Stonesby House Ltd

Stonesby House LTD

Inspection report

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Tel: 01162831638

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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

We carried out an unannounced inspection of this service on 17 November 2015. Stonesby House Ltd provides accommodation and personal care for up to nine adults with mental health needs. It is situated in the centre of Leicester, close to local amenities. The home has seven ground floor bedrooms and two first floor bedrooms, all with en suite facilities. The ground floor is accessible for people who use a wheelchair. There were seven people living in the service at the time of our inspection.

Stonesby House Ltd has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found a breach of regulation in relation to the management of medicines. We found that systems for recording, auditing and storing medicines were not robust and had the potential to put people at risk. . This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe in the home and that they trusted staff to look after them. They told us how the staff included them in decisions about the running of the home and how their care was provided. Throughout our inspection we saw examples of good care that helped make the home a place where people felt included and comfortable. People were treated with dignity and respect.

There were enough staff to provide safe and effective care for people. Staff working in the home understood the needs of the people who lived there. We saw that staff and people living in the home communicated well with each other and that people were enabled to make choices about how they lived their lives. People living in the home told us they were happy with their care.

People were supported to take part in a range of activities to meet their social needs. People had been asked what was important to them and how they liked to spend their time. Staff used this information to plan the activities provided. This meant that people were able to spend their time in the way they preferred.

The risks to people's safety and well-being had been assessed and minimised. Staff knew what action they needed to take to keep people safe. Staff followed risk assessments and promoted people's safety. This meant that people were protected from risks to their welfare whist being supported to be as independent as possible.

People were supported to have their mental and physical healthcare needs met and encouraged to maintain a healthy lifestyle. Staff made appropriate use of a range of health professionals and followed their advice when provided.

Staff told us they felt supported in their roles and the registered manager provided staff with clear guidance and leadership. Staff had completed the training and qualifications they needed and we saw they used this knowledge to provide people with safe and effective care. Staff were clear in their roles and confident they could raise concerns with the registered manager. The registered manager had shown how they had learnt from incidents in the service and responded by making changes and improvements to improve care. This showed that the service was well-led.

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 is not consistently safe

People told us that they felt safe. Staff were aware of how to protect people from abuse.

Risks to people's safety had been assessed as part of their care plan. There were sufficient numbers of staff deployed to meet people's needs.

People received their medicines by staff who were trained. However the system for recording medicine administration and stock control and for the storage of refrigerated medicines was not robust.

Is the service effective?

Good

The service was effective

People were involved in their care and asked about their preferences and choices in line with legislation and guidance

People received care from staff who were trained to meet their individual needs.

Suitable arrangements were in place that ensured people received good nutrition and hydration. People were supported to maintain good health and had access to appropriate services which ensured people received on-going healthcare support.

Is the service caring?

Good

The service was caring

Staff were motivated and passionate about the care they provided and strove to improve the quality of people's lives in the service.

People told us that staff were caring and respected their privacy and dignity

People were supported to maintain important relationships.

Staff listened to the people who used the service and respected their views and choices.

Is the service responsive?

Good

The service was responsive

People received personalised care that met their individual needs and preferences.

People's needs were assessed and were involved in the on-going review and development of their care.

People we spoke with told us the staff team and registered manager were approachable and responded to and acted upon their concerns and complaints.

Is the service well-led?

Good

The service was well-led

The registered manager had promoted a culture that focussed on the people who used the service.

Staff were positive about the leadership and support they received from the registered manager and the provider and felt involved in decision making.

The registered manager undertook audits to check the quality and safety of the service however these were not always robust.

Stonesby House LTD

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. This inspection took place on 17 November 2015 and was unannounced, which meant that the provider did not know we were coming. The inspection was carried out by two inspectors.

Before the inspection we looked at information we held about the service, which included any information received regarding concerns about the service and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also contacted commissioners for health and social care, responsible for funding some of the people that live at the home for their views about the service.

We spoke with four people who used the service. We also spoke with the registered manager and two support workers. We observed people being supported in communal areas. We looked at records for three people, which included their risk assessments, care plans and medicine records. We also looked in detail at records relating to all aspects of the service including staffing, health and safety, audits and monitoring, policies and procedures and quality assurance.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke to told us that they felt safe in the service. One person told us "I feel safe here. I trust the staff to look after me". Another person told us that they felt safe because the staff made sure that the building was secure at night. Doors and windows were locked and they felt confident no-one could get in.

We looked at how medicines were managed in the service and we saw people were receiving their daily prescribed medicines. People told us that they received their medicines safely and when they needed them. One person told us "(the registered manager) picks up my prescriptions. I get my medicines three times a day. I go into the staff room and take them with water". We later observed the person having their medicines in the way they had described. Medicines were stored safely in the staff office. We saw that the service used a blister pack system to reduce risk of errors and each person had a medication administration record (MARS) and a photograph on their index. This supported staff to ensure that they administered the right medicines to the right person.

We saw there were some missing signatures on the MAR and although we saw evidence that the person had received their medicines we found records were not accurate. We found there was some inconsistency in recorded stock levels between the MAR chart and the service stock control charts. This meant that there could be potential errors in the stock management of medicines and evidence that people had received the correct medicines. We found that some people regularly declined to take their medicines and had a risk assessment in place which had assessed the risks to the individual in doing this and included consulting health professionals. People had been assessed as having capacity to make these decisions and the service reviewed the capacity assessments through care reviews.

We checked refrigerated medicines and found that temperatures were recorded daily. However we saw that staff had recorded temperatures at 10o Celsius and we found that the fridge had started to de-frost soaking some medicines with water. We raised this concern with the registered manager who assured us this would be addressed immediately. We found that where creams and lotions had been prescribed, there were no body maps to ensure staff supported people to apply the topical medicines to the correct area. This meant that staff may not know apply topical medicines effectively to help people to manage their skin conditions. The date of opening was not recorded on some medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with service policy, all staff who administer medicines had been appropriately trained. Records showed that staff received in-house training and a 12-week safe handling of medicines course through a local college. They were also supervised by the registered manager to check that they were competent. One staff member told us "When I started the manager watched me (administer medicines) until I felt confident." Some staff had been trained to administer insulin by the district nurses which enabled them to meet the people's medicine needs within the service.

Staff members were able to tell us how they would respond if they had concerns about the welfare of any of the people who used the service. One staff member told us "we all know how to protect people from abuse.

We have had training and we discuss people's safety every day. If anyone was being abused I would step in and stop it. I would then report it to my manager and she would inform the authorities straight away". We saw that staff had received up to date safeguarding training and local authority safeguarding guidance was clearly displayed for staff reference. The provider's safeguarding adults and whistle blowing procedures providing guidance to staff on their responsibilities to ensure people were protected from abuse. However we saw that these required updating to the reflect the latest CQC regulations and legislation to ensure that staff had up to date knowledge and guidance to carry out their role safely. Where a safeguarding concern had been raised, we saw that the registered manager had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved. For example, following a recent safeguarding concern, the registered manager had reviewed and updated the service admission criteria. They had communicated this to the local authority to ensure that people with similar needs were admitted to the service.

There were enough staff on duty to meet people's needs. The atmosphere was calm and staff did not seem overly rushed. During our inspection we observed that staff had time to provide support for people and also assist with cooking and cleaning. We saw that staff managed their time well and no-one was kept waiting for support if they needed it. We observed one staff member escort a person out for a medical appointment. We also observed staff helping people to make hot drinks in the kitchen and sitting in the dining room talking with them. We observed that if anyone appeared isolated or left out staff were quick to recognise this, and supported the person to become more engaged with other people in the home. One person told us "there are two or three staff on duty for each session and there is one staff here at night and they do the cleaning. If you need the staff they are here for you in the day and in the night". The staff rota showed that there was consistently enough care staff on duty with the right competencies and experience to keep people safe.

Risks to individuals had been assessed as part of their care plan. This included risk assessments for people to access the wider community, person care, mobility, nutrition and the risk of social isolation and physical and emotional ill being. Staff understood the measures that needed to be taken to reduced this risk by accompanying them to the shops and providing supervision whilst they made their own purchases. Staff were able to tell us which people using the service were at risk and what from. They gave us examples of potentially risky situations and what they would do to keep people safe, for example when going out with them into the wider community. One staff member told us "We know who is at risk because it's in their care plans. The manager also tells us and we discuss risk in staff meetings."

The environment supported people to move around safely. The interior of the home was spacious, free from clutter and hazards and clean. Staff had been trained in infection control and they understood the importance of reducing the risk of infection. We observed staff using disposable gloves and tabards when cleaning bathrooms and toilets. We saw that staff followed a cleaning schedule which guided staff on the frequency, correct cleaning procedures and materials to be used for each task. Each cleaning schedule was then checked and signed off by senior staff. There were clear procedures to follow for the use of the laundry which again was checked and signed off by a senior staff member. This meant that people were protected from the risks of infection within the premises.

A thorough recruitment and selection process was in place that ensured staff recruited had the right skills and experience to support people who used the service. We looked at two staff files and these contained relevant information, including a Disclosure and Barring Service (DBS) check and appropriate references, to ensure that staff were safe to work with people who used the service. The DBS checks helps employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

All the people we spoke with told us the staff knew how to support them and understood their needs. We observed staff had a good rapport with people and worked with them in an enabling and effective way. One person told us "The staff know what to do if I am fed up. They help me."

Records showed staff had received induction from the manager and on-going training using methods which included classroom and distance learning through a local college. Training included general care and training specific to the service. Training certificates were recorded on staff files and a training matrix which was kept up to date. The training programme helped to ensure staff had the skills and knowledge they needed to support the people who used the service. We discussed training with staff. One staff member told us they had induction and training, including a course on mental health awareness, and then learnt by working alongside other members of staff. They said "I learnt the most from the more experienced staff and the manager. They guided me through and I could ask them anything I wanted." Staff records showed that staff had the opportunity to receive supervision from the manager as part of their development. This meant that staff could develop within their roles and receive formal support from the registered care manager.

People were supported to have their physical and mental healthcare needs met by appropriate health professionals. People's care records included a health action plan which detailed current health needs and what support each person needed to be healthy. Care records also included a 'my health booklet for hospitals'. This contained all essential health and wellbeing information about the person including likes and dislikes, communication and how to support the person to make decisions and choices. This booklet was to ensure the best possible care for the person should they have to go to hospital. During the inspection a staff member accompanied one person to a health appointment. This was an important event for the person as they had been anxious about going. When the person and the staff member returned they were both very happy as the person had accepted the treatment. The person using the service told us they were "over the moon" that the appointment had gone well and thanked the staff member for going with them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People were asked for their consent to care and treatment. We saw that people's care records detailed the right of each person to make choices and the support and level of encouragement they may need. This included choices that may not always be in the person's best interests but for which the person had capacity to make.

We observed that staff respected each person's decision and choice. For example, we saw that one person had consistently declined to attend health appointments. The manager and keyworker had assessed the risks and outcome for the person in declining health intervention and held a best interest meeting with an external professional. As a result of the meeting, the person had agreed to attend some primary health appointments and had signed a statement confirming this. We saw that this decision was kept under review

on a monthly basis. Care plans included guidance on the best time of day each person was most likely to make a decision and the preferred method of communicating information. For example, one person's care record detailed that the person could plan their day if information was given to them in small manageable pieces in a clear and concise way.

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 Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Mental Capacity Act and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the manager and staff were effective in their knowledge of DoLS and had made two referrals for authorisation to deprive liberty for two people. We saw that each referral had supporting information and records reflected the potential risk and measures needed to keep each person safe.

People told us that they liked the food. One person said "The food's not bad, it's better than hospital food". Another person commented "You get two choices at mealtimes - today I had pasty and chips but I could have had soup and salad". Staff and the people using the service usually ate together. The registered manager said they did this to make mealtimes more sociable and also to support people. This had enabled staff to address issues people might have with their nutrition. One staff member told us they had just referred a person using the service to the SALT (speech and language therapy) team because they had observed them having difficulties swallowing. We were also told that another person with short term memory loss had benefited and gained weight through a staff member sitting with them during mealtimes. We saw that this was confirmed in care records.

One person showed us a healthy eating information poster people using the service had made. They said they found it useful in choosing what to eat. Staff encouraged people to eat healthily. Minutes from a recent staff meeting showed that staff and people using the service had discussed healthy eating and the benefits of it. People told us they were involved in choosing the menus and they were asked if they had suggestions for meals. During our inspection the service received the weekly shopping delivery. One person said "The shopping comes in once a week. There is everything we need like fruit, meat, vegetables, biscuits and soap-powder. I like to see the shopping arrive and see what's in it."

During the inspection we observed people going into the kitchen and using the kettle to make themselves and others tea and coffee. One person told us 'You can have as many drinks as you want. You can make them yourself, although sometimes staff make them for us'. Staff told us people could use the kitchen whenever they wanted provided they were safe to do so. People were asked on their views on the food everyday and these were logged in a food comments books. Staff said this feedback was used to determine which meals were popular in the home and to design menus with people using the service. We looked at the comments booked and found that most of the entries were positive. We saw that there was fresh fruit in the lounge. One person told us 'It's (the fruit bowl) always there and you can have what you want.' This encouraged people to eat healthy snacks whenever they wanted to.

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them. One person told us "I am happy with the staff here, they are good and you can talk to them." Another person commented "We have a laugh with the staff every day." We observed the staff interacted well with the people using the service. They were calm and supportive and knew when to approach people and when to leave them alone. They supported people to be independent while also being there if they were needed. One staff member told us "We (the staff team) all want the best for the people we support, that's why we are here".

Staff supported and respected people's choices. We saw people choosing what they wanted to do and where they wanted to spend their time. One staff member told us "We give people options. For example, I might say to a person 'Do you want to take your clothes out of the dryer and to your room?' It is your choice but if you don't do it you won't have any clean clothes". This helps people to think for themselves and become more independent. We observed people making choices throughout our visit about what they ate, where they went in the service and what they wanted to do.

People told us staff respected their privacy and dignity. One person said "I've got my privacy here. I can go up to my room if I want to for peace". Staff told us they always knocked on people's bedroom door, even if they thought the room might be empty, to show respect. We observed this in practice during our inspection.

Some people needed support with their personal care. Staff told us they tried as far as possible to encourage people to attend to their personal care needs themselves. One staff member said 'We try and prompt rather than do it for them, it depends on how they are feeling'. We looked at two people's care files and found records supported this enabling approach. This approach ensured people maintained their independent skills as far as possible.

People were supported to maintain important relationships. For example, staff support one person to visit their relative everyday by liaising with another service because they understood how important this is to the person. Staff supported another person to telephone their relative every day and were quick to respond should there be a problem in making contact. This meant that people were supported to maintain family links which were important in their lives.We saw that this was reflected in care records and staff handovers.

The service had recently been extended and developed to improve communal living and bedrooms for people who used the service. People were drawn to communal areas which were comfortable and light and had an assortment of decorations and objects to stimulate activity and engagement between people, such as arts and crafts, a birthday wall and a memory book which contained photographs of group outings. All bedrooms were en-suite with wet rooms or walk in showers and were personalised. This ensured that people could have privacy and dignity in managing their personal care needs.

Good

Is the service responsive?

Our findings

People told us that they enjoyed activities both in and outside of the home. These included arts and crafts, bingo, shopping and cookery, hair and beauty and keep fit in addition to college courses. One person said, "The manager has taken me to (a local superstore) to buy some clothes. If I want to go shopping again I'll just ask her and she'll take me." Another person commented that they enjoyed the home's bingo nights. We saw that people were offered choice to make decisions about how they spent their time. For example, one care record showed that a person had changed their mind on the way to a scheduled activity. The escorting staff member had recorded that they had discussed this with the person and supported them to choose an alternative activity which the person was recorded as enjoying.

One person who used the service showed us the arts and crafts people had done in the home which was displayed on the walls. They said they liked looking at the work people had done. A visiting tutor came to the home once a fortnight to teach arts and crafts. Staff told us people were always given a choice of which activities they wanted to do. One person said "I like doing things with just me and the staff best but if I want to do something with the other residents I can".

People had an assessment of their needs when they moved to the service. People and their representatives were supported to fill in a person centred record upon admission which provided a profile of the person, their likes and dislikes, what was important to the person and the people who were important to them. The information from the assessment and the person centred profile had been used to develop the care plan. An example was for a person who had objects that were very important to them and did not like other people touching them. This was included in their care plan so staff could agree with the person the best way to support them to clean their bedroom without causing them anxiety.

People's care plans contained up to date information about their needs. Care plans had been updated to reflect changes in needs, for example, a person had been assessed as at risk nutritionally because of a change in their needs. The service had responded by ensuring the person had a staff member sitting with them at meal times to encourage them to eat, making mealtimes more sociable. The records of care showed this had been provided.

During the assessment and following care reviews, people were asked what level of night-time checks they would like. Choices ranged from hourly, to three hours, other and not at all. Where people had made specific choices based on their preference and needs, care records recorded this and night time logs showed that these individual preferences had been respected. This meant that people received care that was personalised and met their needs.

People's care plans included information about their preferences, for example what time they liked to get up, what personal care support they liked and when. Records showed that their wishes had been taken into account in the care provided. People were supported to identify goals and outcomes they would like in life, for example to be able to make a meal or to manage their own medicines. Each goal was broken down to detail what support the person needed, when and how they needed support and from whom, their

aspirations and the risks involved to achieve the desired outcome. We saw there was a strong emphasis on enablement and positive risk taking to enable people to achieve their goals. For example, one person had a goal of managing their own personal care with staff support. Another person had a goal of managing their own money and shopping in the wider community. All records in care plans were reviewed at four to six weekly intervals by the registered manager to assess if there had been any changes to the care plan. We saw that people had been offered the choice of participating in the review. Staff were able to tell us about people's routines and preferences and this matched what we saw in their care records. This meant that people were able to control their care to ensure it reflected their wishes.

People told us that if they had a complaint they would tell the staff. One person said "I would tell (the registered manager) if something was wrong. She's the manager'. Another person commented 'I haven't got any complaints but if I did I'd tell the staff." During the inspection we saw one person make a complaint to a member of staff. The member of staff acknowledged the complaint and reminded the person that the registered manager was already aware of it, was dealing with it, and that there was a solution if the person wanted to accept it. The staff member was patient and kind in their response. Records showed this complaint was part of an on-going issued that the staff were working with the person to resolve.

The staff we spoke with knew what to do if somebody complained to them. One staff member said 'If a resident wanted to complain they can tell anyone - I'd give them the options of all the people they could contact both in and out of the home and then they could choose. The service complaints policy and procedure supported people to make complaints through a user-friendly process.

Good

Is the service well-led?

Our findings

People told us they were happy and settled at the home which they thought was well-managed. One person told us "This is my home now. The manager says I can stay here as long as I want." Another person commented "This the best care home in Leicester. There's a place to eat, a place to watch telly, and you've got your own room and shower".

We asked people using the service if they were consulted about how it was run. People said they were. One person told us 'We had a residents' meeting two days ago. We discussed the smoking area and how we are going to put ashtrays on the walls. We were asked for our opinions.' We saw that residents meetings were held on an ad hoc basis if something needed to be discussed. There were two in 2015 and we looked at the minutes. They showed a good attendance and that people had been asked if they were happy and if they wanted to raise any concerns. They had also discussed health and safety and a temporary change to one of the home's fire exits.
We saw evidence in care records that people were able to raise concerns individually outside of meetings and that their concerns or comments were acted upon.

The home also carried out annual surveys of peoples views. These were done in a pictorial form to make them more user friendly. Eight people using the service replied to the last one which was carried out in June 2015. The responses were overwhelmingly positive showing that people were satisfied with the service that the home provided.

The registered manager provided clear and confident leadership in the service. We observed the registered manager advocated for people who used the service during telephone calls and was available to speak with staff and people who used the service throughout the day. Staff told us the registered manager supported everyone in the home, both staff and the people using the service. One staff member told us (the registered manager) cares for the staff and the service users. Another staff member told us "the registered manager is full of knowledge and experience and puts so much into the job. She is always contactable day and night, she has never discouraged anyone with ideas and she looks after everyone here". We saw that the registered manager had a hands on approach to the service and its people and regularly worked care shifts with the staff team to ensure consistency to the people who use the service. The registered manager informed us that they work closely with job centre plus to look at local recruitment and has given talks to young mothers returning to work to highlight care as a possible career. Staff retention levels within the service were good resulting in a good level of consistency for people who used the service.

Staff and the registered manager told us that the provider was very supportive and always available for help and advice. One staff member told us "They are on the end of the phone if we need them. If there's a problem they always have an answer, they understand the business because they have a background in care".

Staff meetings were held very two months. Minutes showed that key issues such as care planning, safeguarding and whistleblowing and infection control were discussed. This helped to ensure staff were

kept up to date with their skills and their responsibilities within the home. One staff member told us "(the registered manager) listens to our ideas. We can suggest things at any time and staff meetings are a good place to do this as we can all join in the discussion".

We saw there were systems in place for the maintenance of the building and equipment. This included the maintenance of essential services, such as gas, electrics and fire equipment and systems. The registered manager had implemented regular safety checks of equipment such as daily checks of the fire panel, weekly checks that all nurse call points were working, weekly checks that water temperatures were safe for people who used the service. We saw that the premises had been risk assessed and any remedial action identified and taken. For example, an external audit found broken tiles in the bathroom and mould in the laundry area. We saw that action had been taken to rectify this and that the registered manager kept a list of current maintenance requests in the office which included the date the request was raised and when the maintenance job had been completed. One person told us that their shower was difficult to use due to water spraying all over the room. We checked this with the registered manager and saw that it did need attention. The registered manager said that she would get it fixed.

We saw that the registered manager audited care plans each month and put a note on an audit record in each persons care plan to show the outcome of the audit and what, if any, remedial action was needed and by whom. This was then checked the following month to ensure any follow up action had been completed. The audit process however had not identified that medicine management and recording systems were not robust. The registered manager undertook occasional audits of medicines however there were very infrequent which potentially could put people at risk from errors in administering medicines. We spoke with the manager about the need to devise a more in-depth audit of medicines which they agreed to action immediately.

Accidents and incidents were reported properly and the action taken was recorded. The registered manager was responsible for reviewing accidents and incidents on a daily basis to identify any trends. This meant that action was taken to respond to patterns of risk to reduce the risk of accidents or incidents occurring again. An example of this was the review of the admission criteria by the registered manager and the provider to ensure compatibility in people who used the service.

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 Regulations 12 (2) (g) HSCA 2008 (Regulated Activities) Regulations 2014 Safe care and treatment Medicines were not managed, stored or recorded correctly to make sure people received their prescribed medicines safely.