Avenues London

1-3 Emerton Close

Inspection report

1-3 Emerton Close
Bexleyheath
Kent
DA6 8DW

Website: www.avenuesgroup.org.uk

Date of inspection visit:
23 November 2016
25 November 2016

Date of publication:
02 January 2017

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

This unannounced comprehensive inspection took place on 23 and 25 November 2015. This is the first inspection of the service since their registration in September 2015 with a new provider, Avenues London.

1-3 Emerton Close provides accommodation for people who require nursing or personal care for up to 10 adults who have a range of needs including learning disabilities. There were 10 people receiving personal care and support at the time of our inspection.

At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We found some aspects of the arrangements for the safe management of medicines for people using the service were not robust. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities 2014). However there were some areas of good practice about the management of the medicines.

The provider had not taken timely action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. This was a breach of regulation 13 of the health and Social Care Act 2008 (Regulated Activities 2014). We also saw some areas of good practice in relation to best interest decisions and staff asked for people's consent, when they had the capacity to consent to their care.

Some aspects of the quality assurance systems were not effective and a recommendation about medicine management by external professionals was found outstanding. This was a breach of regulation 17 of the health and Social Care Act 2008 (Regulated Activities 2014). We saw some areas of good practice about the quality assurance system and process to assess and monitor the quality of the care people received.

You can see what action we have asked the provider to take at the back of the full version of this report.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, currently a new service manager was in day to day management of this service and their application for a registered manager was being processed by CQC.

Relatives of people who use the service told us they felt safe and that staff and the service manager treated their loved ones' well. The service had clear procedures to support staff to recognise and respond to abuse. The service manager and staff completed safeguarding training. Staff completed risk assessments for every person who used the service which were up to date and included detailed guidance for staff to reduce risks. There was an effective system to manage accidents and incidents, and to reduce the likelihood of them happening again. The service had arrangements in place to deal with emergencies. The service carried out

comprehensive background checks of staff before they started working and there were enough staff on duty to support to people when required.

Staff assessed people's nutritional needs and supported them to have a balanced diet. Staff supported people to access the healthcare services they required and monitored their healthcare appointments.

Staff involved relatives of people who used the service in day to day life of their loved ones. Staff considered people's choices, health and social care needs, and their general wellbeing.

Staff supported people in a way which was kind, respectful and encouraged them to maintain their independence. Staff also protected people's privacy and dignity, and human rights.

The service supported people to take part in a range of activities in support of their need for social interaction and stimulation. The service had a clear policy and procedure about managing complaints. People knew how to complain and told us they would do so if necessary.

Relatives commented positively about staff and the service. Staff felt supported by the service manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

One aspect of the service was not safe.

Medicines were not managed safely.

Relatives of people who use the service told us they felt safe and that staff and the service manager treated their loved ones well. The service had a policy and procedure for safeguarding adults from abuse, which the staff understood.

Staff completed risk assessments for every person who used the service. Risk assessments were up to date and included guidance for staff on how to reduce identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks before they started working.

Staff kept the premises clean and safe.

Is the service effective?

Requires Improvement

One aspect of the service was not effective.

The provider has not met the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards in a timely manner.

The service supported all staff through training, supervision and annual appraisal in line with the provider's policy.

Staff assessed people's nutritional needs and supported them to have a balanced diet.

Staff supported people to access the healthcare services they needed.

Is the service caring?

Good

The service was caring.

Relatives of people who used the service were involved in the day to day life of their loved ones at Emerton.

Relatives of people who used the service told us they were happy with the service. They said staff were kind and treated their loved ones with respect.

Staff respected people's choices, preferences, privacy, dignity, and showed an understanding of equality and diversity.

Is the service responsive?

Good

The service was responsive.

Staff assessed people's needs and developed care plans which included details of people's views and preferences.

Care plans were regularly reviewed and up to date. Staff completed daily care records to show what support and care they provided to each person.

Staff met people's need for stimulation and social interaction.

Relatives knew how to complain and would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

The quality assurance systems were not effective and the recommendation by an external professional was found outstanding in relation to the management of medicine.

There were some areas of good practice about quality assurance system and process to assess and monitor the quality of the care people received.

Relatives of people who used the service commented positively about staff the service.

Staff held monthly meetings with people who used the service to enable them share their experiences which helped staff to support them.

1-3 Emerton Close

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 was planned to check 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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted health and social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 23 and 25 November 2016 and was unannounced. The service was inspected by one adult social care inspector and an expert by experience on 23 November 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The adult social care inspector returned to the service 25 November 2016 to complete the inspection.

We spoke with one person who used the service, six relatives, seven staff, the area service manager, the service manager and the assistant service manager. Not everyone at the service could communicate their views to us, so we observed the care provided to help us understand the experience of people who could not talk with us. We looked at six people's care records and nine staff records. We also looked at records related to the management of the service, such as details about the administration of medicines, complaints, accidents and incidents, safeguarding, Deprivation of Liberty Safeguards, health and safety, and quality assurance and monitoring records.

Requires Improvement

Is the service safe?

Our findings

The arrangements for the management of medicines of people using the service were not robust. Between 11 November 2016 to 23 November 2016 there were several errors in the records for controlled drugs (CDs), which meant they did not reflect the correct CD stock balance in the CD cabinet. For example, there was 100mls excess of a CD in the CD cabinet. Two members of staff told us, "We do not know why there is a discrepancy." This meant there was a risk that people may not have received their medicines as prescribed, and the provider could not account for the amount of controlled drugs in the home. Medicines were not managed safely.

We also saw that the date of first occasion of opening a liquid medicine was not recorded on this bottle to help ensure the medicines was used within the recommended time for two types of medicines.

For another person, who was having their medicines administered covertly, we found that the service had not sought advice from the GP or a Pharmacist on how to administer medicine covertly. The service manager told us they would consult the GP next week and complete the documentation for this person. This meant there was a risk to people as staff had not sought the advice from external professionals in a timely manner to ensure the medicine was administered safely.
These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

As a result of the inspection feedback, the service manager confirmed they would carry out an investigation into the errors of medicine management straight away and take suitable action. Following the inspection the service manager sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy the concern.

We saw some areas of good practice in the management of the medicines. The provider trained and assessed the competency of the staff responsible for the administration of people's medicines. People's Medicines Administration Records (MAR) showed that people had received their medicines as prescribed. The service had up to date PRN, (when required), medicines protocols. These advised staff when and under what circumstances individuals should receive their PRN medicine, such as pain medicines when they were in pain. Staff had a clear understanding of these protocols. Medicines were stored at the correct temperature to ensure they were effective. For example, staff monitored the medicines cabinet and room temperatures.

Relatives of people who use the service told us they felt safe and that staff and the service manager treated their loved one's well. One relative told us, "The care is very good." People appeared comfortable with staff and those who could, approached them when they needed something.

The service had a policy and procedure for safeguarding adults from abuse. The service manager and all the staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the service manager, the local authority

safeguarding team, and the Care Quality Commission (CQC) where necessary. All the staff told us they completed safeguarding training, the training records we looked at confirmed this. Staff told us there was a whistle-blowing procedure available and they said they would use it if they needed to. One member of staff told us, "I would report any concerns to the service manager and if they do not listen, I go to the senior management or if necessary I report to social services and CQC."

The service maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes of investigations when known. The service worked in cooperation with the local authority in relation to safeguarding investigations and they notified the CQC of these. At the time of this inspection there was one safeguarding concern being investigated by another authority in relation to financial mismanagement. We cannot report on the outcome of this investigation at this stage. We will continue to monitor the outcome of the investigation and any follow-up actions taken by the provider. In the interim, the provider had carried out an internal finance audit, and updated finance management procedures and guidelines for the service manager and staff to follow and to ensure that people's money was managed safely.

Staff completed risk assessments for every person who used the service. These covered areas including manual handling, falls, eating and drinking, transport, hoisting, behaviour and finances. We reviewed six people's risk assessments and all were up to date with detailed guidance for staff on how to reduce identified risks. For example, where people had been identified as being at risk from eating, a risk management plan had been put in place which identified the use of specialist equipment and the level of support people needed to reduce the level of risk. We also noted that staff sought advice from the Speech and Language Team (SALT) where a person had been identified as having swallowing difficulties.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took to respond and minimise future risks, and who they notified, such as a relative or healthcare professional. We saw examples of actions taken by staff after incidents occurred to improve safety. For example, we noted the GP's advice was sought when a person had missed their prescribed medicine on one occasion and records showed that actions to reduce future risks were also discussed in staff meetings.

The service had enough staff to support people safely in a timely manner. Relatives told us that the service had enough staff and there was staff continuity and that this was positively experienced. One relative said they had previously discussed some concerns about staffing levels in an open manner which was considered by the provider and resulted in increased staffing. The service manager carried out a dependency assessment to identify staffing levels required to meet the needs of people using the service. The dependency assessment was kept under regular review to determine if the service needed to change staffing levels to meet people's needs. The staff rota showed that staffing levels were consistently maintained to meet the assessed needs of people and that staffing levels increased in line with changes in people's needs where required. For example, when people needed extra support to help them to access community or healthcare appointments, the manager arranged additional staff cover.

The service carried out comprehensive background checks of staff before they started work. These checks included details about applicants' qualifications and experience, their employment history and reasons for any gaps in employment, references, a criminal records check, health declaration, and proof of identification. This meant people received care from staff who were suitable for their roles.

Staff kept the premises clean and safe. The provider had procedures in place in relation to infection control and the cleaning of the home and these were followed by staff. Staff were clear about the infection control

procedure in place at the home and explained how they cleaned each bedroom and communal areas to maintain cleanliness. Staff and external agencies where necessary, carried out safety checks for environmental and equipment hazards including the safety of gas appliances, lifting and fire equipment.

The service had arrangements to deal with emergencies. Staff completed personal emergency evacuation plans (PEEP) for every person who used the service. The service had contact numbers for emergency services and provided advice for staff on what to do in a range of possible emergency situations. Staff received first aid and fire awareness training so that they could support people safely in an emergency.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are 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 were being met.

The provider knew the conditions under which an application may be required to deprive a person of their liberty in their best interests under DoLS. However the provider had not made applications for DoLS authorisations in a timely manner. Records showed that appropriate applications had not been made for nine people when their existing authorisations had lapsed. The service manager told us that an application for authorisation was made for three people only in December 2015 however no follow-up action was carried out by the service to check on the progress of these applications had not been assessed by the Local Authority. Therefore the service had not received authorisations to ensure people's freedoms were not unduly restricted.

These issues were a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

In addition, for one person who had a valid authorisation in place the provider had not completed the monitoring forms for the 'Supervisory Body' in line with the conditions they had placed on this person's DoLS authorisation. Staff had not followed the conditions of the authorisation and this required improvement.

As a result of the inspection feedback, the area service manager told us, they would review the situation as a matter of urgency and following the inspection the service manager sent us an action plan telling us how they would address this issue and when they would complete the action needed to remedy the concern. The area service manager further confirmed that they had made applications for the outstanding DoLS authorisations. As the above actions were not completed at the time of the inspection, we will check on this at our next inspection. However we did note that the care plans showed that the least restrictive options for the people deprived of their liberty had been considered by the provider.

We saw some areas of good practice in relation to best interests' decisions. Records showed that people's mental capacity had been assessed relating to specific decisions about the support they received where

staff suspected they may not have capacity to make the decision for themselves. Assessments had been completed in accordance with the requirements of the MCA. Where people had been assessed as lacking capacity we saw that the relevant decisions had been made in their best interests, with the involvement of staff, relatives and/or healthcare professionals, where appropriate.

Staff asked for people's consent, when they had the capacity to consent to their care. Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them.

Staff were supported through supervision and appraisals in line with the provider's policy. Records seen confirmed this and at these supervisions and appraisals meetings staff discussed topics including progress in their role and any issues relating to the people they supported. Staff told us they felt supported and able to approach their line manager or the service manager, at any time for support.

People were supported by staff who had the skills and knowledge to meet their needs. One relative told us, "Staff are good at interacting, they are willing to talk, listen and I can tell by the happiness of our loved ones."

Staff completed training relevant to their roles and responsibilities. Staff told us they completed comprehensive induction training and a period of shadowing an experienced member of staff, when they started work. Staff completed mandatory training considered as mandatory by the provider, this covered areas such as food hygiene, infection control, equality and diversity, health and safety, safeguarding, moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff told us the training programmes enabled them to deliver the care and support people needed and they completed all the mandatory training. The service provided refresher training to staff at regular intervals. Staff training records we saw confirmed this.

Staff assessed people's nutritional needs and supported them to have a balanced diet. One relative told us, "There are more staff available to provide care and feeding support." Staff recorded people's dietary needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs. We saw a range of dietary needs were met by the service. For example, we noted that staff sought advice from the dietician where people had been identified as needing specialist feeding.

Staff supported people to access healthcare services. One relative told us, "Staff are quick to ask for support from the GP." Another relative said, "There is good access to the GP, this is always managed by staff without delay." We saw the contact details of external healthcare professionals, such as GP, dentist, district nurses, dietician and podiatrist in every person's care record. Staff completed health action plans for everyone who used the service and monitored their healthcare appointments. The staff attended healthcare appointments with people to support them where needed. Staff completed hospital passports for every person who used the service, which outlined their health needs for healthcare professionals to know when they attended the hospital.

Good

Is the service caring?

Our findings

Relatives of people who use the service told us they were happy with the service and that staff were kind and treated their loved ones with respect. One relative told us, "I am more than happy with the care, staff helps people live their lives, people express themselves, they go to the theatre, cinema, staff help people to live and make the most from life." Another relative said, "Staff are willing to have discussions and listen to how people express their needs and this is an important aspect of developing the good care which is offered."

Staff treated people with respect and kindness. We saw staff used enabling and positive language when talking with or supporting people who used the service. This included meal times, administration of medicines, in-house activities, and when people returned to the service from day centre.

Staff respected people's choices and preferences. One relative told us, "The staff genuinely care about choice and activities." For example where people preferred to spend time in their own rooms, or the lounge, or participate in an activity, and access the community with help of staff we observed this happened. We saw that staff regularly checked on people's wellbeing and comfort. Staff understood how to meet people's needs in a caring manner. Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us "I respect the person's preferences, I always show them different things and give them choice of food and drinks and clothes. If they like something they smile or sometimes when they look up one more than the other, they give an eye contact, I understand their facial expressions." Another member of staff said, "One person prefers to go on a bean bag in the day time and others do not feel comfortable, I respect their preferences."

Staff involved relatives of people who used the service in day to day life of their loved ones at Emerton. One relative told us how they had been involved in the transition process and how the service had managed their suggestions in day to day decision making process and that staff were open and listened to them. However, we found the service had not formally involved relatives in the assessment, planning and review of people's care. The service manager told us that they planned to review each person's care plan and would develop 'My care plan' for each person using the service by end of December 2016, with the involvement of relatives, and health and social care professionals as appropriate. As the actions had not been completed at the time of the inspection, we will check on this at our next inspection.

Staff respected people's privacy and dignity. We saw staff kept people's information confidential. Staff told us people's bedroom doors were closed when they delivered personal care. People were well presented and we saw how staff helped people to adjust clothing to maintain their dignity. Records showed staff received training in maintaining people's privacy and dignity.

Staff encouraged people to maintain their independence and was recorded in their care plans. We saw staff encouraged one person to participate in peeling of vegetables and prompted them to eat and drink by themselves.

Staff showed an understanding of equality and diversity. Staff completed care records for every person who

used the service, which included details about their disability, ethnicity, preferred faith, culture and spiritual needs. Staff told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. One member of staff told us, "Every person had got different needs; it's about meeting their needs as an individual, not as same as the other service user in the home."

Good

Is the service responsive?

Our findings

Staff supported people to follow their interests and take part in activities they enjoyed. One relative told us, "There are more things for people to do, it is important to have a wide range of activities, and this makes me happy knowing that staff care and interact." One member of staff told us "We go to the pub, there is a local one down the road,[a person] likes the pub, it has a good welcome, good food and it is respectful. It is something that is enjoyed." Each person had an activity planner, which included attending a day care centre, music sessions, aromatherapy, cooking sessions, meeting family and friends. We noted that these activities were having positive effects on people's wellbeing. For example, we observed people enjoying music on one of the day of our inspection. Staff told us they kept the activity planner under review because people changed their mind quite often about their interests and choice of activity.

Staff developed care plans to meet each person's needs. These contained information about their personal life and social history, their physical and mental health needs, allergies, family and friends, preferred activities and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. The service manager updated the care plans when people's needs changed and included clear guidance for staff. We looked at six care plans and all of them were up to date.

Staff completed daily care records to show what support and care they provided to each person. Staff discussed any changes to people's needs during the daily shift handover meeting, to ensure continuity of care. They used a communication log to record key events such as any health and safety issues, maintenance of the premises, and healthcare appointments for people.

Relatives told us they knew how to complain and would do so if necessary. One relative told us, "They [staff] act on concerns and views straight away." The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy or had any concerns. The service manager told us they had not received any complaints since their registration in September 2015 and the records we saw confirmed this.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems in place to monitor the quality of the service; however some aspects of the quality assurance systems were not effective. The provider's audit had not picked up that they had not made applications for DoLS authorisations in a timely manner when people's existing authorisations had lapsed, and it had not identified that the provider had not completed the monitoring forms for 'Supervisory Body' in line with the conditions on one person's existing DoLS authorisation.

Some aspects of the audits for the safe management of medicines of people using the service were not effective. The weekly audit check carried out by the assistant service manager on 21 November 2016 for the controlled drug stock balance stated "Yes, the stock balance of Controlled Drugs tally with the CD registers." However we identified that this was not the case and the stock in the medicines cupboard contained one bottle more than was recorded. The error was not identified and action could not be taken to mitigate risks and improve the quality and safety of the service.

Likewise the weekly audit carried out by the assistant service manager on 21 November 2016 reported, "Yes, dates of opening recorded on appropriate medicines." However we found at our inspection this was not the case for two bottles of liquid medicines during the time the audit as carried out. Therefore the audit had not been effective in identifying risks to people and improving the quality and safety of care.

The provider had not actioned advice given by external professionals in a timely manner. For a person, who was having their medicines administered covertly, a pharmacist had advised in their audit report dated 30 August 2016 that the service should ensure that the family and the GP was consulted and documentation was completed. The local authority had repeated this recommendation in September 2016 but these actions were still outstanding at the time of our November 2016 inspection. Action had not been taken to improve the quality and safety of care at the service in response to the recommendations.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

As a result of highlighting these omissions, the service manager sent us an action plan telling us how they would address these issues and when they would complete the action needed to remedy the concerns.

We also saw some areas of good practice about the quality assurance system and process to assess and monitor the quality of the care people received. This included audits covering areas such as the, health and safety, accidents and incidents, house maintenance, care plans, risk assessments, food and nutrition, infection control, and staff training. We noted that improvements had been made in response to audit findings. These included the review of risk assessments, repairs and decoration of the premises, and staff completed additional training as required.

The service worked effectively with health and social care professionals and commissioners. We saw the service had made improvements following recommendations from these professionals and had received

positive feedback from them. Feedback from health and social care professionals also stated that the standards and quality of care delivered by the service to people was good. One healthcare professional told us that the staff and the service were good. One social care professional said the service listened and acted on their recommendations to improve the quality of the service.

Relatives of people who used the service commented positively about staff and the service. They told us how accessibility of communication was a key aspect of the service offering timely care which was well led. One relative told us, "The service is very, very good, and our queries are answered promptly." Another relative said, "We are very pleased, the interactions of staff are caring and genuine." We saw meaningful interactions between staff and people and the atmosphere in the home was calm and friendly. There was a registered manager in post. However, currently a new service manager was in day to day management of this service and their application for a registered manager was being processed by CQC. The service manager was supported in their role by the area manager.

We saw the service manager interacted with staff in a positive and supportive manner. Staff described the leadership of the service positively. One member of staff told us, "The manager is very approachable, she listens and supports you." Another member of staff said, "The manager's door is always open, if anything needs to be done, she gets it done." A third member of staff said, "The manager is brilliant, if there is an issue about a service user I can discuss with her."

Staff held monthly meetings with people who use the service. Records of the meetings included discussions about activities and how staff supported them to meet their needs. For example, a visit to the zoo, museums, garden, Halloween party and fireworks.

The service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions. We observed that people were comfortable approaching the staff and their interactions were friendly and open.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The arrangements for the safe management of medicines of people using the service were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not made application for DoLS authorisations in a timely manner when people's existing authorisations had lapsed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Some aspects of the quality assurance systems were not effective