

Countrywide Care Homes Limited

Heeley Bank Care Home

Inspection report

Heeley Bank Road
Sheffield
South Yorkshire
S2 3GL

Tel: 01142557567

Date of inspection visit:
09 July 2019
10 July 2019

Date of publication:
07 October 2019

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Heeley Bank Care Home is a nursing and residential home, which at the time of this inspection was providing personal and nursing care to 59 older adults, some were living with dementia. The home comprises of three units, one for residential care, one for nursing care and one for people with dementia related conditions. The service can support up to 67 people.

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

The service had made some improvements since the previous inspection but not all feedback had been robustly addressed before we came to inspect. We found improvements were still required in key areas including the management of medicines, staff support and the homes auditing and quality monitoring processes.

People had not always received their medicines safely. We identified issues with documentation and record keeping. The home was responsive to feedback and took steps during and after the inspection to address these concerns.

A new manager was appointed at the home in May 2019 and they had relevant experience in how to run a service effectively. The service had quality assurance process in place which monitored all aspects of the services provided, however more work was required to ensure they were identifying the types of issues we found during inspection.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. People and relatives acknowledged there had been a number of personnel changes at the home over the last 12 months. Permanent staff knew people and their needs well, and we saw caring interventions throughout our inspection, albeit some people told us these interventions were sometimes task-led.

Staff were receiving appropriate training which was relevant to their role and people's needs. However, staff were not properly supported by the management team through regular formal supervisions where they could discuss their on-going development needs.

People told us they felt safe living at the home. Relatives we spoke with also raised no concerns about the safety of their loved ones. Staff were knowledgeable about how to identify and report any safeguarding concerns, which had been reported to the local authority as per the reporting procedure. Accidents, incidents and falls were documented, with lessons learned discussed as a staff team to help prevent a reoccurrence.

People's needs were assessed, and care was planned and delivered in a person-centred way, in line with legislation and guidance. We have made two recommendations about advance care planning and support plans for people who display behaviours which may challenge.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People spoke positively about the food and drink provided, confirming they were offered choice and received enough.

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 18 July 2018) and there were multiple breaches of the regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of medicines, the support staff received and governance systems and processes.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Heeley Bank Care Home

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 Care Act 2014.

Inspection team

On the first day of inspection the inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the second day of inspection the inspection team consisted of one inspector and a specialist advisor who was instructed to look at the management of medicines at the home. The specialist advisor was a pharmacist.

Service and service type

Heeley Bank Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the

home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and eight relatives about their experience of the care provided. We spoke with 14 members of staff including the manager, the regional director, two visiting managers employed by the provider, kitchen staff, maintenance staff, domestic staff, administrator nurses and care workers.

We reviewed a range of records. This included four people's care records, three staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at evidence of action taken to address concerns discussed during feedback at the end of the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same rating. 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 the provider had not ensured the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12

- Most people received their medicines as prescribed. However, we found some people's medicines were recorded as out of stock for extended periods of time and on several occasions, medicines had not been administered.
- The service had a system for disposing of people's medication but this was not always operated effectively to ensure records of stock held were accurate.
- There were no clear escalation procedures for people who were regularly refusing their medicines. One person had refused their medicine on four consecutive occasions, but it was not clear if any contact had been made with the GP to organise a review.
- The service used an electronic system to record the administration of its medicines (e-MAR), which staff said they were confident in using and had been supported to use through additional training. However, the provider's medicine policies did not reflect local procedures which meant staff did not have access to clear guidance on how to use the service's e-MAR system.
- Despite our concerns around medicines administration, none of the 14 people we spoke with raised concerns about the medicines support they received. One person said, "They [staff] are on the ball about tablets. They bring my tablets and a drink of water and wait until I've taken them."
- Other aspects of the service's medicine management processes aligned with good practice. For example, we observed the administration of medicines and saw that this was person centred and was recorded appropriately. Where a person's medicines were administered covertly within a best interest framework, a pharmacist had been consulted to ensure that it was pharmaceutically appropriate. Medicines were stored under appropriate conditions, which was an improvement from the last inspection. There were detailed protocols in place to support the administration of medicines prescribed on a 'when required' basis.

We found no evidence that people had been harmed however, the provider's failure to ensure proper and safe management of medicines placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed they had taken action to safeguard people who had not received their medicines as prescribed and were completing further investigations to establish the underlying cause.

Staffing and recruitment

- There were enough staff deployed to ensure people's support needs were met.
- Most people we spoke with said there were enough staff available to ensure people's support needs were met. Some people commented staff appeared rushed at times. Comments included, "My relative spilled a drink on their bed recently and they [staff] were so quick in coming when we pressed the buzzer and quick as a flash, they had changed the bedding" and "There's mostly enough around to help", "I just wish they had a bit more time. They're so busy all the time. They are lovely and very kind when they come in, but I'd love them to stay and chat a bit" and "Sometimes you have to buzz and buzz. It seems like a long time before they [staff] come."
- The service used regular agency staff and processes were in place to ensure they were safely inducted. However, we found the use of agency staff had sometimes negatively impacted on people's continuity of care. One person said, "There are a lot of agency staff and sometimes you don't know who will be coming into you in the morning. They're mainly alright but you don't get to know them, and they don't get to know me."
- The provider was actively recruiting more permanent care staff at the service to reduce the need for agency staff. They were also recruiting to a deputy manager position.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

- The management team and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. One person said, "This is a very safe place." A relative said, "My relative has only been here for two weeks and it is making a big difference to them and to us. I can sleep easy at night knowing they are safe. I think it's lovely here and it's spotlessly clean."

Preventing and controlling infection

- People were protected from the risks of infection and the home was clean and tidy.
- Staff had access to the appropriate cleaning materials and equipment. This included personal protective equipment, such as gloves and aprons and were using these appropriately.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had a range of risk assessments and care plans in place, which provided relevant guidance for staff to follow, such as how to support a person safely with their mobility. When risks were identified the management team had implemented relevant assessments and control measures to reduce the risk occurring. One person said, "I think I've fallen once or twice since I came here. They put a mat at the side of my bed, so they know if I fall out of bed."
- Risk assessments were reviewed regularly to ensure information was accurate and reflective of people's assessed needs.
- For people who displayed behaviours which may challenge, support plans were put in place. However, in records we checked the behaviour support plans lacked person-centred detail to clearly guide staff on how to support the individual. For example, one person's care plan guided staff to remain calm and complete a behaviour monitoring chart after the incident.

We recommend the provider reviews current guidance on support planning for people with behaviours which may challenge.

- Accidents, incidents and untoward events were monitored both within the service and at provider level. These were analysed to capture re-occurring themes, and appropriate action had been taken to reduce the likelihood of similar events occurring again in the future.
- The provider had robust processes to ensure the building and premises were safe and well-maintained.

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

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to give staff appropriate support, supervision and appraisal as is necessary to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 18.

- Most staff had not received supervisions at the frequency as required by the provider's policies and procedures or an annual appraisal. We observed staff supervisions recommenced the beginning of 2019 but had lapsed again after the appointment of the new manager in May 2019.
- Staff gave mixed feedback about the quality of support they received from the service.
- People were supported by staff who had ongoing training which was kept up to date. Most staff said the quality of training was good. Some staff said the training could be improved further by including service specific training on supporting people with behaviours which may challenge.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.

We found no evidence that people had been harmed, however as staff were not provided with regular planned opportunities to discuss their work or issues which may affect work, they had not been adequately supported by the provider in their role. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager responded immediately during the inspection. They assured us staff supervisions would be prioritised from this point onwards and we saw evidence these were now scheduled in.

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

- People's care files contained information about their food likes, dislikes and any foods which should be avoided. Where professional advice had been sought about a person's nutrition and hydration support needs, such as a speech language therapist, this was reflected in people's care records. The chef had access to detailed information about people's different dietary requirements. For example, who needed a textured

or diabetic diet.

- There were systems in place to monitor people who were at risk of weight loss and in need of extra support with eating and drinking. Through the provider's governance framework they had oversight of people who were at risk of weight loss and the actions being taken by the service to ensure each person's needs were met.
- People were offered a choice of meals and feedback about the quality of food was generally positive. People commented, "I think the food is very nice. There are usually one or two main choices" and "'The food is alright, but I don't eat very much these days."

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- Care planning was undertaken in line with best practice guidance and research.

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

- Staff had regular opportunities to discuss people's care at handover meetings. This helped to ensure all staff were informed of any changes to people's needs so they could provide the correct level of support to people. However, we found instances where concerns about people's medicines were not effectively communicated to other staff or escalated to outside services, such as contacting a pharmacist or GP when a person's medication was found to be out of stock.
- Staff involved people and where appropriate their relatives, to ensure people received effective health care support. Relatives commented, "Communication up to now has been good with us and they are quick to reassure me and tell me how they have been" and "They [staff] are good in that respect. They will always get in touch with the family if they aren't well or they are worried about their health. They do involve us all the time."
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met. We saw instances where referrals to people's GP in regard to their medicines support were not always timely.

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

- Our checks of the environment showed there was a suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. Technology and equipment was used effectively to meet people's care and support needs.
- Corridors were wide and well lit, hand rails were visible and accessible. We saw clear signage displayed around the service to help orientate people to key areas, such as bedrooms or bathrooms.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- The service was working within the principles of the MCA. Care was delivered in the least restrictive way possible with non-restrictive interventions preferred.
- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a caring culture amongst all staff.
- Everyone we spoke with said the staff were kind and caring. Comments included, "They're [staff] smashing. They're ever so good to me", "My relative has been here for two years and I come very day. It's not just their kindness to my relative but to me as well. I can talk to them about anything", "They [staff] are lovely people" and "The staff are brilliant. They really do try their best for everybody here." We observed one person living at the service chatting with an agency worker in their first language, which was not English.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care. People's representatives were invited to be involved in review meetings to monitor that the care provided met their expectations and wishes. A relative said, "I went through everything with them. They know all [relative's name] preferences and things about their history which is good." A person living at the service said, "I don't know about a care plan, but I tell them exactly what I want or don't want."
- People's choices in relation to their daily routines were listened to and respected by staff. One person said, "I tell them exactly what I want or don't want."
- People and relatives were supported to give feedback about the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy. They knocked on doors and called out before they entered people's bedrooms.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- Throughout the inspection we observed staff treated people with dignity and respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to the rating of good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs were assessed, and clear and detailed plans of care put in place. These were largely appropriate, person centred and regularly reviewed. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information. Care records were reviewed regularly or if people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and the service ensured that steps were taken to communicate effectively with people. This included the use of aids, and bespoke communication techniques. We saw these used to good effect during the inspection to provide comfort and reassurance to people.
- The service ensured people had access to the information they needed in a way they could understand it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided a programme of activities and entertainment at the home to keep people occupied. During the inspection we saw people participated in group or one to one activities. Staff knew about people's histories and their interactions with people were warm and friendly.
- The service employed several part-time activities coordinator who were all passionate about providing personalised activities to people at the home. They told us they talk to people and the staff to understand their interests and hobbies; this information was then used to plan future activities.
- One activity coordinator told us they had recently increased their focus on personalising people's birthday's and instilling a real sense of occasion and atmosphere at the home. The activity coordinator said the last birthday they hosted was so successful it was difficult to fit everyone in the service's activity room. This event also received recognition from a relative who attended and sent a thank you card to the service.
- People we spoke with said they had limited opportunities available to access the community or go on holiday. This was also reflected in feedback from staff who said opportunities to go out with people at the home had reduced since the service's van had been decommissioned from use. We discussed this concern with the manager and they assured us there was a van available for use, but it must be booked in advance as it was shared with other services. By the second day of the inspection the activity coordinator showed us

several dates they had booked the van for use and said it was their intention to speak with people at the home for ideas on upcoming trips out.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints.
- Information on how to complain was clearly displayed in the home. People who used the service told us they would feel able to raise any concerns with the management team if they needed to.

End of life care and support

- The service worked in partnership with people's GPs, community based resources and palliative outreach teams to ensure people's health needs were met.
- People had end of life care plans in place when they reached the ends stages of their life. However, there was limited evidence to demonstrate these plans had been developed jointly with people and their family or representative. This is a key means of improving care for people and improves the likelihood of these wishes being known and respected at the end of their life.
- None of the 14 people or eight visiting relatives we spoke with had been involved in any discussion about people's end of life wishes and nobody was aware of any advance care planning. One relative said, "I told them [relative's name] wants to be cremated but that's as far as it's gone." This suggests further improvements were required in this area.

We recommend the provider reviews current best practice on advance care planning.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same rating. 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 the provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- There were a range of quality assurance systems and audits in place to monitor the quality and safety of services provided. However, these were not always effective at maintaining compliance with all regulations. For example, we found continued issues with the management of people's medicines and staff not being properly supported through regular supervisions. In addition, we have made two recommendations in this report in regard to advance care planning and people's behaviour support plans .
- The provider had responded to some areas of feedback from the last inspection. For example, improvements had been made to stakeholder engagement and maintaining contemporaneous records in respect of each person living at the service.
- The provider regularly visited the service and completed their own compliance checks. During the inspection we met with the regional director. They told us they were actively recruiting a deputy manager, who would eventually support the manager in the running of the service.
- Since we last inspected the service the previous manager had left, and temporary management arrangements were put in place by the provider to help maintain the running of the service, as well as address areas of concern. In May 2019 a new manager was appointed. They were open and honest about the challenges they had managed since they joined the service and those still ahead. They told us they were aware of the need for improvements in a number of areas and it was their intention to register with the CQC.
- At the time of inspection there was no registered manager in post and we had not received an application to register. This was the second consecutive inspection where no registered manager had been in post.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We observed a pleasant and inclusive atmosphere within the home.

- People's feedback was sought and valued through a variety of mechanisms, which was an improvement from the last inspection. This included monthly resident meetings, review meetings and annual surveys.
- The provider's recent resident and relative satisfaction survey results showed whilst people and family were generally happy with the standard of care provided by Heeley Bank Care Home, the overall satisfaction with the services provided had decreased slightly from the previous year. This supports our findings that further improvements were required at the service.
- The provider recognised the changes in leadership and the recent difficulties maintaining a stable workforce did not always achieve good outcomes for people or staff. They were committed to improving the service and we saw clear evidence of improvement plans in place.
- Staff were able to obtain updates and share their views via team meetings. However, feedback from some staff suggested they did not always feel listened to.

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

- Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required.

Working in partnership with others

- The manager had links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.

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 18 HSCA RA Regulations 2014 Staffing The registered provider had failed to ensure staff received appropriate support, supervision and appraisals to enable them to carry out their role effectively.

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	The registered provider had not ensured the proper and safe management of medicines

The enforcement action we took:

Served 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	The registered provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided.

The enforcement action we took:

Served warning notice