G & M Senior Care Ltd

G&M Senior Care Limited t/a Home Instead Senior Care

Inspection report

51a High Street
Ruislip
Middlesex
HA4 7BD

Tel: 02032260930
Website: www.homeinstead.co.uk/ruislipandharrow

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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

We undertook an announced inspection of G&M Senior Care Limited t/a Home Instead Senior Care on 9 August 2017.

This was the first inspection for this service following initial registration with CQC on 8 February 2016 and later organisational changes. There was not a registered manager in post and the previous registered manager left the service in March 2017. 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 and associated Regulations about how the service is run. A manager had been appointed and they told us they were in the process of applying to be registered.

G&M Senior Care Limited t/a Home Instead Senior Care is a domiciliary care agency that provides personal care and support to people living with dementia, learning disabilities and mental health conditions, as well as older people and young adults with physical disabilities or sensory impairments. On the day of our inspection, the agency provided support to 68 people out of which 42 were receiving personal care.

Although we found positive aspects to the care provided we identified some areas that require improvement. The agency had not always assessed and managed risks to care and treatment of people who used the service. There was a policy in place for the management of medicines but staff were not always recording the administration of medicines as instructed in this policy.

The agency had not always sought people's consent to their care and treatment and did not always work within the principles of the Mental Capacity Act 2005 MCA, therefore there was increased risk of people's rights not being protected.

There were methods to monitor and audit the quality of the service, however, they were not always effective and the agency's auditors had not always identified and acted on the gaps in the service provision.

The staff were supervised, supported and given regular training, however, we found that staff required additional training on how to work with people who displayed behaviours that challenged the service.

The positive aspects about the agency we identified included the following. The agency helped to protect people from harm and abuse and people told us they felt safe with staff who supported them. Staff were recruited in the safe way as the agency followed an appropriate recruitment procedure and relevant checks had been completed before staff started working with people unsupervised.

There was sufficient staffing capacity and most people had their usual team of allocated care staff for consistency.

People were provided with the necessary assistance to meet their health care and nutritional needs.

Staff felt supported by their managers and could approach them with any issues regarding their professional role and personal matters.

People and their relatives spoke very positively about relationships with their care staff and their kind approach. They said staff always treated them respectfully and with dignity.

People had care plans that were individualised and had detailed information about people's care and support needs as well as their personal preferences. Where possible the staff supported people to take part in social activities and access the community.

People and their relatives were satisfied with how the agency was run and it was evident complaints were taken seriously and acted on. All of the people we spoke with told us they would recommend the agency to others.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, the need for consent and good governance. We made two recommendations, which related to additional training for staff around working with people who displayed behaviours that challenged the service and working with principles of the Mental Capacity Act 2005.

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

The service was not always safe as the agency had not always assessed and managed all risks to the health and wellbeing of people who used the service. We also observed that staff did not always follow procedures related to safe medicines administration.

The agency helped to protect people from harm and abuse and people said they felt safe with staff that supported them.

The agency had an appropriate recruitment procedure in place, which they followed.

There were sufficient staff deployed to meet people's care and support needs.

Is the service effective?

Requires Improvement

The service was not always effective, as the agency had not always worked within the principles of the MCA.

Staff completed the agency's mandatory training, however, additional training for staff was required on how to work with people who displayed behaviours that challenged the service.

Staff supported people to maintain health and nutritious diet.

We saw from records that people had access to relevant health professionals if required.

Is the service caring?

Good

The service was caring.

The agency provided kind and caring support. People described the staff who supported them in complimentary terms.

Staff encouraged people to be independent and to actively participate in the care provided to them.

Staff treated people with dignity and respect when providing personal care and people could chose a female or male worker.

Is the service responsive?

Good

The service was responsive.

The service was responsive.

Detailed assessments of people's care needs and preferences were completed before they started their care package with the agency.

The care plans identified the person's wishes and needs in relation to the care provided.

Staff supported people to attend various appointments and to follow their interests in the community.

People knew how to make a complaint and there was a complaints policy and procedures in place.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Regular audits had not identified elements of the service that required improvement. The audits had not identified trends and patterns in gaps of the service provision.

There was regular communication between the management team and the care staff, therefore, staff were aware of what was expected from.

People using the service, and care staff gave positive feedback in relation to how the agency was led and they thought the management was supportive and cared for staff and people who used the service.

G&M Senior Care Limited t/a Home Instead Senior Care

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.

This inspection took place on 9 August 2017 and was announced. We gave the agency 48 hours' notice because the location provides a domiciliary care agency service and we wanted to make sure someone was available to talk to us during our inspection.

This inspection was carried out by one 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.

Before the inspection, we carried out telephone interviews with eight people using the service and two family members who gave their feedback on behalf of their relatives who could not do it themselves due to their health condition.

Additionally, we reviewed the 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.

During our visit, we spoke with the director, the manager and one care coordinator.

We looked at records, which included care records for six people, recruitment, supervision and training records for four staff members, and other documents relating to the management of the service, such as, medicines, care records audits.

Following the inspection, we contacted five staff members who gave us their feedback on their experiences

of working for the agency. We also contacted six external social care and health professionals although none provided feedback on this occasion.

Requires Improvement

Is the service safe?

Our findings

We found that people had not always received safe care and treatment because the risk to their health had not always been managed. We found that the agency had not always carried out sufficient risk assessments of people's risks. Some risk management plans failed to provide staff with sufficient guidance on how to mitigate identified risks. Additionally, known risks identified during the initial needs assessments were not always reflected in risk management plans. For example, one person's daily records showed that they could become easily distressed and behave aggressively towards the staff supporting them. The person's daily care records indicated that such behaviour happened frequently. We found that the agency had not assessed risks associated with supporting this person and there were no guidelines for staff on how to reduce these risks.

In another instance, we saw that a person using the service had had a surgical procedure. This required the completion of a risk assessment because the procedure is known to require specific care. Complications may occur, including pain, restricted circulation and infection. However, there was no risk assessment in place to give guidance to staff on how to manage this.

Records for three persons stated they were at risk of choking as they had difficulties with swallowing and therefore needed specially prepared food. However, only one person had appropriate risk assessment in place guiding staff on what the risks were and how to manage them.

A fifth person was assessed as at risk due to using special equipment when bathing, however, it was not specified what the actual risk was and what staff should do to minimise it when providing personal care to this person.

We discussed our concerns about the management of risk with the manager who ensured us they would address the lack of appropriate risk assessments and management plans immediately.

The above is evidence of a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We also saw some good examples of risk assessment and risk management plans which were associated with hydration and nutrition and pressure ulcer prevention. All people whose files we looked at had general risk assessments related to the environment they lived in.

We looked at how the agency managed people's medicines. There was a procedure in place for the management of medicines. However, we found that care staff had not always followed it. We looked at a sample of seven files for people whom staff supported with taking their medicines.

One person's care plan stated that staff were not to administer medicines to this person as this was managed by the person's relative. However, on daily care records for this individual for the month of July 2017 staff recorded that they had given medicines to the person daily. This intervention had not been

recorded on respective Medicines Administration Records (MAR). Daily care records for another person indicated that a staff member administered a PRN (on request) medicine to them. This had also not been recorded on MAR charts. In both examples, there were no guidelines for staff on how to administer medicines to those individuals, therefore, both persons could be at risk or receiving their medicines in an unsafe way and not as it was prescribed. Two other people using the service received staff's support with cream application. However, there were no MAR charts in place to record this application. The lack of completed MAR charts in all four given examples meant that there were no formal records of administration of the medicines as required by the agency's own medicines' administration policy and national medicines management guidelines. Additionally, there was a risk of people receiving wrong medicines because there was no audit trail of medicines administered.

Care staff reported medicine errors to the management team and most of the time an appropriate action was taken to address these errors. However, we found that on one occasion, appropriate action was not taken and a person was at risk of unsafe medicine administration.

The above evidence showed that the agency had not managed people's medicines in a safe way.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We brought the issues identified by us to the attention of the manager on the day of our visit. They agreed to take immediate action to amend these issues and they assured us that the agency was working towards improving how they managed medicines. For example, they had recently introduced new MAR charts to make recording of each medicines administration more clear.

People we spoke with told us they were happy with how staff supported them with their medicines. People's comments included, "They hand me my tablets at bedtime. I'm very particular about my tablets and they always make sure that I've taken them", "They give me my tablets in a morning regular as clockwork" and "They give me my medication three times per day. One of the tablets is very big but they make sure that I manage to take it".

People using the service told us the agency had helped to protect them from harm and abuse. All the people we spoke with said they felt safe with staff that supported them. People's comments included, "I definitely feel very safe when they're here" and "I feel very safe with them". A family member told us, "[My relative] is definitely very safe with them [staff][, they're great with him".

At the time of our inspection, the agency did not have any current safeguarding concerns. There were policies and procedures in place to act on any concerns. Staff we spoke with told us they received safeguarding training. They were able to describe potential signs of abuse and they knew which procedure to follow in case they thought somebody was at risk of harm. Some of their comments included, "Safeguarding is about protecting yourself and people from harm and ensuring that people are safe" and "If I had any concerns about a person being subjected to any abuse or harm I would report it straight to my manager, the police, social services and CQC."

The agency had arrangements in place for responding to any emergencies and staff understood them. A staff member told us," In case of any incident we need to report it to the office and other respective service, depending on what the incident was". Additionally, each person's file consisted of a completed "emergency client information" form which could be handed in to emergency services in case a person needed to be taken to hospital. This indicated that the agency had ensured people received appropriate care when

required.

The agency had appropriate recruitment procedures in place to ensure only suitable staff were appointed to work with people who used the service. We looked in personal files for four staff members and we saw that required recruitment paperwork was in place. These included an application form and references that were requested by the agency. All four staff members had respective criminal checks done.

The agency had a rota system in place to ensure that all staff knew who they were assigned to visit that week and that all staff planned absences were covered. The agency used an online care monitoring system. This system allowed the management of daily home visits by staff. The agency had also implemented a back-up system in case of sudden staff absence. Staff we spoke with told us they regularly supported the same people and they had enough time to travel between visits. They said they received their rotas in good time to be able to accommodate any changes in their usual scheduling. People using the service confirmed that they usually had the same staff supporting them and staff arrived for calls on time or informed them if they were running late. Their comments included, "[Staff] come twice a day and they're always on time and have never missed an appointment", "I have regular staff and they're always on time" and "They're roughly on time, it depends on the traffic really but they always let me know if they're going to be late".

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.

Staff told us they completed training in the MCA and records confirmed this. Staff we spoke with had a good understanding of the Act and how to support people using its principles. One staff member told us, "You can never assume that people do not have capacity unless it is proven that they don't. Sometimes people are not able to make major decisions about their life and whoever makes these decisions on their behalf needs to have a formal permission to do it." However, we found that the agency needed to improve how they worked within the principles of the MCA. The information about people's mental capacity was recorded in their files, however, the section of a care plan referring to their capacity to make day to day decisions was often not completed. Consequently, we could not say how the agency worked towards improving the way care staff sought people's consent and empowered people to make decisions related to their day to day treatment and support.

We checked how the agency sought people's consent to their care and treatment. A consent document for one person, who allegedly did not have mental capacity to consent, was signed by their relative. It was not clear if the relative of this person had the legal right to consent to care and treatment on their behalf. The records also showed that the person had been refusing some elements of care and support provided by the agency. This indicated that the person might have been receiving care that they had not consented to. There was no evidence showing that any arrangements in relation to the care provided to this person had been made in their best interest and by the people who were legally appointed to do so.

We looked at consent documents for people who had capacity to make decisions. In one example, a family member signed the consent for care and treatment on their behalf. There was no record stating that this family member had the permission of the person to do it. Additionally, there was no evidence to indicate that this person had been given all of the information about the care and treatment involved, including the benefits and risks. There was also no evidence that the individual aspects of care had been discussed and agreed with them.

We recommend that the agency seek further support and training with relation to the Mental Capacity Act and how its principles influences the work with people who use the service.

We spoke about our findings with the manager on the day of our inspection. They assured us they would address the highlighted issues and would take immediate action to improve how the agency sought consent from people who used the service or their legally appointed representatives.

People using the service told us they were happy with the support provided by staff. One person told us,

"They always do what I want them to do. It's a very personable service".

New staff employed by the agency undertook an induction that consisted of the training the agency considered mandatory and shadowing of more experienced colleagues. We saw evidence that the manager had checked staff's competencies and acquired knowledge before they started working with people unsupervised. Additionally, the manager told us, and staff confirmed, that new staff were initially allocated to work with people who required a lower level of support. This meant that staff could learn their care duties better and increase their confidence before supporting people with more complex needs.

Records showed that staff received regular refresher training, which included dementia awareness, safeguarding adults, medicines administration, moving and handling and equality and diversity training. However, staff told us they had not always received all the necessary training that would give them skills necessary to work with people in a safe and effective way. For example, we were made aware of staff working with a person who displayed behaviours that challenged the service even though they had not received relevant training. There was a risk that this person might not receive care that met their needs.

We recommend that the agency seeks input from a reputable source about training for staff based on current best practice, in relation to working with people who may display behaviour that challenges.

All the staff we spoke with told us they felt supported by their managers. Evidence showed that staff received regular supervision and an annual appraisal of their work. Staff were also supported through regular spot checks as well as team meetings where staff could discuss matters relating to their professional role and responsibilities.

Some people required staff support at mealtimes, such as preparing a warm meal at lunchtime or sandwiches and snacks during other meal times. Each person had an individual nutrition care plan, which gave information about their allergies, what type of food and drink they liked and what food should be avoided. Where people required staff support with eating, there were clear guidelines for staff on how to support people safely. For example, one person's care plan stated that staff had to ensure the person sat in upright position for 10-15 minutes after eating in order to avoid a risk of choking. A second person's care plan gave a detailed description on how to prepare pureed food and how to use fluid thickener to serve drinks safely.

Staff were aware of specific culinary and dietary requirements of people they supported and were willing to "go the extra mile" to meet their needs. One staff member told us how they organised a food shopping trip for a person they supported to buy together food that the person liked and enjoyed eating.

The agency supported people to maintain good health and have access to healthcare services if needed. One staff member told us how they alerted a health professional as they observed that a person they supported had become unwell. They requested an immediate medical intervention and consequently, the person received appropriate treatment and their health shortly improved. Records we viewed confirmed that the agency informed relevant health professionals if they had any concerns about people's health and wellbeing. This showed people using the service received appropriate support when required for meeting their health and wellbeing needs.

Good

Is the service caring?

Our findings

People who used the service were very complimentary about staff and the care they received.. They told us, "The Carers [staff] are very good. I have very high standards and they always meet them", "I have two very good carers. I'm very happy with the ones I've got" and "I get absolutely marvellous care, to be honest I'm quite surprised myself."

The manager told us, the agency kept consistency of staffing by ensuring that, when possible, the same care staff worked with each individual who used the service. People we spoke with confirmed this. They told us, "I have a very good regular team that come every morning", "My carer is really good, she's lovely and very respectful" and "They always ring me if they want to send someone to shadow one of my carers or if there's been any change to my usual carers due to sickness." This indicated that the agency had supported people in building a relationship of trust and friendship with the staff that supported them.

Staff spoke fondly about people they supported. One staff member told us, "They all [people using the service] are absolutely wonderful. Everybody has a different story and you care for them like your own family."

Staff told us they supported people to be independent and actively participate in their care and treatment. Staff's comments included, "I always promote people to do things for themselves so they can feel they achieved something. I use encouraging words but if they refuse I cannot force them", "I ask people if they want to get involved when I prepare food for them, for example, peel vegetables. It is important to let people be independent "and "I let people know that they can do things. If they don't want to, I point out positives of them being more independent".

People who used the service told us staff respected their privacy and dignity when providing personal care. Some of their comment included, "They come out to do my personal care and they're lovely and always very respectful" and "They wash me and do my hair, and they're very respectful I feel very comfortable with them". Staff we spoke with understood the importance of respecting people's privacy and dignity and ensuring that they felt comfortable when receiving personal care. They said, "I always tell people what I am going to do, even if they cannot communicate back", "I always cover people when providing personal care and I tell them what I am doing step by step" and "I assist people with personal care. I only help them if they cannot do it themselves. I know my clients well and I know when they feel comfortable."

People could choose to receive personal care from a female or male worker. This was discussed at the start of the care package for each individual. One person confirmed that they were asked about their preferences. They said, "I prefer female carers and always get them. When we set it up in the beginning, they asked who I preferred. I don't mind male carers to do my shopping."

Good

Is the service responsive?

Our findings

People's care needs and preferences were assessed prior to the start of their care with the agency. The manager had visited people in person to carry out an initial needs assessment. Records showed that in these meetings, they collected information about people's care needs and preferences. They also assessed if the agency had the capacity and required skills set to offer suitable and effective support to a person. Gathered information was then used to formulate individualised care plans.

People's care plans we looked at were comprehensive and consisted of detailed information on people's care needs, personal care preferences and their daily routines. For example, one person's care plan stated that they needed support with personal care and there were detailed guidelines for staff on how the person wanted this support to be provided. A second person's care plan instructed staff to ensure they placed all required personal items, such as, glasses, drink and books close to the person before they left so the person could easily access these items when there was nobody around to support them.

Care plans we saw were person centred and included information about who they were and what was important to them. For example, we could read about people's previous occupation, where they grew up, how they met their spouses and what significant health events contributed to people's current health and wellbeing.

Staff told us they knew people's needs and preferences as they read about them in people's care plans. A staff member said, "I read care plans because they tell me about a person's family, their likes and dislikes and medicines". Each person's file we looked at consisted of a "care plan and risk assessment declaration" signed by staff working with respective people. By signing this document staff confirmed that they had read and understood care plans for people they supported.

Records showed that care plans were reviewed regularly. People, or where appropriate, their relatives were involved in the process and amendments were made if people's needs had changed. People confirmed that regular reviews took place. One person told us, "They come out every three months to check how things are going and update my care plan if necessary".

People told us they enjoyed staff's company and they used their support to attend a variety of appointments and follow their interests. Some of their comments included, "Sometimes [staff] accompany me to the hospital and sometimes they take me into the garden" and "We've been out shopping this morning and they're just 100% trustworthy." A staff member told us about a person they supported, who enjoyed going out with them to local shops, have a drink in a local cafe or visit a garden centre. This indicated that the staff at the agency supported people to be active and be present in the community whenever possible.

The agency had a complaints procedure and people using the service and their relatives knew how to raise any concerns they might have had about the service they received. All of the people we spoke with told us they were happy with the agency. Their comments included, "I've no concerns at all. I've been looked after so well by this company", and "I have no concerns at all about the service or my carers". One person told us

they contacted the agency once to complain about the service provided and they were satisfied with the outcome of their complaint. The manager informed us they had received two complaints since the agency had been taken over by new owners in October 2016. The records showed that the agency had dealt with both concerns in a timely manner and the manager took prompt action in order to address the issues.

The agency was proactive in asking people and where appropriate their relatives for feedback about the quality of the care they received. The agency representatives carried out three monthly quality assurance visits and six monthly phone calls to ensure people were happy with the service provided by the agency. People we spoke with confirmed that such visits and phone calls took place. They told us, "They always ask for informal feedback when they [the management] phone or come for a visit", "I do get questionnaires to complete but I don't fill them in" and "I haven't seen anyone from management this year yet but they do usually visit a couple of times a year."

We looked in people's files and we saw records of completed quality assurance questionnaires. Additionally, the manager told us they had personally visited the majority of people using the service to ask if they were satisfied with the support provided by the care staff. The agency had also used an external service quality surveyor, who conducted an anonymous annual survey with both people using the service and care staff. The registered managed provided us with a copy of the final survey report carried out in year 2016. We saw that 93% of people using the service would recommend it to others.

Requires Improvement

Is the service well-led?

Our findings

The agency carried out regular audits on people's care files, however, these had not identified issues highlighted by us during the inspection. For example, care file audits had not identified a lack of appropriate risk management plans to support staff in minimising identified risks to health and wellbeing of people who used the service. This meant that the agency had not done all that was possible to manage risks to people who received care and support from the agency. In another example, daily care records audits had not identified that staff administered medicines where they were not authorised to do so and that there were no respective MAR charts to record this administration. We also found that care records for people who used the service were not always accurate. For example, the care records for one person consisted of information on care preferences and care provided for their relative who was also a recipient of a care package from the agency. Therefore, it was not clear whose care was described in these records and there was a risk that people would receive the support that was not suitable to their needs and they did not consented to. This issue was also not highlighted in the care records audits carried out by the agency's auditor. This meant that the systems used by the agency to review the quality of the service provided were not effective.

We found that the agency had not maintained a central register for received complaints, reported accident and incidents (including medicines errors) and safeguarding concerns. There was no other evidence showing that the provider had effectively screened these areas to identify any possible patterns of their occurrence and address any gaps in the delivery of the service provision.

We spoke about this with the director and the manager on the day of our inspection. They told us an immediate action would be taken to address these issues. Following the inspection, the director had contacted the Commission letting us know that they had started the implementation of new, central register to log all complaints and accidents and incidents in order to better identify negative trends in the service delivery and to take an appropriate action where such trends were identified.

The agency had two directors who were also the owners of the agency. There was the manager who was supported by two care coordinators, two members of an administration team and the recruitment and training officer.

All people we spoke with were very happy with the agency and the support provided by the staff. Some of their comments included, "It's a wonderful service", "The service is very good and I would recommend them to anyone" and "I have actually recommended them to someone."

All staff we spoke with said the agency was well-led and they felt supported by their managers. They told us, "Since the new owners took over everything at the agency is more relaxed and well organised. My schedule is always fine and I feel involved in scheduling of my visits" and "They [the managers] seem to care about us. They ask regularly if we are happy with our hours and clients and they ensure we are on top of our training."

We saw evidence of regular communication between the management team and the care staff. These included frequent email newsletters, updating staff on any matters related to their professional duties and

the service provision, as well as team meetings for both care staff and the management team. Minutes from the latest team meetings showed that topics discussed included, appropriate staff attire, refresher safeguarding adults training and a discussion about implementation of new MAR charts. We saw that the management team had recognised that due to their busy schedules not all staff members could attend meetings at the same time. In order to increase the turnout and support the staff, the agency held three meetings in one day. As a result, it was easier for care staff to fit the time of the meetings into their work schedules. This meant that the agency's managers made all possible efforts to ensure care staff was aware of matters related to the agency and that they knew and understood what was expected from them.

The agency acknowledged that it was important to recognise the value of their workforce. Therefore, the management team awarded a care worker of the month award. We saw a photo of a recent recipient of the award displayed on the board in the agency's office.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care was provided in a safe way for service users because: They did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service. Regulation 12 (2) (a) (b) They did not ensure the proper and safe management of medicines. Regulation 12 (2) (g)