

New Care Opco (Woodford) Limited Bramhall Manor Care Centre

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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bramhall Manor Care Centre is a purpose-built care home registered to provide nursing and personal care for 71 people across three floors. The service is commissioned to provide 35 short-term, intermediate care placements for people discharged from hospital but not yet ready to return home. The other placements are for people who require nursing or residential care on a longer term basis. At the time of our inspection there were 68 people using the service.

People's experience of using this service and what we found

We found the systems in place to manage people's medicines were not always effective and safe which placed people at risk of harm. Risks were not always robustly assessed, managed and mitigated. It was not always evident that systems were used to ensure lessons learnt were embedded within staff practice. Most people told us they felt safe at the service and spoke positively about staff. The home was clean and tidy, and people were able to receive regular visits from friends and family. Staff were safely recruited and there were sufficient staff to meet people's needs on the days of inspection, although feedback about staffing levels and staff responsiveness to call bells and requests for help varied.

Systems for service oversight were in place and used but were not robust enough to ensure they led to the required action to address any shortfalls. The provider and registered manager were very responsive and took immediate action to address specific concerns and improve systems, in order to reduce future risk as a result findings during this inspection. The service worked well with partner agencies and had various processes in place to support people to express their views. When concerns were raised these were investigated and responded to.

People were supported to have choice and control of their lives, but records did not always demonstrate that staff supported them in the least restrictive way possible and in their best interests; suitable policies and systems were in place in the service but were not always followed to support good practice.

Staff spoke positively about the induction and training. We noted shortfalls in some areas of training which was immediately rectified. Records did not always demonstrate ongoing and accurate assessments of people's needs and it was not always evident that care records were updated when people's need changed. People appeared to enjoy their meals, however, records did not always evidence how people with specific dietary needs were having these needs met. People were supported to access other agencies and the service had good working relationships with external services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 November 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk in relation to falls and moving and handling. This inspection examined those risks. The inspection was also prompted in part due to concerns received about staffing and management of medicines. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bramhall Manor Care Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to how people were supported to take their medicines; how individual risk was assessed, managed and mitigated; and how the provider maintained oversight to ensure people received safe, good quality care.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bramhall Manor Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 4 inspectors, a medicines' inspector, and an Expert by Experience over the course of 2 days. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bramhall Manor Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bramhall Manor Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan the inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people who use the service, 4 relatives and 16 members of staff, including the registered manager, nurses and senior care workers, care workers, auxiliary staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 visiting healthcare professional.

During the inspection we reviewed medicine administration records for 6 people and looked at medicines related documentation.

We reviewed a range of records including full care plans for 10 people and additional care records in relation to the management of other specific needs. We looked at 8 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we found that medicines were not always managed and administered safely. This was a breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Staff were not always following the provider's policy when giving medicines, therefore we were not assured medicines were given safely. We also found the assessments to ensure staff were competent to give medicines were not always completed within the providers timeframe.
- Records showed medicines were not always available in the home to be given to people, this placed them at risk of harm.
- We found the site of the application of topical patches was not always recorded; therefore, we were not assured the patch site was rotated in accordance with the manufacturer's instructions, this meant people were at risk of skin irritation. Following the inspection, the service took action to address this.
- Information to support staff to safely administer medicines via a feeding tube was not always available in people's medicines administration records or care plans. This meant medicines might not be administered safely to people.

Medicines were not always managed and administered safely This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Robust systems to ensure risk was assessed, managed, and mitigated were not always being used.
- Systems for oversight of the environment were in place as a daily walk round. These were not being consistently completed making it difficult to evidence that robust checks of the environment were being completed or that the areas of shortfall we identified were isolated incidents. The provider advised they were confident staff completed the checks daily, but that records were only completed on average once a week.
- The service was very clean and well maintained. Maintenance and checks of equipment were completed including electrical checks and external checks of lifting equipment. However, we found one person was mobilised using a wheelchair without footplates, this can place a person at significant risk of injury. We reported this to the registered manager who immediately took the wheelchair out of use and completed

reflective supervisions with staff members who had used this wheelchair without the footplates.

- People's risk and needs were assessed by staff using various risk assessments. Some shortfalls in the completion of these and development of related care plans to mitigate risks were found. For example, we found discrepancies between risks identified across records actively in use, such as care plans and handover records. Specific issues were fed back to staff, or the registered manager and immediate action was taken to mitigate risks posed to people.
- Where care plans were in place it was not always clear that these were being followed by staff. For example, records for people with diabetes did not always demonstrate that staff had oversight of the blood glucose levels and were taking the required action when these were out of range. Fluid targets were not consistently being met and pressure relief was not being recorded in line with care plans. This importance of maintaining contemporaneous records to ensure safe care was being given was discussed within staff meetings but had not been fully remedied at the time of inspection.

People's individual risk was not always clearly identified and appropriate action taken to mitigate this risk. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider and registered manager were very responsive to our feedback and took immediate action to review all care plans and risk assessments to ensure they were correct. The provider also established other processes and safeguarding's to ensure future oversight was sufficiently robust. We will review the effectiveness of these measures when we next inspect the service.
- Where people had skin tears or wounds, detailed plans of care were in place. There was evidence that overall, people's wounds were healing well whilst at Bramhall Manor Care Centre. The registered manager spoke with pride about how well the nursing team managed wounds.

Staffing and recruitment

- Staffing levels were not always sufficient to ensure safe care delivery. The service had ongoing recruitment in place to address the challenges in relation to social care staffing shortfalls.
- People told us that there was not always enough staff to support them. One person told us, "[They] don't have enough qualified and non-qualified staff, the staffing levels need leadership." Another person said, "I have to wait for a long time. They are busy". Relatives also commented on insufficient staffing levels. One relative told us, "Sometimes at the weekend there might be less staff." During our visit we observed adequate staffing levels.
- Staff told us there are times when low staffing levels made it difficult to ensure people's needs were met in a timely manner. One staff member said, "When it's busy it's hard. Buzzers don't stop." Systems were in place to review call bell records and it was evident that there were times when people had to wait longer time frames than the service's 5 minute gold standard. Following discussion, the registered manager took steps to ensure all waiting times longer than this standard were examined to look for any areas for improvement.
- Staff were very busy, and task focused throughout the day making it difficult for them to spend time chatting with the people they were supporting.
- Checks were carried out to ensure safe recruitment decisions. Staff were required to provide references, eligibility to work in the UK and Disclosure and Barring Service (DBS) checks before they started working with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Systems for oversight of accidents, incidents and safeguarding were in place and any lessons learnt were

shared across the team. However, it was not always clear these were embedded into the required changes to staff practice. For example, numerous discussions were held with staff in relation to people's fluid intake and maintaining accurate records to allow oversight. However, records reviewed failed to evidence that people were consistently having enough to drink. This was discussed the provider who noted that a number of people were on fluid watch who did not require this. Following our discussion, we were told the registered manager had removed those people who did not require this oversight from the system.

- Staff completed accidents forms when people had an accident or fall. These did not always contain enough detail to reflect the circumstances around the incident, particularly where an incident had been unwitnessed, which meant that the management team did not always have enough information to ensure lessons were learnt or appropriate action had been taken. The registered manager was responsive to feedback and took action to ensure additional layers of oversight in this area.

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to safeguarding people and were committed to giving people the best experience of care they could. There had been some recent safeguarding concerns but feedback from people living at Bramhall Manor Care Centre at the time of inspection was positive and people told us they felt safe.

- Systems were in place to investigate concerns and the registered manager worked closely with the local authority safeguarding team to provide information and ensure appropriate action was taken to keep people safe.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to have friends and family visit them whilst at Bramhall Manor Care Centre. We observed many people enjoying visits, and visitors told us they felt welcomed when they visited the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's assessed needs and choices were not always recorded within care records. Where needs and risk were identified it was not always evident that these were mitigated within care plans. Information about needs were inconsistently recorded across the various sources of information available to staff.
- The service often had people admitted to the home from hospital at short notice and had limited information. Assessment and care plans were mostly implemented within a few days of admission. However, these were not always updated when things changed, or further information became available. This meant that planned care was not always reflective of current needs. We discussed this further with the registered manager who took immediate action to address these concerns.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records did not demonstrate how the service was working within the MCA process and decision specific assessments and best interest decisions were not evident. The service was not following the provider's policy in this area.
- Mental capacity assessments and best interest decisions were not always reviewed when changes for a person were made. For example, when additional equipment which may be restrictive such as mobility sensors has been implemented.
- DoLS applications were made where people were deemed to lack capacity and were subject to restriction whilst living at Bramhall Manor. Many of these were awaiting assessment but the registered manager recognised the need to update the DoLS request when additional restrictions may have been implemented.

- Permanent residents at Bramhall Manor who lacked capacity had related care plans in place. The consistency and quality of these varied, but generally contained information about any decisions people were able to make for themselves about their daily lives. We observed staff asked consent before providing care to people and feedback from people was this was standard practice.

The registered manager and management team were responsive to feedback and took action to ensure the principles of the MCA were being followed. We will review the effectiveness of this action at our next inspection.

Staff support: induction, training, skills and experience

- Staff told us they received a good induction, ongoing training and felt well supported in their roles. Staff were generally compliant with required training. However, we found shortfalls in some areas of required training, such as the legal requirement to complete training in supporting people with autism or learning disabilities. The provider immediately addressed this issue and compliance with this training was quickly improved.
- People generally spoke positively about the staff and believed them to be kind and caring. We did receive some feedback that some staff could be noisy and a little silly which disturbed some people, especially at nighttime. This was fed back to the registered manager who had already undertake some nighttime spot checks due to concerns in relation to the night staff.
- Where there were concerns in relation to staff performance it was evident these were investigated, and action taken including support and reflective supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- People were seen to enjoy their meals and feedback was generally that food was good. During mealtimes staff were very busy and were not always able to ensure oversight of people who required additional support and encouragement.
- Care plans in relation to nutrition and hydration did not always contain sufficient detail about people's preferences and needs. For example, people who had a gluten intolerance or required a diabetic diet did not always have care plans which reflected how these care needs were being met and care records did not reflect how this care was being provided.
- Care records did not always demonstrate how people with specific needs, such as a modified diet, were having their care needs met. The provider told us staff only recorded nutrition and hydration intake where needs or risk were identified, for example when a person was losing weight. However, we found these records were not always being accurately maintained making oversight difficult when ensuring people's needs were being met. People we spoke with told us they had plenty to drink throughout the day and in the main we saw people had access to drinks through the day.

Adapting service, design, decoration to meet people's needs

- Bramhall Manor is purpose built and was designed to have a range of facilities and equipment to meet the needs of people. This included large ensuite facilities, adapted bathrooms and sensor and monitoring equipment including silent call bells and acoustic monitoring so that people can alert staff when they require support.
- The service was decorated to a high standard, and people spoke very highly of the environment in which they lived. People who were permanent residents had personalised bedrooms with items from home, including photos and other memorabilia. The communal spaces for people living permanently at the home had also been adapted to meet people's preferences. For example, on one unit the tables had been placed to form a long table so that people could enjoy eating together.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The discharge to assess unit had a therapy team to aid people's rehabilitation including occupational therapy and physiotherapy.
- Doctors completed ward rounds across the home and the registered manager spoke of a positive working relationship with them.
- Referrals to external agencies such as speech and language therapy, dietician and district nurse input were made. However, it was not always evident that care plans were updated following advice, and accurate care notes were not always robust enough to demonstrate how recommendation were being followed. We found some records which indicated a delay in seeking input for a suspected infection.
- Where people had wounds or skin injures, clear wound plans to manage these were in place. However, we found information was not always linked to related care plans. However, handover records were generally clear where people had wounds. Information about levels of pressure relief were not always clearly reflected in care plans or evidenced in care records.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found people had been placed at risk of harm from a lack of oversight of the operation of the home. This was a breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- The provider had suitable systems in place, but these were not being fully utilised to ensure robust oversight of the safety and quality of care.
- Daily walk round checks were completed but records did not demonstrate these were completed daily across each unit of the homes and that any actions were addressed and remedied. For example, following an incident the service implemented a lesson learnt around ensuring breaks were applied to equipment with wheels, however, there were no checks completed to ensure this was being action by staff.
- Care plan audits were being completed and had identified issues such as missing information or lack of detail. However, systems did not evidence actions were always completed. A number of the themes in relation to detail and personalising of information were themes consistently identified through the providers own audits as well as our review of records but had not yet been fully remedied.
- Care plan audits did not demonstrate they were sufficiently robust enough to ensure the service was working within the requirements of the Mental Capacity Act. We found examples where care plans had been reviewed on a regular basis, and had care plans audits, but these had not identified shortfalls with how the MCA was applied where people lacked capacity.
- Systems for clinical oversight were in place including monthly clinical governance and in daily meetings. Whilst clinical needs such as accidents, incidents, wounds and infection were reviewed or discussed it was not evident that this led to oversight to ensure care plans were updated. We found instances where care plans had not been reviewed or updated when needs changed. Any shortfalls identified during the inspection were discussed with staff on duty or the registered manager and were immediately addressed. However, we could not be certain that staff were reviewing and updating care plans in a meaningful way to ensure they were accurate or that the systems in place were being fully utilised to ensure oversight.
- Systems of oversight for training and supervision were not clear. Staff were not consistently receiving supervision throughout the year, and it was not evident there was oversight of staff who had not completed allocated training by the due date to ensure they had the skills, knowledge and competency to meet

people's needs.

- Staff had not always maintained accurate and contemporaneous records. There had been previous concerns where the provider had not been able to evidence safe practice due to poor record keeping. The provider had taken steps to address concerns with staff however, the oversight of this was not robust to ensure improvements were embedded at the time of this inspection. The registered manager and provider took immediate action to ensure additional oversight from senior staff within the home was implemented.
- Systems to monitor accident and incident oversight were in place. However, these systems were not being used as fully as possible, with only the more significant incidents being examined more intensively. We found examples where accident reports, primarily in relation to instances which were unwitnessed by staff lacked detail to ensure any lessons could be learnt. We discussed this with the registered manager who understood the importance of oversight of low level incident to enable lessons to be learnt in all circumstances.

The providers systems and processes were not being operated effectively to ensure compliance in the assessing, monitoring, and mitigating risk; and that accurate and contemporaneous records were maintained. This is a continued breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager were very responsive to the feedback and took immediate steps to address individual concerns. Following the site visit the provider took further action to review all aspects of feedback given and implement additional systems to ensure this was embedded within practice.
- The provider had recognised some shortfalls in the robustness of the quality assurance processes within the home and had an action plan already in place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Most people who lived permanently at Bramhall Manor Care Centre knew the registered manager and we observed they were visible within the home and hands on with supporting staff on the units. Staff spoke very positively about the registered manager and felt that they were able to raise concerns and would be fully supported. The registered manager took a flexible and supportive approach to working with the staff team.
- At our last full inspection, we recommended the service reviews current wellbeing arrangements for those people in isolation. At this inspection we found that due to the change in guidance and restrictions people were no longer isolating unless they choose to spend time in their bedrooms. The service was in the process of recruiting additional wellbeing workers and asked staff to support activities and would access resources via the provider's wider locations where needed. However, people did not always feel there was enough stimulation within the home. There was a programme of daily activities, although this was not seen to be followed on the days we visited. We noted a variety of photographs showing people enjoying activities that had taken place including the king's coronation and pet therapy.
- Records did not always reflect how person-centred care was used to deliver good outcomes for people although the provider and registered manager were able to share examples of where this happened. We saw social information was collected but the quality of information varied and was not always reflected within personalised care plans. The registered manager and provider assured us they would address any shortfalls as part of the response to feedback from inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accidents and incidents were monitored by the registered manager and provider to ensure appropriate action was taken. Records indicated family were contacted when things had gone wrong and feedback from

families was that if they raised a concern, these were addressed quickly. One relative said, "I was impressed with how quickly matters had been addressed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had numerous systems in place to obtain feedback and gain people's views including feedback forms, surveys and meetings. Feedback and surveys were primarily positive.
- The service received numerous compliments and maintained a log of compliments as well as concerns and complaints. Where concerns or complaint were raised with the service these were investigated and responses given, including apologies where appropriate.
- CQC had received a number of complaints about the service since it was registered and found some related concerns during the inspection. When information was shared, the provider and registered manager took steps to investigate and provide assurances.

Working in partnership with others

- The service had good relationships with partner agencies in the NHS and Local authority and was keen to support the delivery of care within the borough and work together with these organisations to meet people's needs.
- The service worked with organisations within the local community. For example, the local vicar visited the home and people were supported to access a café group in the local community.
- Referrals were being made where people required additional support or input. People felt confident the service would work with other agencies to ensure their needs were met.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always managed and administered safely. People's individual risk was not always clearly identified and appropriate action taken to mitigate this risk. (1) (2) (a) (b) (f) (g)

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People had been placed at risk of harm from a lack of oversight of the operation of the home. (1) (2) (a) (b) (c)

The enforcement action we took:

Warning Notice