inspection we noted an agency care worker used an unsafe and inappropriate moving and handling technique when transferring a person in a wheelchair. We drew this to the attention of the general manager. The member of staff was immediately removed from the service and the agency informed. A safeguarding referral was made to the local authority and CQC also received a notification.

Following the inspection we were contacted by a relative informing us of an incident that had recently taken place which was reportable to the CQC. We confirmed with the service that an appropriate referral had been made both to the local authority and to CQC as required. These referrals provided confidence the service was identifying and reporting safeguarding incidents appropriately.

Staff confirmed they had received safeguarding training and this was being monitored by the general manager. We saw training records included details of when training had expired or was due. Staff understood safeguarding procedures and told us they were aware of what to do if they saw or suspected abuse.



# Is the service effective?

## Our findings

There were concerns raised with us, before and during the inspection, about the proportion of staff for whom English was not their first language. People told us whilst staff were caring, they sometimes found it difficult to understand them or to make themselves understood.

The regional director outlined the staff recruitment criteria in respect of written and verbal English skills which they said should mean all staff were at least competent to the necessary level for comprehension and spoken English. During the inspection, one of the inspection team had problems making themselves understood when asking staff for records about mental capacity assessments. However, once the person had been shown an example of what was required, they understood and provided the necessary documentation and were able to give the required information about it.

The majority of people we spoke with were positive about the quality and competence of staff; "The home is miles better than the one I was in before because of the standard of the nurses" and "They are happy here and they get everything they need" were two typical comments. There were, however, two people who were particularly critical of staff competency and approach. One of them told us; "Staff are absolutely useless". Both of these people were in the process of being assessed for alternative, more appropriate services for them to move to.

The staff we spoke with were very positive about the level of training they received. They felt this gave them the necessary skills and knowledge to meet people's needs appropriately. We saw a training matrix which set out training provided and due. The new general manager was actively monitoring the training schedule in order to bring all staff up to date.

Newly appointed staff told us they had undertaken an effective induction training programme, and records provided details of the induction process. This meant people received care from staff who had the basic skills and understanding required when they began to provide their care and support.

People had access to healthcare services in the community or from visiting healthcare professionals in the service. For example; GPs, dentists, opticians and chiropodists. Details of these appointments and results of any treatment were recorded in people's care plans.

Other health and social care agencies who had advised and worked with the service in the recent past had informed CQC there were considerable training issues still to be addressed. Following the inspection, CQC received information from them which indicated problems in delivering their support effectively had now begun to improve following the appointment of the new manager. The service was engaging more effectively with them to identify training needs and how they could be met. This meant people would benefit from better trained staff to provide their care. Also, external advice and support agencies would now receive the positive response and co-operation they needed to make best use of their time and expertise.

We received positive feedback from people about their food. "I have meals in my room and the food is excellent", another person was complimentary about the food compared with another home they had lived in; "The food is a lot better". We observed lunch in different areas of the service and found staff supported people effectively and appropriately.

Care records included details of people's individual needs and preferences in respect of diet and the support they required. However, we were informed following the inspection, that in the recent past, there had been concerns raised by health professionals about poor monitoring of fluid and nutritional needs and the availability of recommended assistive equipment. The recent change in home management was thought to be positive and the people who raised these concerns were working with the service to provide additional training and advice. They also acknowledged that the provider was providing some additional resources to support this process of improvement.

Staff had received training in the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make specific decisions at a specific time. When people are assessed as not having the capacity to make such a decision, a 'best interest' judgement is made involving people who know the person well and



## Is the service effective?

appropriate professionals. Those staff we spoke with understood the implications for their care practice of the MCA. They were aware of how to seek people's consent, using various methods and techniques to assist people, wherever possible to take decisions themselves.

The CQC monitors the operation of the DoLS. DoLS provide legal protection for those people who are or may become deprived of their liberty or to have their liberty restricted. In the PIR we were informed 92 people were subject to authorisation under DoLS. This was because their liberty, rights or choices were restricted in some way in the way their care was provided. We found that whilst the process for applying for DoLS was being followed, the appropriate documentation was not always readily available in care plan documentation. For example, on Turnberry unit, four out of seventeen care plans did not have the required MCA or DoLS documentation in place. However, in most cases MCA and DoLS documentation was fully completed and in place.

There had been one safeguarding referral made in respect of a potentially unlawful restriction of a person. This had been identified by the family and the service. We were informed by the family they had raised concerns with the service over the way this incident had been handled. However, the result of the referral was still awaited at the time of the inspection.

We found people received care from staff who experienced varying degrees of formal supervision. The new general manager and the regional manager were aware that following a series of management changes in the recent past, formal supervision had not always taken place at the expected frequency. Some of the staff had received two or three monthly supervisions, others more frequent and some less frequent. This was now being more effectively monitored and the expectation was that supervisions would be up to date soon. Staff told us that they received other, less formal support and supervision from their line managers and teams.

# Is the service caring?

## Our findings

Despite people telling us they had difficulty understanding staff on occasions because of language difficulties, the majority of people we spoke with or received comments from before, during or after our inspection were positive about their relationship and the quality of their interaction with staff. "The staff deal with my needs and they come when they can" was one comment. Several relatives compared Chalfont Lodge favourably with other services they had experience of. One said; "They are very well looked after, they are calm and the staff are loving and caring." One person said of their relative's care; "The home is very good and better than other homes I've seen and the staff are excellent."

In contrast we spoke with two people who told us they had significant problems with the quality of staff and level of care they experienced. These concerns had been raised with the provider. We were told the provider was working with the people concerned and with health and social care professionals responsible for them, to find alternative, more suitable placements for them.

People told us they were able to express their views about their care and support and how it was provided. They and their relatives where relevant, told us they were involved in decisions about their care. They said they felt able to ask questions and express their opinion about their care and to change their routines if they wanted to do so. One relative told us; "there is good communication from the staff and they know (their relative's) name; it is a friendly community." Those care plans we saw had variable levels of detail about the active involvement of people in their care although all had some at least.

We observed care throughout the day, including over lunch in different parts of the service. The interactions we saw were positive, with the exception of one previously mentioned example of very poor support in re-positioning or moving a person which was reported and addressed immediately.

Despite being busy, staff had time to engage in conversations whilst supporting people with their meals. They involved people in making decisions about what they ate and where they had their meals. The care and support we observed was given with due attention to people's dignity and was provided in a respectful way. "The home is good, the staff are very friendly and caring" and "They treat us with respect" were two people's comments.

Of the staff we spoke with, a number said they had received training in end of life care. They were aware of the need to provide care in those situations sensitively and to be responsive to changes in people's needs. This ensured people's care at the end of their lives was effective and appropriate, including the management of pain.

There were details of advocacy services available to people in the home. This meant people who needed support to express their point of view about their care and support were able to access independent help to achieve this.

In their PIR the provider confirmed they had equality and diversity policies and procedures in place and staff we spoke with understood the importance of these and how to treat people as individuals irrespective of ethnicity, gender, sexual orientation or their physical or mental ability.

# Is the service responsive?

## Our findings

We looked at 21 care plans. These varied in terms of the information they contained, the degree of completeness, how up to date they were and the evidence of involvement of people in them.

We received feedback following the inspection from health and social professionals who were involved with the service which raised similar concerns over the consistency of care plans. Specifically they cited fluid and nutritional records and care plans not fully representing the current care needs of people.

Some parts of most care plans were completed appropriately. For example, mental capacity assessments, advanced care plans, and in most cases past medical history and allergies. There were inconsistencies in a number of care plans, so they did not, for example, consistently reflect changes for people where one to one care arrangements had been reviewed and changed. Whilst there was evidence of the involvement of people or their representatives in some cases, in others there were not. Where there were sections where there was provision for people or their representatives to sign, to evidence their involvement, these had not all been completed. In general, risk assessments and their reviews had been completed and undertaken, however these had not always been signed and dated and did not always evidence the involvement of the people concerned.

This inconsistency represented a breach of Regulation 17 Health and Social Care Act (2008) Regulated Activities 2014.

The newly appointed manager had recognised the standard of care planning and review had been an issue and action had been taken to bring reviews up to date and to improve consistency. Where other health and social care professionals have previously found it difficult to engage with the service through a period of several management changes, they now reported this had improved. Where they had identified issues with care plans and record keeping, they indicated they felt these were now being addressed, although there were still outstanding issues. For example with recording of changes to one to one care arrangements.

We saw there were plans now in place to improve the performance of the service in terms of its care planning and review. There was a "Resident of the Day" process being

introduced which had the stated aim to 'Ensure that residents' care plans are updated and that residents can be part of the decision making process.' The resident of the day process made clear the responsibility of care staff to review people's care needs, involving the person concerned and also all parts of the home's operation. For example, maintenance and hospitality staff and activities staff would all be involved and contribute.

We spoke with an activities co-ordinator. They provided details of a typical activity programme and some of the events that had taken place. People we spoke with were in general supportive of the activities, with music and birds of prey being specifically mentioned. Some of the younger people felt the activities were 'not for them' although they acknowledged they did have individual one to one contact with activity staff.

Staff we spoke with were able to describe what 'person centred care' meant to them. They were able to talk about individuals with some insight and the most experienced staff knew the background, interests and current care needs of the people they supported. The more recently recruited staff or agency staff new to the service told us they would look at care plans or talk to colleagues to ensure they had a reasonable 'picture' of people and their needs. They also told us they would find out the most up to date position as part of the handover meeting before their 'shift' started.

There was evidence during our visit of visitors coming to the service and of people going out for trips with their families and friends. Two people told us they felt isolated and that they did not have access to the kind of stimulation they required. However, this was being addressed by the service and the health and social care professionals involved with their support.

People had access to health services as they needed them. Care plans included details of hospital and community health appointments as well as those which took place within the service. For example, we found evidence in care plans that referrals had been made to speech and language services, physiotherapists, opticians and dentists.

Systems were in place to manage complaints and concerns. We were included before, during and after the inspection in e-mail correspondence between relatives and the home's manager. There was a formal complaints procedure clearly available within the home, which

## Is the service responsive?

included contact details for the CQC and other appropriate bodies. In their PIR, the home informed us there had been nine formal complaints received during the last 12 months and in the same period 22 compliments. Complaints were recorded and the outcomes noted. The PIR recorded that eight complaints had been resolved, seven of which had been resolved within 28 days in line with their complaints policy and procedures.

The majority of people or relatives we spoke with indicated they would approach staff and the management of the service informally in most cases rather than raise an official complaint.

# Is the service well-led?

## Our findings

At the time of the inspection Chalfont Lodge did not have a registered manager. A registered manager is a person who has registered with The Care Quality Commission (CQC) to manage the service. Before the inspection we confirmed that the newly appointed manager had applied to the CQC for registration.

People told us the recent series of changes in the management of the service had been unsettling for them and they thought for staff as well. Those staff we spoke with agreed and said they would welcome a period of stability. One person who lived in Chalfont Lodge told us; "It has been shaky with management" and went on to say they hoped things would soon settle down, following the appointment of the new manager. One relative said; "This is one of the better homes, even though there have been management changes."

We found from comments made to us during the inspection that the manager and their deputy had frequently been active throughout the service on a daily basis. We received copies of the unannounced night site visit report used by the newly appointed manager which demonstrated that they were effectively managing the operation of the home at different times over 24 hour periods.

We had received concerns prior to the inspection about the new management and some of the 'changes' said to be being introduced. These concerns had been very thoroughly investigated by the regional director, who included staff, relatives and people who used the service in their assessment of the concerns raised. Although there were some people, principally staff, who did not like the changes or the way they were being introduced, the majority of people were positive about the changes and the newly appointed manager.

Throughout the inspection and prior to it in the case of the regional director, we received very full and effective co-operation and found openness and candour in terms of the information provided to CQC.

There was now a daily meeting with the heads of department and the manager which covered 21 key areas

of the home's operation. For example, staffing ratio, agency use, weight loss, infections, compliments and complaints amongst others. In addition to that the manager carried out and recorded a daily management report including checking documentation, staffing and the home's environment. We also saw reports of night visits and shift handover sheets for each unit.

There was also a quarterly manager's quality assurance tool which was in place which comprehensively captured all areas of the homes operation in detail. For example, call bell response times were routinely monitored. We saw management reports breaking down response times in three minute intervals. These were then followed up and we saw a copy of an action plan to address the identified causes of delays. These measures and systems meant, taken together, that the operation of all areas of the home's activity were now being effectively monitored. Those areas of the home's operation which require improvement and have been identified within this report were already highlighted through the service's quality assurance processes now in place, and action had been taken or was being taken, to address them. The home's action plan included set timescales by which improvements were to be in place.

We saw minutes of relatives'/residents' meetings. These included action plans to address any issues raised and meant that people who used the service and those people responsible for them were able to raise any issues or concerns and to make suggestions or comments about their experience of the service and the way it operated. For example, the operation of the laundry and the provision of wheelchairs, staffing, staff ability to spend time and listen to people, television and telephone availability amongst other issues.

Before, during and after the inspection we received different assessments of the service from agencies working with them. Whilst there were still concerns, as indicated throughout this report, there was a view that following a period of management instability, which had made co-ordinated joint working particularly difficult, things were beginning to show signs of improvement.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment

People's medicines were not managed safely (regulation 12,1,2g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Records relating to the care and treatment of each person using the service were not consistently complete, accurate and up to date or made reference to discussions with people who use the service, their carers and those lawfully acting on their behalf.