St Philips Care Limited

Pine Trees Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Pinetrees is a care home which provides accommodation for up to 35 older people who require personal care. At the time of the inspection 34 people were using the service. Some of the people who lived at the service needed care and support due to dementia sensory and /or physical disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Pinetrees on 28 and 29 April 2016. The inspection was unannounced. The service was last inspected in September 2014 when it was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, "I am very safe," and "Yes staff are nice to me. There are no concerns. " A relative said "Staff are very caring. People are very well looked after and very safe," A health professional told us "Pine Trees has improved a lot. I think the service is safe now."

People told us they received their medicines on time. We had some concerns about the completion of medicines administration records, and have required the service to make improvements in this area. Medicines were stored appropriately and staff who administered medicines received suitable training.

Staff had been suitably trained to recognise potential signs of abuse. Staff told us they would be confident to report concerns to management, and thought management would deal with any issues appropriately.

Staff training was delivered to a good standard, and staff received updates about important skills such as moving and handling at regular intervals. Staff also received training about the needs of people with dementia.

Recruitment processes were satisfactory as pre-employment checks had been completed to help ensure people's safety. This included written references and an enhanced Disclosure and Barring Service check, which helped find out if a person was suitable to work with vulnerable adults.

People had access to medical professionals such as a general practitioner, dentist, chiropodist and an optician. People said they received enough support from these professionals. However records of when people had last seen a dentist were variable.

During the inspection, there were enough staff on duty. Most people said they received timely support from staff when it was needed, although we did receive some concerns that staff responses could be slow, or staffing levels were variable for example at the weekends. Throughout the inspection we however saw that

call bells were answered promptly and we saw staff attending promptly to people's needs.

The service had a programme of organised activities, and an activity organiser was employed. Activities included quizzes, bingo, cookery sessions and regular events such as garden parties. Some external entertainers such as musicians and singers visited.

Care files contained information such as a care plan and these were regularly reviewed. The service had appropriate systems in place to assess people's capacity in line with legislation and guidance, for example using the Mental Capacity Act (2005).

People said they were very happy with their meals and people were provided with a choice. Everyone said they always had enough to eat and drink. Comments received about the meals included "The food is very good," and "The meals are cooked nicely." We observed a lunchtime, which was a sociable occasion where people received suitable support.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. They were sure the correct action would be taken if they made a complaint.

People felt the service was well managed. People told us the manager is "Very Nice." Staff told us the manager was "Approachable," and "Very nice." There were satisfactory systems in place to monitor the quality of the service.

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 mostly safe

Medicines were stored securely although records did not provide us with assurance some medicines were always administered as prescribed.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs, although we did receive some comments that the home could be short staffed sometimes, particularly at weekends.

Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Good

The service was effective.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. There was a choice of meals.

People had access to doctors and other external medical support although some medical records were variable.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support responsive to their changing needs. Care plans were kept up to date.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

There was a suitable programme of activities available to people who used the service.

Is the service well-led?

Good

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. We were told communication had improved in the last few months and was now generally good.

Pine Trees Care Centre

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.

We visited Pinetrees on 28 and 29 April 2016. The inspection was carried out by one inspector. The inspection was unannounced.

Before visiting the home we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the two days of the inspection we spoke with fifteen people who used the service. We had contact (either through email or speaking to) twelve relatives. We also spoke with the registered manager and six members of staff. Before the inspection we had written contact with eleven external professionals including GP's and other health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. We looked at six records which related to people's individual care. We also looked at four staff files and other records in relation to the running of the service.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period of the first day of the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People's medicines were administered by staff. People said their medicine was always given to them on time and medicines did not run out. Medicines were stored in locked medicines trolleys. A satisfactory system was in place to return and/or dispose of medicine. Medicines which needed refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received comprehensive training. Staff we spoke with said they felt competent to carry out the administration of medicines. The pharmacist had checked the system, and their report said its operation was satisfactory.

We were concerned about some of the records kept about the administration of medicines. When a person's medicine was administered staff needed to sign to state the dosage had been given. Although the majority of records seemed accurate, there were some instances where a dosage of medicine, was in its package, but there was a signature to state it had been given. On other occasions, a dosage of medicine appeared to be given, but it had not been signed for.

We were also concerned about the administration and the completion of records of skin creams. Most of the people we spoke with, said staff would administer creams when these were needed. However, some people said this did not always happen. For example one person said, "Creams are done most of the time, but it is the day time one's they miss." Other people said their creams were applied at the correct frequency, but completed forms we inspected did not reflect this. For example the chart was not completed for some dates. There was also significant variation when the forms were completed. For example forms were completed most regularly for applications first thing in the morning, and last thing at night, but not during the day. There were also occasions when the time of application written on the form, did not match what was written on the container of the cream. This meant it was not clear if the cream was being applied at the correct times prescribed by the doctor.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

People told us they felt safe. People told us: "I am very safe," and "Yes staff are nice to me. There are no concerns. " A relative said "Staff are very caring...people are very well looked after and very safe," A health professional told us "Pine Trees has improved a lot. I think the service is safe now."

The service had a satisfactory safeguarding adult's policy. Staff knew what actions to take if they suspected abuse. All staff had received training in safeguarding adults. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe.

Risk assessments were in place for each person. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. People were provided with safe moving and handling support where this was necessary. For example we saw a person, who had a fall, and staff were helping them to get up, using a hoist, and to sit in a chair. Two

staff helped the person, and provided them with lots of reassurance, as the person was quite shaken by the fall. Staff we spoke with said they had received training about moving and handling, and we were able to check this was the case from the records we inspected.

Incidents and accidents which took place were recorded by staff in people's records. Events were audited by the registered manager to identify any patterns or trends which could be addressed. Where necessary, action was taken to reduce any apparent risks. Records of accidents or incidents were kept on the person's file.

The service kept small amounts of money on behalf of individuals so they could purchase personal items such as toiletries or pay for hairdressing. Records were kept of expenditure. Access to monies was limited to senior staff, although staff could access petty cash, should people need money when managers were not present. No staff acted as appointee for anyone's government benefits, or savings. Where necessary people's relatives, or a solicitor, acted as appointee, if the person could not look after their own monies.

There were enough staff on duty to meet people's needs. For example, rotas showed there were four care staff on duty in the morning, afternoon and evening. From 8pm until 8am there were two care staff on waking night duty. The registered manager worked at the service, on a full time basis. She was supported by a deputy manager, who worked some shifts. Ancillary staff such as catering, administrative, cleaning and maintenance staff were also employed.

People told us that most of the time staff would help them promptly and there were enough staff on duty to meet their needs. For example, we were told: "I think there are enough staff," and "Yes fine." Relatives told us "There are enough staff when I am there. The call bells seem to be answered within a couple of minutes," and "Yes there are enough staff." Staff members said "A full quota of staff is essential, if people are 'down' (sick, on holiday), care is affected…We do run short occasionally." Other people told us, "We could do with another one in the evening," and "Yes there are enough staff, but at the weekend it is a bit thin on the ground." Relatives told us "staff can be rushed and under pressure, although it must be difficult with 40 odd people" and "Staff are extremely busy, there is not much time for one to one." Several of the staff we spoke with, said absenteeism of some staff was a problem. These staff said sickness rates at the weekend could be a particular problem. We discussed this with the registered manager, who told us the organisation had a new sickness absence policy, and the issue of staff sickness was now being addressed.

From our observations, there were enough staff on duty throughout the period of the inspection. For example, we carried out a formal observation, during the lunch period, on the first day of the inspection. People received suitable help from staff, when they needed it, and people did not need to wait too long for their food, or any help they needed. At other times, staff were clearly busy, but call bells were answered promptly and none of the people we saw, were kept waiting for unreasonable periods of time.

Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as two references and a Disclosure and Barring Service (DBS) check.

The environment was clean and well maintained. Appropriate cleaning schedules were used. One person said standards of cleanliness were, "excellent," and beds were changed at least weekly. During the inspection, there were no unpleasant odours in the home. People said the laundry service was efficient, although some people said occasionally an item went missing, but it usually reappeared eventually. We saw there were appropriate systems in place to deal with heavily soiled laundry.

The boiler, gas appliances and water supply had been tested to ensure they were safe to use. Portable electrical appliances had been tested and were safe. The electrical circuit had been tested, but it was considered as 'unsatisfactory.' The registered manager said this had been reported to the organisation's central office, and quotations for the required works were to be obtained. The registered manager said she would chase the matter up, and send a copy of the safety certificate to CQC when the remedial work was completed. Records showed manual handling equipment had been serviced. There was a system in place to minimise the risk of Legionnaires' disease. There was a system of health and safety risk assessment in place. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. However there was only a record that staff checks on fire extinguishers and fire doors were completed monthly, rather than weekly. Fire lighting had not been checked since March, rather than at least on a monthly basis. The registered manager said she would arrange for these checks to be completed more frequently, in line with guidance issued by the fire authority.

Good

Is the service effective?

Our findings

People told us the service was effective at meeting their needs and staff worked in a professional manner. People said, "I have never had any problems," and "It does not matter what you want, they will help….If you want help then you get it…they will come and have a chat," and "It has been excellent. They feel like family. Whatever you ask for they do it. They treat us with respect." Relatives said, "Staff seem knowledgeable and well trained… they are very good. They have lots of patience," "Staff are extremely helpful…They are knowledgeable and well up to date with everything." and "Staff are very, very good with everybody."

Staff had received suitable training to carry out their roles. New staff had an induction to introduce them to their role. The registered manager said when people started to work at the service she will spend time with them to explain people's needs, ways of working, and policies and procedures. New staff also work alongside more experienced staff before being expected to complete shifts. Staff told us they shadowed more experienced staff, when they started working at the home, for three days before having to work unsupervised. The registered manager said she was aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. She told us the company had developed a new staff induction policy, in line with the Care Certificate, which was just being implemented at the service.The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. On the staff files we inspected there was however limited documentation to confirm staff had received an induction, although all the staff we spoke with said an induction had been completed.

We checked training records to see if staff had received appropriate training to carry out their jobs. Records showed that people had received training in dementia, diet and nutrition, health and safety, medicines, manual handling, fire safety, food safety, infection control, safeguarding, equality and diversity, and first aid. Staff had completed a diploma or a National Vocational Qualification (NVQ's) in care.

Staff told us they felt supported in their roles by colleagues and senior staff. There was some documentation to state staff had individual formal supervision with a manager, and some documentation showed staff had received an appraisal in the last year. The staff we spoke with said they had received supervision recently, or that they had a meeting with a manager soon. The staff we spoke with said they felt they could approach managers if they needed support with any aspect of their work. For example the staff we spoke with described managers as "Helpful," and "Supportive." There was a senior care assistant, or a manager on duty, 24 hours a day to supervise and lead shifts.

People told us they did not feel restricted. However, due to some people having dementia, and the high level of vulnerability of people, the front door was locked, by a key pad, for security reasons and to maintain people's safety. One person told us they had been provided with the code to the front door so they could come and go from the home, without approaching a member of staff. People told us they felt there were no restrictions imposed upon them living at the service. People said they felt involved in making choices about how they wanted to live their lives and spend their time. For example, people told us staff involved them in

how people wanted their personal care and they were able to choose when they got up and went to bed. However, two people we spoke, who were dependent upon staff to help them to move, said staff would not always come to help them at a time they wanted. One person said staff would either come "too early or too late." We discussed this matter with the registered manager.

People's capacity to consent to care and treatment was assessed in line with legislation 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 people lack mental capacity to take particular decisions, any decisions 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. 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 registered manager said, where necessary, applications had been submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. The staff we spoke with demonstrated a basic awareness of the legislation. Records showed that there was appropriate training for staff about mental capacity and deprivation of liberty.

People were happy with their meals. Everyone said they always had enough to eat and drink. People told us staff knew individual likes and dislikes. A choice of meal was available to people. Staff asked people in advance each day what they would like for their main meal, and also for their evening tea. Various options were also available for people at breakfast time. The main meal was displayed on a black board in the dining room. However the second choice, or sweet, was not recorded. A printed menu, for the week, was displayed by the kitchen. However the meal on offer for the day did not correspond what was on the menu. People said staff would regularly ask them if they wanted a cup of tea, coffee or a cold drink. Comments received about the meals included "Meals are very good," "Alright," "Meals are nice," "There was too much mashed potato on my plate today,"and "Very nice, we order what we want in advance."

People had their meals either in the dining room or in their bedrooms. On the first day of the inspection we saw people receiving appropriate support to eat their meals. Some people, due to their illness needed charts to monitor they were having enough food and drink to minimise the risk of malnutrition and dehydration. We checked records for several people, who spent all or most of their time in bed. Before the inspection, we were told by health professionals there had been problems with completion of these in the past; however the records we inspected were completed comprehensively.

People told us they could see a GP if requested. We were also told that other medical practitioners such as a chiropodist, dentist or an optician visited the service. Records about medical consultations showed that people saw, where appropriate, GP's, opticians and district nurses regularly. However there were limited records about whether people needed or wanted to see a dentist, and as appropriate, when they last saw a dentist. We discussed this matter with the registered manager who said people did have access to a dentist, and she would ensure records were improved.

The home had appropriate aids and adaptations for people with physical disabilities such as specialist bath, designed for frail people. The home's environment was maintained to a good standard. All areas were well decorated, with clean and comfortable furnishings and fittings. The home was clean and tidy, and there were no offensive odours. People told us they liked their bedrooms and these were always warm and

comfortable.

Good

Is the service caring?

Our findings

Most people were positive about the care they received from staff. We were told staff were; "Very kind, nothing is too much trouble. It is a home from home," "Everyone is alright with me. There are no problems," and "It has been excellent, (staff) feel like family," and "We do very well here." Relatives told us "It is an excellent home, very caring, the food is excellent, and people are very well looked after. Superb"and"(My relative) loves it there. She is very pleased with everything." Professionals stated "In the last three months staff have changed, they seem better informed. In the past communication was a problem," and "Pine trees has improved a lot in the last year. The staff are definitely more knowledgeable and helpful," and "(The people) I have supported have always stated they have been well cared for and they have no concerns."

Although the significant number of people we spoke with were positive about the support they received we did hear some concerns. One person said, "Some staff are patient, and some are not… I was told to 'stop moaning,'…some staff can be 'rough' (with personal care)," and "Generally speaking it is very good, but at 11am today I asked to go to the toilet, but it was 2pm before someone came." We discussed these concerns with the registered manager, and where the person said they would like specific matters addressed, we asked the registered manager to meet with the person concerned.

Throughout the inspection we saw staff working in a professional and caring manner. We did not witness any poor practice. Staff were hard working, attentive, kind and caring. Staff were seen to be calm, and did not rush people. The people we met were all well dressed and looked well cared for. People's bedroom doors were always shut when care was being provided.

Care plans we inspected contained enough detailed information so staff were able to understand people's needs, likes and dislikes. The care plan format had space for staff to record people's background and life before moving into the home. This information is useful to staff to help to get to know the person when they move into the home. However in at least one case this was not completed The registered manager said where possible care plans were completed and explained to people and their representatives.

People said their privacy was respected, for example, we were told staff always knocked on their doors before entering. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments. The people we were able to speak with all said they found their bedrooms warm and comfortable.

Family members told us they were made welcome and could visit at any time. We spoke to two relatives who visited the home most days and they said the care and support they had witnessed had always been to a good standard. People could go to their bedrooms, or to the sun lounge if they wanted to meet with visitors in private.

Good

Is the service responsive?

Our findings

Most people were positive about the care they received from staff. We were told for example staff were "Lovely, all of them. If you want help then you get it. One of them will come and have a chat if I am feeling down," and "I am being well looked after. Don't you worry about that!," Some people were not so positive: "We do very well here, but some staff are better than others. Some are abit like 'sergeant majors,' it is like school again. You have got to do it, they like their routine," and about a member of staff: "One is abit 'pushy,' they say 'you can do it' when I can't. (They) seem to think I am making it up."

The majority of people said call bells were answered promptly. "I only used it once but they came quickly," "They will come quickly. They are pretty good," However we did receive a minority of less positive comments: "Sometimes they will take a long time," (Staff will)"Not always come quickly," "Sometimes they will come, switch it off, and say someone will come, but they don't," and "Staff don't come quickly. It can be 5-10 minutes." We noted the call bell in the lounge could be quite obtrusive to people watching television, sleeping, or participating in activities. The registered manager agreed to look at options to move this.

Before moving into the home the registered manager told us she went out to assess people to check the service could meet the person's needs. People, and or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained appropriate information to help staff provide the person with individual care. Care plans also contained appropriate assessments for example about the person's physical health, personal care needs, and moving and handling needs. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. All staff we spoke with was aware of each individual's care plan, and told us they could read care files at any time.

The service arranged organised activities for people. An activity organiser was employed on a full time basis. We spoke to the activities organiser and he said he would spend time individually with people who were not able to leave their rooms, and also provide group activities for people. Activities on offer included reminiscence work, arts and crafts (for example making entries for the local country show,) baking and bingo. Some external entertainers such as musicians and singers visited. The local Salvation Army visited to sing hymns, and on a monthly basis the vicar from the local church gave communion. The service held a summer fete, and people assisted in helping prepare for this. People were positive about activities on offer. One person said, "There is something every day cake making, bingo, a quiz or something." Some people, who spent time in their rooms, said they would appreciate more individual time with the activities organiser. Relatives spoke positively about activities available for example "The activities organiser is very good." Some trips had been organised in the past, although currently the service's minibus was not working. We discussed this with the registered manager as some people said they missed the outings. The registered manager said the company planned to fix the vehicle soon. The library visited the home, so people could

have a selection of books if they enjoyed reading.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident appropriate action would be taken if they raised a concern.

Good

Is the service well-led?

Our findings

People and staff had confidence in the registered manager. For example people told us the registered manager was approachable. For example we were told the manager was "Supportive," and "Very Nice." A relative told us "Management are very humble. They deal with any problems straight away." An external professional told us, "What I like about the home is that you can have an honest conversation with management if things can be improved." Staff all said managers were supportive and helpful for example the manager "Approachable," and "I like them (the manager and deputy), They are very good."

People said there was a positive culture at the service. People told us, "There is a nice atmosphere," "It feels like family, "and "It is very good, they listen to you." Relatives said "I am really pleased with the home…I give them top marks," and "They do their best." Staff said there was a positive culture among the staff team. None of the staff we spoke with had ever witnessed any poor practice, and all said if they had they were confident this would be immediately addressed by management. We were told there was a positive culture in the team, for example: "There is a good rapport among the team," "We all do our best," and "Everyone does their best. It is a pretty good service."

There were mixed views about communication. One relative said "If someone cannot deal with an issue, they will find someone who will," and other relatives we spoke with said staff will keep them up to date, and informed. However one relative said one member of staff had recently been "not helpful" when they had a concern about their relative, but a second member of staff had been supportive and called the doctor. Several external health professionals said there had been problems in the past about communication. For example several professionals said there were instances where a GP or nurse had been called, but when they visited the service, the staff member who called was not present at the service, and other staff were not aware of the issue. However all professionals noted there had been improvements and currently they had no concerns.

There had a clear management structure. The registered provider (owner of the service) has several care homes, and the regional manager visits the service regularly. The registered manager worked in the service full time, and a deputy manager had recently been recruited. Senior care assistants were on duty 24 hours a day, every day. The registered manager said she was on call when she is not at the service.

Staff members said morale was good within the staff team. Staff we spoke with said there had been sizable turnover within the team, but there was a core group of staff who had worked at the service for a while. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They said major concerns were addressed appropriately by the registered manager.

The registered manager monitored the quality of the service by completing regular audits such as of care records, medicines, infection control, health and safety, training provision, accidents and falls. An annual survey of relatives, staff and professionals was completed to find out their views of the service. The response to the survey was quite low, but those who did respond were positive about their experiences.

The registered manager said she met with the regional, and national, management team regularly. There were resident, staff and management meetings within the service. There were staff handovers at the change of each shift.

The registered provider was registered with the CQC in 2010. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, have been complied with.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We had concerns about the accuracy of medicine records, and whether prescribed medicines and treatments were always administered correctly.