

RG Care Homes limited

ST ELIZABETH

Inspection report

115 Swift Road
Southampton
SO19 9ER

Tel: 020380421212

Date of inspection visit:
07 February 2019
08 February 2019

Date of publication:
01 May 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

St Elizabeth is a residential care home that was providing personal care to 14 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- We identified breaches in five regulations where the provider was failing to meet the fundamental standards people who use service have a right to expect.
- People's risks were not always fully assessed, and management plans were not always detailed or up to date to ensure people were safe from the risk of avoidable harm. Medicines were not always managed safely and infection control procedures were not always followed.
- Staffing levels were not always high enough to keep people safe and to spend time on meaningful activity.
- People's capacity to consent was not always assessed for relevant decisions about their care. People were subject to continuous supervision and were not free to leave as they wished, where people lacked capacity to consent to this arrangement, relevant authorisation had not been sought.
- People did not always receive personalised care that met their needs. Suitable adaptations had not been made to the premises to meet people's needs relating to dementia, which affected their independence. People did not always have activities which met their needs and enabled them to engage. People's personal history and current condition was not considered when planning activities which affected people's quality of life.
- Quality assurance processes were not robust enough to ensure issues were highlighted and acted upon in a timely manner to prevent people being at risk of harm or poor-quality care.
- We have made recommendations relating to reviewing and implementing current guidelines and best practice and reviewing staff training to ensure this give staff required skills to meet people's changing needs.

Rating at last inspection:

This is the first inspection since the service registered with a new provider on 28 March 2018.

Why we inspected:

This was a planned inspection which was due within 12 months of the service registering with CQC.

Enforcement:

For actions we told provider to take, please refer to the end of this report.

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:

Until the provider can show they are compliant with the fundamental standards in the regulations, we will continue to monitor the provider's progress in line with services rated requires improvement. These procedures will include proportionate enforcement action, requesting an agreed improvement plan with timescales, and meeting with the provider to monitor progress.

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

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 not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

ST ELIZABETH

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

St Elizabeth 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.

St Elizabeth provides care to up to 16 people in one adapted building. The service has two main shared living areas and 14 bedrooms over two floors.

The service had a manager registered with the Care Quality Commission. This means that they 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:

The inspection was unannounced. We visited the home on 07 and 08 February 2019. We spoke with staff on 15 February 2019.

What we did:

Before the inspection we looked at information we had about the service, including;

- Provider information return – key information about their service, what they do well, and improvements

they plan to make.

- Notifications we received from the service – the law requires providers to notify us of certain events that happen during the running of a service.

During the inspection:

- We spoke with two people who used the service. Not all people living at the home were able to communicate their views so we observed communal spaces and how staff interacted with people.
- We spoke with one of the owners of the company, the registered manager, and three members of staff, a visiting professional and one person's relative.
- We looked at two people's care records, activity plans and meal plans.
- We looked at staff records, including training records.
- We looked at records of accidents, incidents and complaints.
- We looked at audits, quality assurance reports and other records, including policies and procedures.
- We reviewed the home's facilities.
- We asked for feedback from local authorities who commissioned the service on behalf of people, one local authority fed back about the service.

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- People's risks were not always assessed and there were not always sufficient measures in place to ensure people were protected from avoidable harm.
- Some risks had been considered, however risk assessments did not always look at all risks to people.
- For example, one person had behaviours which challenged. There was a risk assessment for a specific behaviour, but not the risk of harm to themselves, to other people and to staff from other elements of these behaviours.
- In another example, one person was at risk of choking. They had recently choked on their food, resulting in an ambulance being called. The service had referred to a speech and language therapist, however the person's risk assessment was not detailed enough to ensure staff knew how to reduce the risk of choking. It was not clear whether advice from the GP was being followed regarding thickening fluids.
- Following the inspection, the registered manager updated one risk assessment to ensure the person at risk of choking was safe.
- The provider had assessed risks in the home, such as fire risks. Equipment was serviced regularly and there were tests of fire alarms.
- People had personal emergency evacuation plans which were in the process of being updated. However, some of these needed further detail, such as whether the person would recognise the fire alarm and how much assistance they would require to evacuate in an emergency situation.

The provider failed to fully assess people's risks and implement support plans which minimised these risks, putting people at risk of avoidable harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely and preventing and controlling infection

- People did not always receive their medicines as prescribed.
- One person had a prescription for warfarin (a blood thinner), their prescription had been handwritten onto a medicines administration record (MAR). The MAR was not dated and was difficult to follow due to the poor

quality of the copy. The transcription from the person's prescription had not been signed by two people, as per best practice, to ensure this was correct. There were omissions in the MAR chart for warfarin, however as there were no dates documented it was unclear when these had happened.

- There were no audits of medicines omissions in MAR charts to identify any issues or learning needs of staff. There were no stock counts carried out, this prevented any blank record to be validated against stocks to see whether the person had missed their medicine dose.
- Staff members' competency to administer medicines was not checked, however they did receive training and were shadowed by the registered manager prior to administering medicines independently.
- Medicines were stored and disposed of safely and controlled drugs were stored and monitored appropriately.
- Staff did not always follow good infection control procedures.
- During medicines administration, two members of staff did not use gloves or wash their hands in between giving medicines. One member of staff dispensed medicines into their hand to give to people, and one used the same plastic cup for all people which increased the risk of spreading infection between people.
- We observed hazardous cleaning substances left unattended by the housekeeping staff in a corridor.
- There were adequate hand washing facilities, antibacterial soap and personal protective equipment available for all staff.
- The home, including the kitchen was clean and tidy. People appeared clean and well kempt.

Safe infection control procedures and medicines management procedures were not consistently applied or followed. People were at risk of infection or not receiving their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not always enough staff to keep people safe.
- During our inspection we identified a number of events where people were at risk and there were no staff present.
- For example, one person needed supervision when walking to reduce the risk of falls. The person stood multiple times and walked without any staff supervision or support to find staff who were not in the room.
- On another occasion, a person became agitated and physically confrontational towards another person living in the home. One of our inspectors intervened and redirected the person as there were no staff present as they were busy in different areas of the home.
- There had been a turnover of staff when the provider of the service had changed. The service had recruited and there was one part-time vacancy from previous staffing levels.
- The provider did not have a method for calculating safe staffing levels but felt they needed an additional full-time member of staff, as well as the part time vacancy.
- Recruitment processes were not always robust. Recruitment processes included checks of people's identity and checks of relevant criminal convictions using the Disclosure and Barring service (DBS). However, the provider had not always obtained a reference of potential staff members' character from relevant previous employment.

There were not sufficient numbers of suitable staff deployed to keep people safe and meet their needs. This put people at risk of avoidable harm and reduced their quality of life. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding and reasons people could be vulnerable due to their circumstances.
- The provider had a training package for staff which included safeguarding training.

- Staff knew signs of potential abuse to look for.
- Staff felt confident to report any concerns they had to the registered manager and said they believed they would be taken seriously.

Learning lessons when things go wrong

- Incidents were reported by staff when things went wrong.
- There was a log of incidents and the registered manager gave us examples of learning and improvements since falls incidents, such as changes in management plans and review of equipment.
- The service had responded appropriately to significant incidents by contacting relevant healthcare professionals and seeking appropriate support.



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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support; supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough, however people's risks relating to nutrition were not always clearly identified.
- Staff took turns to cook meals, people were offered a choice of hot meals at lunch time and a smaller meal in the evenings.
- There were weekly meal plans which varied on a four-week cycle, this had been written in 2013 and had not been updated since.
- Staff told us they would benefit by having a dedicated chef who could create more varied meals and free up staff time to support people.
- Staff took care in preparing people's meals so that they looked appetising.
- Staff understood people's preferences around food.
- People's weight was monitored regularly.
- Some people were overweight, with some people's body mass index (BMI) showing they were in the obese category, putting them at increased risk of health problems. People who were obese did not have nutritional care plans in place.
- Two people were living with diabetes, one person's dietary needs were identified in the kitchen meal planning paperwork, and one person's needs were not.
- There were not always plans that identified how their diabetes was managed, whether this was diet controlled, medication controlled or insulin controlled. There was no identification of signs of low blood sugar and actions staff could take should this happen.
- Staff offered people drinks regularly, however there were few side tables near people's armchairs, so people could not be left with drinks nearby to encourage them to drink more.
- The service worked with other organisations to ensure people receive appropriate care, for example the

GP, chiropody and support from the district nurse.

- There was a gap in dental services for people, some people had not had access to the dentist for several years. The registered manager told us they had struggled to get access for people to the dentist.
- The Commissioner fed back that the service had worked well with them to support people to move into the service.

People were not able to access dental services and their dietary needs were not always met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The premises layout and facilities were suitable, however there had not been adaptations made to meet the needs of people with dementia.
- The provider told us they were renovating the bathrooms and parts of the building to modernise them.
- The provider had updated the stair lift and had updated kitchen units and appliances.
- People were offered a choice of the paint colour of their room, but staff told us they were advised to choose a neutral colour.
- There was one room converted into a "pub", with memorabilia and items for reminiscence. The room did not have a sign on the door, and the door was kept closed. During our inspection, this room was not used, the curtains were closed and the lights off. There was a TV which was off. We asked a senior member of staff if they served any drinks in the "pub", they told us they didn't.
- Bathrooms did not have dementia friendly adaptations, such as coloured toilet seats or handles, this can assist the reduction in falls for people living with dementia as it helps them see the contrast with the surroundings.
- The rooms in the building were numbered but were not labelled or personalised, so people did not always know which room was theirs, due to their memory loss. At lunch two people spoke about "strange men" walking into their room before leaving again.
- The toilets did not have signs on the doors, or signage from the living spaces. We observed people asking staff where the toilet was multiple times. This affected people's independence and took staff time to show people where the toilet was.

We recommend the provider implement department of health guidelines to ensure the premises are adapted to meet the needs of people with dementia.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Two people had applications for authorisation made, the other people living in the home had not had their capacity to consent to their living arrangements assessed, many of which had a diagnosis of dementia or known memory loss. Following the inspection, the registered manager undertook capacity assessments of the other people living at St Elizabeth and further applications were made for other people living in the

home.

- Twelve out of 14 people living in the home had a diagnosis of dementia or memory loss. There were not always formal capacity assessments documented for significant decisions, or to consent to people's care and support plans.
- Staff did not always explain what medicines were for before giving them, which did not allow them to consent to taking their medicines. For example, one member of staff was observed with a resident reluctant to take their medicines, staff told her these are "the good" medicines.
- One person's records we reviewed had a capacity assessment for giving covert medicines which was carried out by the person's GP. The person's medication support plan did not reflect the decision to give medicines covertly and how this would be done, or a procedure for staff to follow. The person's deprivation of liberty authorisation had not been updated to reflect the use of covert medicines.

People's capacity to consent to decisions had not always been assessed and there was not always evidence that decisions made on people's behalf were in their best interest. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed and their preferences recorded in their care plans.
- Care and support provided was not always in line with current guidance and expected standards.
- Department of health guidance for dementia friendly premises had not been implemented, such as using coloured toilet seats, door frames and dementia friendly signage.
- Good practice guidance around managing medicines in residential care had not been implemented.
- The mental capacity code of practice had not been applied in assessing people's ability to consent.
- CQC standards for assessing people's needs and delivering support had not been met and people's safety and independence was impacted.

We recommend the provider ensure the quality of the service is reviewed in line with current best practice guidelines, and review and implement new guidance systematically as this is brought out.

Staff support: induction, training, skills and experience

- Staff had training, however the training provided was not always specific to meet people's needs.
- The provider had introduced an induction for new staff to familiarise them with the service and ensure they had completed required training.
- The provider had introduced an electronic learning package for staff. Staff had training in mental capacity, safeguarding, infection control, health and safety and other relevant topics.
- Most staff were very experienced care workers and many had worked at the service for a long time.
- Staff had access to training in dementia, but could benefit from additional training to apply their learning in practice. Staff told us they tried activities or used to do certain activities with people, but had stopped these due to the advancement of their dementia.
- Staff did not have training in positive behaviour management, staff said they would tend to step away and give people space should they become agitated or aggressive towards them.

We recommend the provider review training provided to ensure staff have updated knowledge based on current best practice guidance to meet people's individual and changing needs.

Our findings

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- Some staff spoke in a respectful way to and about people they supported, showing genuine care and compassion. This was not consistent to all staff, we heard one member of staff referring to a person using a disrespectful name. Another member of staff was heard in the dining room with people and made an inappropriate joke about one person.
- Staff knew people well. They were gentle, polite and treated people with kindness.
- Staff told us they enjoyed working at St Elizabeth.
- People's likes and dislikes were known by staff and staff respected people's individual preferences and tastes.
- The service had a homely feel, people seemed settled and comfortable with staff.
- Staff supported people who were upset or anxious, we saw one person who was upset and staff offered them a cuddle, which they accepted and which seemed to calm them.

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

- The provider did not ensure that decisions were made when people were most able to express their views and document these to ensure future decisions were made in line with people's wishes and in their best interest.
- Staff did not always have time to talk to people and time was often spent with people more able to engage, rather than those who were less able to communicate.
- One person, who was living with dementia, gestured towards staff and told us "There's not enough of them, not enough time to talk to them, to tell them what to do."
- People were given choices, such as what they wanted to eat or what they wanted to wear.
- People were supported to express their views.
- The service had good relationships with people's families and involved them in people's day-to-day lives and in important decisions, where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity.
- Staff knocked before entering rooms and spoke quietly and respectfully when discussing people or asking people about personal care.
- Staff usually called people by their preferred names or nicknames. Some staff referred to people as "love" or "sweetheart".
- Staff encouraged people to maintain relationships that were important to them, such as with family and friends.
- Staff promoted independence in some ways, but some opportunities were lost to promote independence and give people a sense of purpose.
- Staff told us about one person, whose mobility had decreased and they were often not keen to walk. Staff moved their commode a little further away from their bed in the daytime and encouraged them to walk a little further each day.
- People were not able to find the toilet, their bedrooms or get themselves food or drink.
- One person wanted to clear plates away after lunchtime, staff stopped them and said, "Don't worry about that love, I'll tidy them away later."

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support was not always personalised to meet people's needs.
- The provider had engaged an external activities company which came in monthly to do arts and crafts, as well as other activities, with people. The provider had also put on parties several times per year, such as a summer barbeque, and invited people's families to attend.
- We observed people on our inspection, there was very little activity or stimulation for people. We saw people walking around the building repeatedly, or who were sat for extended periods in the living room without any engagement with staff.
- People were waiting a long time before mealtimes, with some people waiting at the table from 11am with little to do. One person began shredding tissues while sat at the table.
- One person asked staff several times if they could go for a walk, staff told them the weather wasn't suitable as it was windy and said, "Maybe later we can walk around the house." No other activities were offered.
- Some people were engaged with activities such as a pamper night, having their nails painted or playing dominoes. However, activity records showed there were not activities taking place every day and people's interests were not always utilised to engage them in meaningful activities to them. Some people regularly participated, however others did not participate in any of the recorded activities.
- Staff told us it was difficult to engage people in activities they used to enjoy, such as baking or playing board games, as people's dementia had progressed. Staff also said that group activities were more difficult and people did not always want to participate.
- Lack of activity and mental stimulation can negatively impact people's mental wellbeing, physical health and cognitive decline.

People's needs were not being met as they did not have sufficient activity to meet their needs and preferences. People's lack of occupation affected their quality of life. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- There had been no complaints since the service registered with the current provider.
- The provider had an appropriate complaints policy in place which was available for people and relatives.
- One person's relative told us they felt confident discussing any issues with the manager and felt any issues would be responded to, but had no cause for complaint.

End of life care and support

- No-one was receiving end of life care at the time of our inspection.
- Some staff had received training in end of life care from a local hospice and told us they felt confident in this area.
- The service explored people's wishes around resuscitation with them and their families as appropriate, liaised with their GP to get a form stating their wish not to be resuscitated and displayed their decisions in a prominent place for staff in the medicines room.
- Staff discussed one person's wishes with them about being admitted to hospital, they had expressed their wish not to be taken to hospital. This had been communicated by staff to paramedics when they had attended, however this was not documented in their records.
- The service had explored some people's wishes after death, such as their religious preference and whether they wanted a burial or cremation.



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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Management of staff performance was informal and there was limited formal oversight in place.
- Staff did not have supervision or appraisals, though the registered manager planned to implement this.
- Staff felt supported and fed back positively about the registered manager.
- There were some senior staff with additional training and responsibilities.
- Quality checks, audits and performance management in place were not sufficient to identify issues and take timely action as these measures had not identified the issues we found on this inspection.
- Current quality monitoring had not identified the breaches in meeting regulatory requirements as outlined in this report.
- Records were not always detailed enough, up to date or available to ensure staff could support people safely and effectively.

Records were not always complete, up to date and available which put people at risk of unsafe care. The lack of robust quality assurance measures meant poor quality and unsafe care might not be identified and addressed, putting people at risk. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had ambitions and was aiming to ensure the service was providing high-quality care.
- There were some elements of care which required improvement, and not all standards and regulations had been met.
- The provider and registered manager promoted an open and inclusive culture, staff told us they thought the registered manager and provider were approachable and hard-working.

- Staff were positive about their work. One member of staff said, "It's brilliant, I love it. It's rewarding."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and continuous learning and improving care and working in partnership with others

- The service had good, long term relationships with people and their families.
 - One person's family member told us they had confidence in the service and the manager. They said one of the positives was the "long standing staff team".
 - Staff felt able to try new things and one member of staff told us, "I feel part of the team."
-
- The service had some plans for improvement and had undertaken some initial work.
 - The provider and registered manager were utilising CQC reports from good and outstanding services to focus their improvement.
 - The registered manager recognised there were improvements to make.
 - The provider told us they had few links with other organisations so far, but were looking to improve their networking to learn from others and focus their improvement.
 - We advised the provider on local networks they could link with.
 - The provider wanted to strengthen links with the community and voluntary sector organisations.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People were not able to access dental services and their dietary needs were not always met. There were not enough or the right activities to meet people's needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Consent was not always sought. People's capacity to consent was not always assessed. People were subject to restriction without relevant authorisation through DOLS.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective quality assurance measures in place to identify quality and safety issues and take appropriate, timely action. Records were not always complete, accurate, up to date or available.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There were not always enough staff to keep people safe. Staff did not always have the right skills and knowledge to support people effectively.

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 People's risks were not always assessed. There were not sufficient support plans to ensure staff provided safe care. Infection control procedures were not always followed and medicines were not always managed safely.

The enforcement action we took:

We issued the provider with a warning notice.