

Helmreal Limited

# Court Nursing Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

Court Nursing Home is a privately owned care home with nursing services situated in Rock Ferry, Wirral. Accommodation is in single or shared bedrooms, some of which have en-suite facilities. The home provides residential and nursing care for up to 31 older people living with dementia or other mental health difficulties. There were 29 people living at the home at the time of this inspection.

This unannounced inspection took place on the 5 and 6 November 2014. We spent time with the registered manager. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations on how the service is run.

We last inspected Court Nursing Home on the 13 September 2013. At that inspection we found that the service was meeting all of the essential standards that we inspected.

# Summary of findings

People using the service told us they felt safe. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures to inform the manager or senior on duty. However, we found that the provider did not have up to date policies, procedures and protocols for ensuring that any concerns about people's safety were appropriately reported by staff. They did not have a copy of the local safeguarding protocols. The seven people told us they felt safe living at the home and with the staff who supported them. Comments included, "It feels safe at the moment" and "No problems, it's safe here".

Although people's needs had been assessed and care plans developed these did not always adequately inform staff what they should be doing to meet people's needs effectively in relation to providing stimulation and activities suitable for them. However all of the twelve staff we spoke with knew the people well and in discussions were able to tell us what care and support they provided. Staff also liaised with other healthcare professionals to obtain specialist advice to ensure people received the care and treatment they needed.

People were treated with kindness, compassion and respect. The staff took the time to speak to the people they were supporting. We saw positive interactions with staff and the people seemed to enjoy talking to the staff.

People had a choice of meals, snacks and drinks which they told us they enjoyed.

The home used safe systems for recruiting new staff. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home. There were adequate staffing levels on duty on all shifts to meet the care needs of the people on the rotas we looked at.

Although the provider monitored the service and planned improvements there was no formal quality assurance process in place to get feedback from people. The manager told us that the people living at the home, people acting on their behalf, staff and other visiting professionals had not been requested to complete feedback about the care and provision in a long time.

There were issues with how medicines were monitored and audited to ensure they were checked appropriately and stored at a safe temperature.

We found breaches of the Health and Social Care Act 2008 Regulations 9, 10, 11, 12, 13 and 15 in relation to not providing suitable fulfilling activities, protecting people using safeguarding procedures, not maintaining the home to a clean and hygienic standard, not ensuring the medicines were correctly stored and administered and not monitoring the quality of service. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures to inform the manager or senior on duty. However, there was no formal procedure for reporting safeguarding incidents.

Medicine management was not following current and relevant professional guidance. Medicines were not being administered as prescribed and stored at an appropriate temperature.

Assessments were undertaken to identify any risks to people and basic management plans were in place to reduce these risks. However there were identified risks as the floor levels on the ground floor of the premises were not level and there was no signage displayed to show the differing gradients.

The infection control procedure was not being appropriately followed in the kitchen areas. Staff were not following good food hygiene practice and safe storage of food procedures.

Inadequate



### Is the service effective?

The service was not always effective.

The service was effectively meeting people's needs. Staff were up to date with their training and had been assessed as being competent to meet people's needs but the manager and deputy manager's training was not up to date. Staff told us they were supported in their roles and received supervision with the manager or a senior staff member. However annual appraisals had not been provided to staff.

The people were supported to attend healthcare appointments in the local community and had medical and other multi-disciplinary professionals visit them at the home. Staff monitored their health and wellbeing. Staff were also very competent in noticing changes in people's behaviour and acting on that change.

People's rights were protected because the Mental Capacity Act (2005) code of practice and Deprivation of Liberty Safeguards were followed when staff made decisions on people's behalf.

Requires Improvement



### Is the service caring?

The service was caring. People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service. The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment.

Good



# Summary of findings

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

## Is the service responsive?

Some aspects of the service were not responsive. Although people's needs had been assessed and care plans developed, these did not always adequately guide staff so that they could show how they meet people's needs effectively. There was a lack of activities and stimulation for people that was not supporting their wellbeing.

People told us staff listened to any concerns they raised.

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

**Requires Improvement**



## Is the service well-led?

The service was not always well-led.

Some improvements were required to ensure that quality assurance systems protected people against the risk of infection and safe storage of medicines. People who lived at the home, their relatives and staff were not asked about the quality of the service provided.

There was a registered manager employed at the home and staff were supported by management team.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

**Requires Improvement**



# Court 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.

We visited the home on the 5 and 6 of November 2014. The first day was unannounced and the inspection team consisted of an Adult Social Care inspector 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 first day we focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for. The inspector returned the following day to look at staff records, care plans and records related to the running of the service.

During our inspection we spoke with seven people who lived in the home, three care staff, three nurses, three domestic staff, the cook, the deputy manager and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people, and five staff records. We also looked at records that related to how the home was managed.

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

Before our inspection we reviewed the previous inspection reports and notifications of incidents that the provider had sent to us since the last inspection in September 2013. We also contacted the local commissioners of the service and spoke to a doctor from the group practice that the people living at the home are registered with.

# Is the service safe?

## Our findings

During most of our time in the home we saw that staff provided the care when people required it. The seven people we spoke with who could tell us their views said there was enough staff to provide the support they needed. One person told us however “No there’s not enough”.

During our inspection we saw that people would go to the office and speak to the manager and deputy manager expressing any concerns they had. Also, staff were seen and heard to confirm and encourage people in their decision making judgements.

People were not safe in the home because they were not protected as the staff did not follow policies and procedures when there was an incident. Safeguarding notifications should have been reported to the Care Quality Commission (CQC) and had not been. We spent time talking to the manager and looking at safeguarding incident notifications. There were four notifications which had been reported to the local safeguarding team but not to CQC. They did not have a copy of local safeguarding protocols. Staff spoken with were aware of reporting incidents to the manager or senior member of staff on duty. The manager did not have any information regarding how the service had learned from these incidents. This is a breach of Regulation 11 of the Health and Social Care Act 2008 as the manager did not have suitable arrangements in place to respond to and manage allegations of abuse.

The twelve staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns.

We spent time walking along the ground floor corridors. There were four areas that had uneven flooring and could be a potential health and safety risk to the people living in the home and the staff. There was no signage informing of the change in the floor levels. The flooring in the kitchen had holes in it. This is a breach of Regulation 15 of the Health and Social Care Act 2008 as the provider had not ensured that the premises were safe and that people were protected from the risks.

We spent time with a nurse in the medicines room. We looked at the controlled drugs records and medication. We saw that one of the controlled drugs for a person had not

been administered appropriately; the pain relieving patch should have been applied every seven days. The controlled drugs record informed that on two occasions in October 2014 this medication was not provided as prescribed.

We looked at the temperature record for the medication stored in the clinical fridge. Records informed us that no temperatures had been taken since 14 October 2014. The fridge was showing as warm and had in fact defrosted. This could cause an adverse effect on medication that should be stored at a specific temperature.

These were breaches of Regulations 13 of the Health and Social Care Act 2008 as the provider had not ensured that medicines were stored and administered safely.

We found significant problems with the cleanliness and hygiene in the kitchen area. We saw ground in dirt on the skirting boards and on the door strip into the kitchen. The food containers containing cereals were dirty. The floor was not clean and had food spillages on it. We opened the fridges and freezers and found them to be dirty inside. One chest freezer had a door that did not seal appropriately and the other freezers had not been defrosted, there was a build-up of ice which meant the food was not being stored to the correct temperature.

These were breaches of Regulations 12 of the Health and Social Care Act 2008 as the provider had not ensured that appropriate standards of cleanliness and hygiene were maintained.

Medicines were stored safely in the medication room in locked cupboards and records were kept of medicines received and disposed of. We looked at the Medication Administration Records (MAR) for six people. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration. There were no people administering their own medicines as they had been assessed as not being able to do this safely. The manager told us that they had not conducted a medication audit for a long period of time. All of the care plan and medication records and the medicines held at the home were kept in the medicines room or the manager’s office that were kept locked when not in use.

Health and safety had been checked through various risk assessments and audits. Fire risk assessments had been recently reviewed and we saw a fire drill record and test records had taken place.

## Is the service safe?

A legionella risk assessment had been completed as the home had a new boiler system in place. The manager told us they had contracted a provider to test the system as this was the first test at Court Nursing Home. Various other checks and audits were completed regularly to ensure that health and safety was maintained. The electricity provider had completed their maintenance checks in October 2014 and the gas was being maintained in November 2014.

We discussed the staff recruitment with the manager and were told that they had employed new staff recently to work at the home. We looked at five staff personnel records including two latest staff files which we saw had the correct evidence, with their qualifications and that references and

appropriate checks such as Disclosure and Barring Scheme (DBS) records that had been checked. The provider had a disciplinary procedure and other policies relating to staff employment, however they required updating to meet the current regulations and requirements relating to workers.

Staffing levels were seen to be appropriate for the care and support of the people, their needs and enabled adequate time for safe, individual and care to be provided. We looked at the staffing rotas for September, October and November 2014, where sufficient staffing levels were recorded for each shift. We saw that each person was treated as an individual and that the staff members on duty during our visits gave people appropriate attention and support.

# Is the service effective?

## Our findings

We asked three people who lived in the home about the skills of the staff and if they were competent in their roles. Comments were, “Yes definitely” and “They are able to help me ok”. One person commented “They need more training”, however when asked the person did not want to say anything more. Two people were very complimentary about two care assistants, one commented, “They’re both very good” the other person agreed.

We asked people in the home if they liked the food they were provided with. Comments included; “Very good”, “We have choices”, “Excellent”. Two people were less complimentary and comments were “There is too much mash and things I don’t like” and “It’s decent food but not cooked well, and too much mash”.

The service was effectively meeting people’s needs; however the annual appraisal procedure had not been implemented for staff in the last eighteen months. The manager told us that the provider was looking at introducing a new format. We recommended that the provider implemented an appraisal system for staff, to inform how they are appropriately supporting them.

Staff were up to date with required training and were equipped to meet people’s needs competently. The staff we spoke with had completed the provider’s mandatory training for required areas. There was an induction programme that mainly included shadowing other staff. The manager informed us that they were updating the training and induction programme to meet good practice guidelines. We discussed training with the provider and manager also. There was a new designated person to plan the training which was the homes’ deputy manager. We received a copy of all training provided to staff from 2010 to date. The records informed that the manager and deputy were not up to date with training and good practice. The training they required was dementia care having not completed any since 2010. This was discussed with the manager and deputy manager who agreed that they did require training and they would take action to ensure they were up to date with good practice guidelines. We recommended that they did this as quickly as possible.

We saw that the training matrix demonstrated that all staff working at the home had completed training relevant to their roles. However the manager was providing the in

house refresher training to staff and was not up to date with good practice guidelines. We were told that a representative was visiting the home to implement a new training programme including induction.

The twelve staff we spent time talking with were aware of the Mental Capacity Act 2005 (MCA). The provider had used an external training provider to supply practical training. Seven of the staff spoken with had completed training and were aware of what the MCA was and what the Deprivation of Liberty Safeguards (DoLS) procedure meant if implemented. There were four DoLS applications at Court Nursing Home at the current time; however in discussion with the manager we were told that she was in process of applying for all of the people living at the home. This was because people were assessed as being at risk and could not leave the home without staff support. All of the people living at the home were also constantly monitored by staff. The manager told us that she had liaised with the local authority and they were aware of the applications being made.

We observed how staff worked with people who displayed challenging behaviour. Staff were calm and knew exactly what actions to take without using any form of restraint.

People were supported to have sufficient food and drink. People had access to food and drink throughout the day. The staff were very keen on promoting healthy eating and we saw that hot, home cooked food was served at lunchtime. We spent time in the dining room at lunchtime observing the support provided to people by the staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We were present for the lunch meal that was soup, stewed steak, mashed potatoes, vegetables with rice pudding for the desert. We asked staff and the cook if people chose something else would an alternative be available. The staff said that a sandwich, omelette or something requested would be, if preferred. The majority of people had their meals in the dining room and there were twelve people in the dining room at the meal we observed. The staff were seen to be supporting four people to eat. They did this in a calm manner and were heard talking and telling the people what they were having to eat and drink. The support observed was dignified and respectful.



## Is the service effective?

The provider checked people's weight regularly and made recommendations about their diet. There were special diets including soft diets and nutritional supplements. We observed observational records for people who were being monitored for food and fluid intakes.

People were supported to attend healthcare appointments in the local community, the manager informed us that most healthcare support was provided at the home. Staff monitored their health and wellbeing. Staff were also competent in noticing changes in people's behaviour and acting on that change. There were discussions throughout the two days about people's health checks. Records we looked at informed the how staff ensured people had the relevant services supporting them. On the first day of the inspection the doctor visited. We spent time talking with

the doctor who had been visiting Court Nursing Home for fifteen years. The doctor said that the home would contact the surgery to request a visit when they were concerned about an individual. The doctor told us that the people were well cared for at the home. People were provided with their treatment in private. We observed the manager contacting the surgery on two occasions and a doctor visited as required.

People had been encouraged to personalise their own rooms, we were shown six peoples rooms by the staff. Two people told us they were happy with their rooms and if they had an issue they told us they would report it to the manager or the provider. We looked at the maintenance records that informed that any issues were dealt with.

# Is the service caring?

## Our findings

People we spoke with told us that staff treated them well and comments included, “Excellent, very kind”, “They’re very good, they’re kind to me”. We observed caring interactions between staff and the people living in the home. The people were supported where necessary, to make choices and decisions about their care and treatment. We saw a member of staff walking with a distressed person who was worried about their partner. The member of staff was compassionate and respectful to the individual. We observed that they liaised with a family member on the telephone who was requested to visit to reassure the person.

We saw that staff respected people’s privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in the conservatory. A doctor visited the home and was escorted with the person to their bedroom to discuss the medical issue in private.

We observed people being listened to and talked to in a respectful way by the manager and the staff members on duty. People were constantly seen to ask questions and wanted actions by the staff. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they were becoming anxious. It was clear from the content of the conversations that such

matters were often discussed and people’s views sought and respected. The relationships between the staff members and the people at Court Nursing Home was adult, calm and confident.

We saw one member of staff patiently encouraging one person to talk. The person began to sing “Que sera sera whatever will be will be”. The member of staff complimented them and encouraged them to sing more.

All of the staff we spoke with were asked if they provided good care to the people living there. All said they did provide good care.

Some people could not easily express their wishes and had no family/friends to support them to make decisions about their care. Through the provider, there was an effective system in place to access the support of an advocate to represent their views and wishes. We were told by the manager that no one had recently utilised this service as it had not been felt necessary but they would access this service on a person’s behalf if the need arose.

People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. However one person had stains in the back of their trousers and was not supported to change them. The inspector spoke to a member of staff later on in the day when the person spoke to them and requested they attend to the person’s personal care. The member of staff acted respectfully and did attend to their needs straight away and escorted the person to the bathroom.

# Is the service responsive?

## Our findings

We spent time talking to people about activities and were told by two people that there were none. Comments included “We don’t really go out, there’s nothing to do” and “A man comes in sometimes and we play bingo”. There were members of staff around the lounge area, however they were attending to people’s needs and were not initiating any activities.

We observed staff interacting with people over the two days we spent at Court Nursing Home. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the two days confirming comments made by people, supporting people to make decisions and being very patient. The people who lived in the home were constantly encouraged by staff to be independent. Not all of the people were able to make decisions for themselves and were not able to consent to the care and treatment and support provided. People we spoke to informed us that staff met their individual care needs and preferences. Care records contained up to date plans which were personalised to each person and showed their likes and dislikes about a range of things and activities.

Not all of the people were involved in the assessment and care planning process. We did discuss with two people who were involved and they showed little enthusiasm with the process. One comment from a person was, “They are very good”.

We looked at three people’s care plans in detail. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. Although people’s needs had been assessed and care plans developed these did not always adequately guide staff so that they could show how they meet people’s needs effectively. The care plans did not fully inform about the person’s emotional wellbeing and what activities they enjoyed. Staff were very knowledgeable about all of the people living at the home however we did not see activities or stimulation for people.

We observed over the two days of this inspection that communication was explored with each person to find the most effective way of engaging with them. However the people were mainly in the lounge area throughout the two days with little activities being provided. The TV was on and

a couple of people were watching it. Five people were up in the lounge when we arrived on day two at 7am and everyone who was able to get up, was up by 8:30. We observed there to be twenty one people sitting in the lounge by that time. Breakfast was then served to them. When discussed with the manager we were told that staff did get people up as they had been in bed from early evening but if they wanted to stay in bed they could.

We observed 21 people in the lounge area for five hours before lunch was being served. People were seen to be falling asleep in chairs, or walking around by the dining room and lounge areas effectively, doing nothing. We discussed one to one stimulation and activities and people’s aspirations and was told by the manager that they do get entertainers in and have a part time activity coordinator. The manager said that two people go out every day at two o’clock to local shops with staff support at their request . We discussed good practice guidelines in providing an environment that was conducive to people’s wellbeing with the manager, who agreed that they needed to do a lot more in meeting people’s individual needs in relation to their mental wellbeing by providing fulfilling activities. This is a breach of Regulation 9 of the Health and Social Care Act 2008 as the provider did not have suitable arrangements in place for meeting people’s needs.

All of the people required varying amounts of support from staff in respect of their personal care. The manager told us that people were always supported and encouraged to attend to their own personal care, however staff would mainly assist and support. There were male and female staff available for people to choose the support from. We heard staff praising people about their appearance and also encouraging others to attend to their personal appearance in a respectful dignified manner.

People’s needs were formally reviewed annually or more frequently, if required. People when asked about their reviews of care were not very interested in discussing this with us, or did not understand what we were asking.

People told us staff listened to any concerns they raised. There were no complaints raised by people living in the home from September 2013 to date. We were provided with the complaints policy and procedure. People spoken with told us that if they were not happy they would talk to the manager or staff.

## Is the service responsive?

The manager told us that there were no resident's meetings and that they had not initiated a relatives meeting in a long time as the uptake had been nil or very poor in the past. We

did hear numerous telephone calls from family members contacting the home to see how their relatives were doing. Staff took the time to inform the relative how the individual was and if there were any issues.

# Is the service well-led?

## Our findings

Although there were some systems in place to assess the quality of the service provided in the home these were not always effective. The systems had not ensured that people were protected against some key risks as described in this report about inappropriate or unsafe care and support. We found problems in the way safeguarding incidents were reported and incidents records not being used by the provider to learn lessons from. The information in relation to the environmental issues that the registered manager was aware of and not being acted on. Medication was not provided as prescribed and stored at safe appropriate temperature. The cleanliness and hygiene in the kitchen area and the food storage not being appropriate. People living at the home required more support in ensuring they were having all of their needs met by staff, specifically stimulation to enhance their wellbeing. The provider not seeking the views of the people the staff and any visiting professionals .

These were all breaches of the regulations. The provider did not have an effective operation of systems in place to regular identify, assess and manage risks relating to the health and wellbeing of the people living at the home. The provider was not seeking the views of the people living at the home, staff or others to come to an informed view in relation to the standard of care and treatment provided This is a breach of Regulation 10 of the Health and Social Care Act 2008 as the provider was not giving people the opportunity to provide feedback on the care that they received and make improvements accordingly.

There was a registered manager, deputy manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The registered manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Comments from staff were, “It’s about providing good care and I think we do that very well”, and “We are aware that we need to consider the risk and best interests of people here as not all of them have any understanding or capacity to

care for themselves”. Another comment was “We are a good team. We all work well together”. The professional we spoke with from the Wirral quality team had no concerns about the care being provided. The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

The local authority informed us they had good working relationships with the registered manager and that appropriate action was taken in response to any incidents or concerns raised.

The leadership was visible and it was obvious that the registered manager was well known to the people who lived in the home. Staff were able to tell us that they had a good relationship with the manager, deputy manager and the provider. They told us that their relationships with them were positive and supportive and they listened. We observed staff interactions with both the registered manager and the deputy manager over the two days which was respectful and light hearted.

The registered manager and the provider had a system of supervision with staff. We were told that supervision meetings were taking place by six of the staff we spent time with and they said they felt supported. We saw and heard that staff were comfortable with the manager and were confident to tell her of any problems.

Some improvements were required to ensure that quality assurance systems were formalised to make sure that any areas for improvement were addressed and the provider took account of good practice guidelines. There had been no recent review by the people, staff and other professionals who visit Court Nursing Home. The registered manager and senior member of staff completed audits for health and safety and the Wirral quality team had recently supported the provider in introducing a new infection control monitoring tool. We saw an action plan for the outcomes of the Infection control and the actions that were required and how the registered manager and staff were in the process of implementing them. We saw that there were policies in place however when we looked they were out of date and required reviewing to update. The provider had recently updated their ‘Statement of Purpose’ and sent us this, as required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

**The provider had not made suitable arrangements for delivering care to meet people's individual needs.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

**The provider must ensure that they regularly assess and monitor the quality of the services being provided to protect people against the risk of unsafe care.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

**People who use services and others were not protected against the risks of abuse by means of not having suitable arrangements for responding to an allegation of abuse for staff to follow.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

**The Provider must ensure that there is an appropriate standard of cleanliness and hygiene in relation to the premises.**

### Regulated activity

### Regulation

This section is primarily information for the provider

## Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

**The provider must protect people against the risks associated with the unsafe management of medicines.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 CQC (Registration) Regulations 2009  
Notifications – notice of changes

**The provider must ensure that the premises are safe and people are protected against the risk of unsafe premises.**