

Pinewood Nursing Home

Pinewood Nursing Home

Inspection report

Cot Lane
Chidham
Chichester
West Sussex
PO18 8ST

Tel: 01243572480

Website: www.pinewoodnursinghome.co.uk

Date of inspection visit:

14 January 2019

15 January 2019

Date of publication:

20 February 2019

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

We carried out an unannounced comprehensive inspection on 14 and 15 January 2019.

Pinewood Nursing Home is a care home with nursing for up to 30 people. On the day of our inspection there were 27 people living at the service. It specialises in care for older people who are living with dementia or have a physical disability.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. 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.

Some of the people who lived in the home had limited communication therefore we spent time observing people.

At the last inspection, on the 27 June 2018 the service was rated Good overall. However, it has now been rated now Requires Improvement in Safe and Well Led. This was due to medicines not always being managed safely and the monitoring of medicines not being enough to reduce errors.

People's medicines were not always managed safely or properly. People did not always receive their medicines as they should, including pain relief medicines. Some medicines were given and not signed for while others were not given but signed for.

We had received a concern in June 2018 in relation to medicines management. As a result, we asked the registered manager to send us the outcomes of their monthly medicines audits. These showed that the medicines management had not consistently improved in the service. On the day of our inspection we found six errors had already occurred in the last 12 days (3rd January to 14th January 2019). Action taken when audits had highlighted errors had not been robust enough to sustain good practice.

People lived in a service which had been designed and adapted to meet their needs. The provider monitored the service to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service. The provider had monitoring systems which enabled them to identify good practices and areas of improvement.

However, though audits were carried out, medicines audits showed a high number of medicine errors including people not receiving their medicines as prescribed. Actions they had taken to improve practice had not been successful and medicines errors were found to have continued.

The registered provider took further action during the inspection. This included again writing to all staff to arrange additional in-depth medicines training and a letter outlining the issues we found.

Staff had completed safeguarding training and updates were provided. Staff had a good knowledge of what constituted abuse and how to report any concerns. Staff understood what action they would take to protect people against harm and were confident any incidents or allegations would be fully investigated. Staff confirmed they'd have no hesitation reporting any issues to the registered manager or provider.

People were protected by safe recruitment procedures. This helped to ensure staff employed were suitable to work with vulnerable people. Staff confirmed there were sufficient staff to meet people's needs. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. Staff also completed an induction programme when they started and their competency was assessed. Staff were provided training appropriate to the people they cared for, for example dementia care. Staff also completed formal care qualifications which included equality and diversity training.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible.

People's accidents and incidents were documented. People, when needed, had been referred to appropriate healthcare professionals for advice and support when there had been changes or deterioration in their health care needs. Feedback to assess and improve the ongoing quality of the service provided was sought from people living in the home, professionals and staff.

People lived in a service where the provider's values and vision were embedded into the service, staff and culture. Staff described the registered manager and provider as being very approachable and supportive. Staff talked positively about their roles.

The registered manager and provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People lived in an environment that was clean and hygienic. The environment continued to be upgraded including new carpets and chairs.

People were supported to maintain good health through regular access to health and social care professionals.

People activities reflected their interests and individual hobbies. People were engaged in different activities, arranged by the activities coordinator. During our visit these included going out with family or enjoying the company of the visiting 'Petting' dogs.

People had access to snacks and drinks they enjoyed, while trying to maintain a healthy diet. People had input as much as they were able to in planning menus.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and met them. People were not all able to be fully involved with their support plans. For example, due to living with dementia. Therefore, family members or advocates supported staff to complete and review people's support plans in their best interests. People's preferences were sought and respected. Care plans held full details on how people's needs were to be met, taking into account people's preferences and

wishes. Information held included people's previous history and any cultural, religious and spiritual needs.

People were observed to be treated with kindness and compassion by the staff who valued them. The staff, some who had worked at the service for many years, had built strong relationships with people. All staff demonstrated kindness for people through their conversations and interactions. Staff respected people's privacy.

People's equality and diversity was respected and people were supported in the way they wanted to be. People who required assistance with their communication needs had these individually assessed and met. People could make choices about their day to day lives. The provider had a complaints policy in place and records showed all complaints had been fully investigated and responded to.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought. The registered manager understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the registered manager. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

People's end of life wishes were documented. People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The staff worked with other organisations to make sure high standards of care were provided and people received the support and treatment they wished for at the end of their lives.

We found two breaches of the regulations. You can see what action we told the provider to take at the back of the full version of the report.

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.

People did not always receive their medicines safely.

People agreed they felt safe.

People were supported by sufficient numbers of suitable and experienced staff.

Staff had a good understanding of how to recognise and report signs of abuse.

Risks had been identified and managed appropriately. Risk assessments had been completed to protect people.

People lived in a clean and hygienic environment that had been updated to a high standard.

Requires Improvement ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service was not always well led.

There were systems in place to monitor the safety and quality of the service. However, action taken following regular audits had not ensured people received their medicines as required.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager and there was

Requires Improvement ●

open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Pinewood Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was undertaken by one adult social care inspector on 14 and 15 January 2019.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. 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. At our last inspection of the service in July 2016 we did not identify any concerns with the care provided to people.

During the inspection we met and spoke to most of the people who lived at the service and spoke with ten people in more detail about their care. Some people living at the service were living with dementia and were unable to communicate with us, therefore, were not all able to tell us about their experience of being supported by the staff team. Staff used other methods of communication, for example writing things down. Other were able to tell us about the care and support they received. As some people were not able to comment specifically about their experiences, we used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living in the service.

We also looked around the premises. We spoke to the provider, the registered manager, six staff, six relatives and two visitors. We looked at records relating to individual's care and the running of the home. These included four care and support plans and records relating to medicine administration. We also looked at the quality monitoring of the service.

Is the service safe?

Our findings

People's medicines were not always managed safely. We had received a concern in June 2018 in relation to medicine management. The concern raised issues including changes on Medication Administration Record (MAR) being hard to follow, medicines being given regularly when they should have been given on a 'as required' basis and over ordering of medicines. The registered manager was asked to send in their medicines audit to us. The audit sent to us, for the period in May 2018, showed the qualified nurses had made 20 medicines errors. This was followed up by the provider and registered manager with retraining for all staff and warning notices to those staff involved in the errors.

The audit for June 2018 showed the errors had been reduced to six during that period. The audit for October 2018 showed the medicine errors had increased to 15 errors. Again, these included errors in administering and recording of medicines.

On the day of our inspection we checked the medicines. We found six errors having already occurred in the last 12 days (3rd January to 14th January 2019). These included two people having not received their pain relief medicines, other medicines signed for but not given and medicines not signed for when they had been given. Therefore, the actions taken had not been sufficiently robust to ensure people consistently received their medicines as required to help keep them safe and pain free.

The registered provider took immediate action which included again writing to all staff to arrange additional in-depth training and a letter outlining the issues we found.

The provider and registered manager had failed to ensure medicines were supplied in sufficient quantities, managed safely and administered appropriately to make sure people were safe.

This is a breach of Regulation 12 (2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

People who were able to say, told us they felt safe with the staff who supported them. Some people who lived in the service were not able to fully express themselves due to living with dementia. People were observed to be comfortable and relaxed with the staff who supported them. One person when asked said they felt safe. While relatives said; "Yes, very. Her skin is very good and I sleep at night with no worries." Another said; "Safe? Oh Yes! If you want a bed here you'd have to join the queue!" A staff member commented; "People are definitely safe here. It helps that X (The provider) is here working every day."

The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People said they felt safe living in Pinewood Nursing home and with the staff who supported them. Staff agreed that people were safe in the service. The registered provider had safeguarding policies and

procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse. Staff were also able to tell us about the different types of abuse that can exist. Staff were aware who to contact externally should they feel their concerns had not been dealt with appropriately. For example, the local authority. Staff were confident that any reported concerns would be taken seriously and investigated.

People did not face discrimination or harassment. People's diverse needs were respected because staff had completed training in equality and diversity and human rights and put their learning into practice. People had detailed care records in place to ensure staff knew how they wanted to be supported.

People who had been identified as being at risk had clear risk assessments in place. Risks had been assessed and steps taken to mitigate their impact on people. Care plans detailed the staffing levels required for each person to help keep them safe. For example, when people needed support to move around the service. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. The registered manager covered any staff absences to ensure there were enough staff on duty. This they felt helped to keep people safe. Staff said; "There are always enough staff on duty."

People were protected by safe recruitment procedures. Required checks had been conducted prior to staff starting work at the home. For example, Disclosure and Barring Service checks (DBS) had been made to help ensure staff were safe to work with vulnerable adults. Staff were only allowed to start work when satisfactory checks and employment references had been obtained.

The registered manager kept relevant agencies informed of incidents and significant events as they occurred. Accidents and incidents were recorded, audited and analysed to identify what had happened, and actions the staff would take in the future to reduce the risk of reoccurrences.

People lived in an environment that was clean and hygienic. Protective clothing such as gloves and aprons were made available to staff to help reduce the risk of cross infection. Staff had completed infection control training. This meant staff had the knowledge and skills in place to maintain safe infection control practices. The registered manager confirmed the service had achieved a five-star rating for their food safety inspection issued by the environmental health agency.

People were provided with a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of an emergency. Care plans included up to date personal emergency evacuation plans (PEEPs) and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe. Staff checked the identity of visitors before letting them in.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had received training to meet their needs effectively. The provider had ensured staff undertook training the provider had deemed as 'mandatory'. Staff completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. Staff without formal care qualifications completed the Care Certificate. All staff completed training that covered Equality and Diversity and Human Rights. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Training was planned to support staffs continued learning and was updated regularly.

Staff received supervision of their practice, and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and were encouraged to bring ideas about how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Records showed staff discussed topics including how best to meet people's needs effectively.

People lived in a home that was regularly updated and maintained. Ongoing upgrades included new carpets and furniture and taking into consideration the people who would live there.

People's care files recorded how people could communicate and how staff could effectively support individuals to understand information. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives.

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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People's safety and liberty were promoted.

People's consent was sought by staff at all times and this was clearly documented in people's care records.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records held details on the professionals involved in their care. For example, GPs. People's

health continued to be monitored to help ensure they were seen by relevant healthcare professionals to meet their specific needs as required. Staff assisted visiting professionals to enable them to communicate any feedback to all other staff. This helped the staff and people receiving treatment receive the advice and support needed to maintain people's health and what treatment had been completed. Staff consulted with healthcare professionals when completing risk assessments.

People continued to be supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People were provided with information on meals being prepared to enable them to make choices. People identified at risk of health problems, for example diabetes, had been referred to appropriate health care professionals. The advice sought was clearly recorded and staff supported people with appropriate food choices. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in a safe consistency and in accordance with people's needs and wishes. Care records recorded what food people disliked or enjoyed. People agreed there was plenty of choice offered. The PIR (Provider Information Record) stated; "The home was part of the pilot project 'Hydrate in Care Homes' Two members of staff - Hydration Champions- attended specialised training. During the project the home updated its own Hydration policy, reviewed the fluid/food charts and risk assessment."

People were encouraged to remain healthy, for example people did activities like chair exercises that helped maintain a healthier lifestyle.

Is the service caring?

Our findings

The home continued to provide a caring service for people. People received support from a staff team who knew them and their needs well. People said they were well cared for. We observed the staff taking time to assist and support people with any care needs. Staff were attentive and quick to respond to people when required. People were supported by staff who were both kind and caring and we observed staff treated people with patience, kindness and understanding. There was a happy and friendly atmosphere in the service. The interactions between people and staff were very positive. People were seen chatting with staff and the conversations were positive and we heard and saw plenty of laughter and smiles.

People were supported by staff who had the skills and knowledge to care for them. Staff understood how to meet people's individual needs. Staff knew people's particular ways of communicating and supported us when we met and talked with people. This showed us the staff knew people well. People were supported by staff to express their views and be actively involved in making decisions about their care and support when possible.

People were not all able to fully express their views verbally. However, staff encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and considered when care was planned. The service held 'residents, family and friend's meetings' involving people. Discussions at these meetings included menus and other areas of interests to people. Everybody was encouraged to participate so their opinions were heard.

People had their privacy and dignity maintained. We observed staff knocking on people's bedroom doors to gain entry, and people were always involved and asked if they were happy for us to visit and speak with them. We saw people were able to make choices about how they spent their time and were able to spend time in their rooms if they wished.

Staff spoke to people respectfully. We observed staff having fun and joking with people who all enjoyed these interactions. Staff were also courteous to people.

Staff showed concern for people's wellbeing. People's relatives and friends could visit at any time. Staff recognised the importance of people's relationships with their family and promoted and supported these contacts when appropriate.

The registered manager and provider understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with their policy on General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The management and staff said everyone would be treated as individuals, according to their needs.

The values of the organisation ensured the staff team demonstrated genuine care and affection for people.

This included "Pinewood is committed to delivering the highest possible standards of care in all aspects of best practice, in nursing and convalescent home management." This was evidenced through our conversations with the staff team.

People received their care from a regular staff team. Some had worked at the service for many years. This consistency helped meet people's needs and gave staff a better understanding of people's communication needs. It supported relationships to be developed with people so they felt they mattered.

Is the service responsive?

Our findings

The service remained responsive to people's needs. People received support from a staff team who responded and understood their individual needs. People had a pre-admission assessment completed before they were admitted to the service. The registered manager confirmed this helped to enable them to determine if they could meet and respond to people's individual needs.

People were involved with planning and reviewing their own care and making decisions about how they liked their needs met or as much as they were able. People were well known by the staff who provided care and support and took account of individual needs and wishes.

The service had a culture which recognised equality and diversity amongst the people who lived in the service and the staff team. The management team told us they ensured their policies reflected the requirement to treat people equally and fairly.

People received personalised care. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received the support they required and in a format, they understood. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people can access and understand information they are given. For example, people with a sensory or sight loss. Information was provided to people in a format suitable to meet their individual needs.

People's care plans were personalised to each individual, contained information to assist staff to provide care in a manner that respected people's wishes. People's records also held information on people's social and medical history, as well as any cultural, religious and spiritual needs. Staff monitored and responded to changes in people's needs. In addition to full care plans, there were brief pen pictures of people. In particular, about people's health care needs or dementia care needs and indicated how staff were to meet those needs. Staff had a good knowledge about each person including people's likes and dislikes. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard.

People had information that told a story about the person's life, their interests and how they chose and preferred to be spend their time. This information helped staff in understanding and responding to people in the way they liked to be supported.

People took part in a variety of activities. Outside entertainers were brought into the service. On day two of our visit people we saw people enjoying the visit of the 'petting dogs' and participating in craft activities.

The provider had a complaints procedure displayed in the service for people and visitors to access. Some people said they would talk with a member of staff if they were not happy with their care or support while others said they would talk to family members. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made

if the investigations highlighted shortfalls in the service.

People's end of life wishes were documented to inform staff how each person wanted to be cared for at the end of their life, so people's wishes were respected.

Is the service well-led?

Our findings

The service was not always well led. People were at risk due to poor medicines practice and action taken following regular audits were not robust enough to keep people safe and receive all their medicines as prescribed.

The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out regularly and in line with policies and procedures, for example audits on medicines. Regular audits helped to promptly highlight when improvements were required.

However, although audits had been carried out, medicines audits continued to show a consistently high number of medicine errors including people not receiving their medicines as prescribed. The registered manager and provider met with the qualified nurses, who completed medicines administration. Additional training was provided, formal meetings held and the provider followed their own processes on issuing formal letters to staff.

However, these had not been successful and medicines errors were found to have continued. Therefore, the action taken had not been robust enough to reduce the errors.

The provider's quality assurance systems had failed to sustain improvement when medicines errors had been identified. These errors had continued since June 2018 which placed people at risk.

This is a breach of Regulation 17(1)(2)(c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

In addition to annual audits, maintenance checks were completed that related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

People and staff spoke positively about the registered manager and provider. Staff said; "Always approachable and very good." A relative said; "It's like a family here. It's helps that X and X (the owners of the service) are in the home most days."

The registered manager and provider were open and transparent and very committed to the service and the staff, but mostly to the people who lived there. The registered manager said the recruitment process was an essential part of maintaining the culture of the service. People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered.

Pinewood Nursing Home's website states; "Our services are about choice and this is central to all aspects of our residents' care. We aim to encourage our residents to continue making their own decisions about what

they do and how they spend their time throughout their stay with us. This is Pinewood's ethos because we all need to feel valued for who we are and enabled as far as is possible to enjoy living as independently as our health allows." This demonstrated the service had clear values in place on how people's needs should be met and respected. These values were incorporated into staff training and reflected in how staff treated people.

People were provided with information and were involved in the running of the home as much as possible. The registered manager said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to tell staff about the service.

The registered manager and provider took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. They demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff. Management monitored the culture, quality and safety of the service by speaking with people, their relatives and staff to make sure they were happy.

Staff spoke well of the support they received from the provider and registered manager. Staff felt supported. Staff said the provider and registered manager were available and approachable and they were able to call them at any time. Staff confirmed they could raise issues and agreed any issues raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities. Staff told us the provider and registered manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. This also provided an opportunity for staff to raise any concern or make comments on how the service was run. Staff were updated on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowing policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

The registered manager and registered provider sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by the provider and registered manager. This helped to ensure appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The registered manager was fully aware of and had implemented the changes to the Key Lines of Enquiry (KLOE). They had also looked at how the Accessible Information Standard would benefit the service and the people who lived in it.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment This is a breach of Regulation 12 (2)(g). The provider and registered manager had failed to ensure medicines were supplied in sufficient quantities, managed safely and administered appropriately to make sure people were safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance This is a breach of Regulation 17(1)(2)(c). The provider's quality assurance systems had failed to sustain improvement when medicines errors had been identified. These errors had continued since June 2018 which placed people at risk.