Mental Health Concern

Pinetree Lodge

Inspection report

1 Dryden Road
Low Fell
Gateshead
Tyne and Wear
NE9 5BY
Tel: 0191 477 4242
Website: www.mentalhealthconcern.org

Date of inspection visit: 22 and 30 June 2015
Date of publication: 27/08/2015

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?	Good

Overall summary

We carried out an inspection of Pinetree Lodge on 22 and 30 June 2015. The first day of the inspection was unannounced. We last inspected Pinetree Lodge on 2 July 2014 and found the service was meeting the relevant regulations in force at that time.

Pinetree Lodge is a care home providing accommodation with nursing and personal care for up to 34 people. The service is primarily for older people, including people living with a dementia related condition. At the time of the inspection there were 29 people accommodated there.

The service had a registered manager in post, who became formally registered December 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Due to their dementia, most people were unable to provide detailed views about the service. Visitor's told us they felt their relatives were safe and were well cared for. Staff knew about safeguarding vulnerable adults. Incidents and alerts were dealt with appropriately, which helped to keep people safe.

We observed staff provided care safely. At the time of our inspection, the levels of staff on duty were sufficient to safely meet people's needs. Staffing levels were not formally calculated on the basis of a dependency rating, and staff highlighted the need for extra hours to be worked to provide cover. The registered manager told us new staff were being recruited and we saw new staff were subject to thorough recruitment checks.

We found that improvements needed to be made in regard to the management of medicines. Medicines were not always managed safely for people and records had not always been completed correctly. People did not always receive their medicines at the times they needed them and in a consistently safe way. There were instances when medicines were not administered and recorded properly.

As Pinetree Lodge is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Staff obtained people's consent before providing care. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests.

Staff had completed relevant safety related training for their role and they were well supported by the management team. Training included care and safety related topics, but didn't cover dementia awareness and care. The design and adaptations in the building helped people with a physical disability but some areas were stark and few adaptations had been made for people living with dementia.

Staff were aware of people's nutritional needs and made sure they were supported with eating and drinking where necessary. People's health needs were identified and an external professional told us arrangements had improved to ensure staff worked effectively with other professionals. This ensured people's general medical needs were met promptly.

Activities were arranged in house and there were occasional outside activities. We observed staff interacting positively with people. Visitors told us about the kind and caring approach of staff. We saw staff were respectful and explained clearly how people's privacy and dignity were maintained. Staff understood the needs of people and we saw care plans were person centred.

People's relatives and staff spoke well of the new registered manager and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care.

We found a breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to medicines and staff training. You can see what action we told the provider to take at the back of the full version of the report.

We made a recommendation about environmental design suitable for people living with dementia.

Summary of findings

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 consistently safe.

Visitor's told us they felt their relatives were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely. Staff were deployed flexibly.

There were systems in place to manage risks and respond to safeguarding matters. Record keeping, administration and audit arrangements for medicines required improvement.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were cared for by staff who were suitably trained and well supported to give care and support to people using the service.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included policies and procedures and guidance in people's care plans. Support was provided to help people eat and drink where this was needed.

Links with healthcare professionals had been recently improved particularly in relation to people's general healthcare needs. The building was designed to help access for people with a physical disability, but had not been fully adapted for people living with dementia.

Is the service caring?

Good

The service was caring.

People made positive comments about the caring attitude of staff. During our inspection we observed sensitive and friendly interactions.

People's dignity and privacy was respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care provided. Activities were provided in house, with occasional trips out.

Care plans were person centred and people's abilities and preferences were recorded.

Summary of findings

Processes were in place to manage and respond to complaints and concerns. People's relatives were aware of how to make a complaint on a person's behalf should they need to.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post. People's relatives and staff made positive comments about the registered manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service, their relatives and staff. Action had been taken to address identified shortfalls and areas of development.

Pinetree Lodge

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 22 and 30 June 2015 and the first day was unannounced. The inspection was carried out by an adult social care inspector, a pharmacist inspector, a specialist advisor who had experience of working in services for people living with dementia 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. The expert had experience of older peoples services.

Before the inspection we reviewed the information we held about the service, including notifications. We spoke with an external professional from the local Clinical Commissioning Group.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations of the care provided. We spoke in detail with one person who used the service, as well as other people who, because of their needs, were not able to provide detailed comments about the service they received. We also spoke with six people's relatives. We spoke with the registered manager, two deputy managers and four other members of staff.

We looked at a sample of records including four people's care plans and other associated documentation, medication records for 17 people, four staff recruitment files, staff training and supervision records, policies and procedures and audit documents. We also examined computer records relating to incidents, complaints and accidents.

Requires Improvement

Is the service safe?

Our findings

Due to their communication needs, the majority of people were unable to express their views about the service. Visitors told us their relatives were safe at Pinetree Lodge. One person said, "I feel confident that they are very safe here." Another person told us, "I feel they are very safe here, there have never been any problems."

We looked at how medicines were handled and found that the arrangements were not always safe. When we checked a sample of 'boxed' medicines alongside the records we found that six medicines for five people did not match up. This meant we could not be sure if people were having their medication administered correctly. For two people a liquid medicine was given at the incorrect dose on a number of occasions.

Most of the people who used this service had their medicines given to them by the staff. We watched a nurse giving people their medicines. They followed safe practices and treated people respectfully. People were given time and the appropriate support needed to take their medicines. However one person had medicines administered dispersed in water. This was not clearly documented in their care plan and therefore could be given inconsistently by different nurses. No guidance had been sought from the pharmacist to make sure that these medicines were safe to administer in this way.

Records relating to medication were not completed correctly placing people at risk of medication errors. Appropriate arrangements were not in place in relation to the recording of medicines. Medicine stocks were not properly recorded when medicines were received into the home or when medicines were carried forward from the previous month. This is necessary so that accurate records of medication are available and care workers can monitor when further medication would need to be ordered.

Arrangements had been made to record the application of creams by care workers. However, these records were not recorded consistently. This meant that it was not always possible to tell whether creams were being used correctly. We found that where medicines were prescribed to be given 'only when needed,' individual guidance to inform staff about when these medicines should and should not be given, was not always available. Whilst staff were able to tell us how the medicines were given, this information was not recorded in sufficient detail. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way.

Medicines were not kept safely. Records were kept of room temperature and fridge temperature in the treatment rooms, however the room temperature in both of the medicine rooms were above that recommended on all occasions. In both rooms the temperature of the refrigerator was higher than recommended for the storage of medicines on a number of occasions during the current month. This means there was a risk that medicines may be stored above the temperature recommended by the manufacturer and may not be safe to use. The registered manager was aware of this issue and had plans to address this.

We saw that eye drops for one person with a short shelf life once opened were still being used past the recommended date of expiry. No date of opening was noted on eye drops for another person. This means that the home could not confirm that these medicines were safe to administer.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss. We looked at how medicines were monitored and checked by managers to make sure they were being handled properly and that systems were safe. We found that whilst the home had completed a medicine audit recently it was not robust and had not identified all of the issues we found during our visit.

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

We asked staff about safeguarding people from harm and abuse. Staff we spoke with were able to explain how they would protect people from harm and deal with any concerns they might have. They were familiar with the provider's safeguarding adults' procedures and told us they had been trained regarding abuse awareness. This was confirmed by the training records we looked at. There were whistle blowing (exposing poor practice) guidelines in place for staff. One staff member said to us they would be "confident in reporting any concerns."

To support staff's training, there were also procedures and guidance documents available for staff to refer to. This

Is the service safe?

included summary information in a staff handbook. These provided explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The registered manager was aware of when they needed to report concerns to the local safeguarding adults' team. They also kept their own records which showed safeguarding concerns had been reported to the local authority appropriately and, where necessary, steps taken to keep people safe.

Arrangements were in place for identifying and managing risk. We looked at people's care plans and saw risks to people's safety and wellbeing, in areas such as mobilising, falling or choking, were assessed. Where a risk was identified, there was guidance included in people's care plans to help staff support them in a safe manner. The registered manager was aware of the need to balance promoting independence and managing risks and told us, "We look at positive risk taking and encourage independence as much as we can, while not putting people as risk. We talk about it regularly." An example of this was explained to us, where a person had been gradually encouraged to regain their mobility and could again walk independently and safely on their own.

Staff we spoke with were able to explain how they would help support individual people in a safe manner, for example when helping people when they became anxious or agitated. We observed staff follow safe moving and handling practices.

We toured the building and saw steps had been taken to maintain safety and minimise risks, such as from falls, burns and scalds, as well as fire risks. Some doors had 'door guard' devices fitted. These are a fire safety device that holds open a fire door and then allow the door to automatically close when the fire alarm sounds. We saw two of these were not working and the doors had been held open in a way that would prevent them from closing should the fire alarm sound. We pointed this out to the registered manager and we were informed the door guards needed new batteries fitted and they assured us this would be addressed. The decor in the service was neutral, dated and worn. Doorframes were badly chipped and worn. The bathrooms were showing signs of wear and a fire exit door had 'gaffer' tape wrapped around the opening mechanism. The gutters where overflowing in several areas.

We tested the water temperature of a bath and found this was within a safe and comfortable temperature range (39 to 43 degrees Celsius). This meant the risk of accidental scalding was minimised. Staff also kept a record of the water temperatures and we saw these were all within this temperature range. All bathroom and shower areas were clear of excess storage, such as hoists and laundry skips, allowing safe access in these areas and ensuring there were no trip hazards.

When asked, people's relatives said they felt there was sufficient staff available. One relative said, "There always seems to be enough staff, even at weekends or when there are holidays". Another commented to us, "I can go home and relax and know that they are being looked after."

Several staff we spoke with said they felt staffing levels on each shift were currently sufficient. They indicated these were currently supported by some staff working additional hours due to recent staffing turnover, and some expressed anxiety that should occupancy increase, current staffing levels would not be sufficient. A typical comment was; "Staffing levels at the minute are ok with all the bank hours, but when we are up to full capacity they won't be." Another staff member told us they felt under pressure of obligation to do extra work to help with shortage and expressed the view that it wasn't good for some staff to work so many hours as they got very tired.

We spoke with the registered manager about staffing levels. Their view was that staffing levels were safe, although a dependency rating tool was not in use to judge this more formally. There was a staffing rota in place to help plan staffing cover and this showed there was a consistent level of staffing planned ahead. The registered manager told us that a lot of recruitment had been undertaken recently to fill vacant posts.

We looked at the recruitment records for four new staff members and found the documentation and checks required by regulation were in place for these members of staff. Before staff were confirmed in post the provider's human resources team ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

Requires Improvement

Is the service effective?

Our findings

Visitors told us they thought the staff were effective. People's relatives made positive comments about the food and arrangements for accessing health care. Comments relatives made to us included; "The staff are very good, they know them and look after them." And "I feel confident that the staff will look after my relative while I am not here."

One relative we spoke with was very happy with the care their partner was receiving. They told us; "Their laundry is done every night, they are always clean and tidy and they get their own clothes back each time."

Staff we spoke with told us they were provided with regular supervision and they were supported by the management team. Records confirmed regular supervision meetings took place and these provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of these meetings contained a detailed summary of the discussion and also a range of topics had been covered although one staff member couldn't remember what had been agreed for the next session as they hadn't been given a copy of their supervision notes.

A recently employed staff member said; "The company is very person orientated, towards residents and staff." This worker then went on to explain the induction they had received at the head office and the process they had been following since then. This worker was clearly able to explain to us the values of the organisation. Furthermore, as part of the induction they were getting to know the background of the people they were responsible for and expressed the view that they were able to understand people's needs.

Staff told us about the training they had received and this was confirmed by the records we examined. We found staff were trained in a way to help them safely meet people's needs. For example, new staff had undergone an induction programme when they started work with the service. All staff were expected to undertake key safety related training topics, defined by the provider as 'mandatory' at clearly defined intervals. However five staff said they had received no training relating to dementia care; the primary need for people living at the service. For example one staff member told us they hadn't had any updated training on dementia or challenging behaviour. They said they would like this and told us people had greater levels of need regarding behaviour that challenged the service. We found inconsistent levels of training. A high proportion of staff had received challenging behaviour training. Few staff had received training on working with people living with dementia, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure decisions are made in people's best interests. DoLS are part of this legislation and they ensure where someone may be deprived of their liberty, the least restrictive option is taken.

We looked in three people's care plans and saw people's capacity to make decisions for themselves was considered as part of a formal assessment. These were recorded on documentation supplied by the authorising authority (Gateshead Council). All three people were subject to a DoLS. The registered manager had notified us of the outcome of these applications, and in total 11 such applications had been notified to CQC since August 2014.

We observed staff were attentive and responsive to people's needs at meal time and people were given sensitive assistance to eat their food. One to one support was seen to be carried out by several staff, who engaged with people at the table, making the meal time a social experience. Time was taken to provide explanation when people were assisted with eating. Staff brought those people who needed help with their meals to the table first, some of whom needed pureed food. We saw pureed food was mixed together, rather than kept separated and consequently did not look appetising.There was a calm atmosphere and staff appeared to work well as a team. Staff talked with people and gently encouraged them to eat. People were then assisted back to the lounge, or to bed if they preferred to sleep.

A second sitting at the tables was for people who required less assistance. There was a peaceful atmosphere during the mealtime. We observed that if people preferred they could have their meal in the lounge area.

Requires Improvement

Is the service effective?

People's nutritional needs were assessed using a recognised assessment tool. Their preferences were individually recorded. We saw advice had been sought from a speech and language therapist about what foods were appropriate for people, for example when they needed a soft diet. The input of the dietitian had also been arranged, where people were at risk of malnutrition. We noted staff had maintained food and fluid charts when people had been assessed as having a nutritional risk. People's weights were also recorded.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs. From our discussions with an external professional before the inspection, and from a review of records, we found the staff had recently strengthened links with other health care professionals and specialists. This helped make sure people received prompt, co-ordinated and effective care.

We saw the home had accommodation provided over one floor, which made it accessible for people who found it difficult to get around. Some facilities had been adapted for people with a physical disability or who were frail. This meant the facilities were physically accessible to everyone. The garden area had level access and had been attractively planted. There was some differential signage to help orientate people, however other adaptations such as memory boxes and tactile decorations which can help provide stimulation and orientation for people living with dementia were not evident. One person we spoke with told us he did not find the televisions very entertaining, and he found that the strong wallpaper in the room distracted him from the TV screen. Bathrooms were also stark in appearance, and there was a strong odour present throughout many areas of the home.

We recommend the provider seeks advice from a reputable source on good environmental design for people living with dementia.

Good

Is the service caring?

Our findings

Visitors to the service told us their relatives were treated well. People were observed to be relaxed and comfortable. One person told us, “This is a level above all the care I have seen in the past, nothing is a bother to the staff.” Another relative recalled how they’d be involved in activities and major events, telling us how they had been able to join in with the celebrations and had been able to join the people using the service for Christmas dinner. We were also told about staff respecting people’s relationships and privacy, for example by staff arranging for a person using the service and their relative to have a quiet meal together.

A staff member praised the service and the staff, saying; “The care here is really, really good in comparison to some places I’ve been.”

We observed gentle and caring interactions between staff and people using the service. For example, we saw a nurse administering liquid painkiller to person using the service. They were having difficulties taking this, and the nurse was gently persuasive with them. The nurse spoke with the person about their family while trying to get them to take the medicine and appeared to know the person and their background well.

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they involved people in making decisions. We observed people being asked for their opinions on matters, such as meal choices.

A relative we spoke with told us they had visited the home prior to their partner’s admission. They had taken opportunities to discuss care with the registered manager. The relative told us they were fully involved in care planning for their partner, and this was normally carried out six monthly. They went on to explain they were kept fully informed about their partners needs and condition and fully involved in decisions. Another relative told us that staff had taken time to explain all their partner’s medicines to them and went on to say they were very happy with the care their relative received. They said staff would call them if they have any concerns about their relative’s condition.

We saw people being prompted and encouraged considerately. Staff were observed to be attentive, friendly and respectful in their approach. We did not observe any instances of people receiving personal care within public areas. Staff we spoke with were able to clearly explain the practical steps they would take to preserve people’s privacy. For example when providing personal care, knocking and awaiting a reply before entering a person’s room.

Good

Is the service responsive?

Our findings

We asked people whether the service was responsive to their relative's needs, whether they were listened to and if they had confidence in the way staff responded to concerns and complaints. A person we spoke with told us about activities they enjoyed. They said they had been for trips out on several occasions and would like to do this more often as they got bored. They went on to say they enjoyed reading, but were awaiting new glasses so they didn't get out of the habit. A visitor explained that their relative had been prescribed physiotherapy twice a week to help their arms and chest. The relative told us it was decided that their partner would benefit from more frequent physiotherapy. To achieve the extra treatment, some of the staff had been trained to carry this out on a daily basis. Visitors we asked were aware they could complain to staff or the home's management if they were dissatisfied.

A staff member we spoke with felt care at the home was very individualised, stating; "If residents want to lie in each morning that is up to them, some people like to, others don't." Another staff member commented about being "very positive" about some new activities that were going to start and told us they would be involved in these.

We saw visitors coming and going freely, some staying for long periods, which meant

people were not isolated. Visitors appeared to know staff well and were made to feel welcomed. Several relatives and visitors stayed to help with meal times. Members of staff were playing dominos and ball games with people, although some appeared to be left for extended periods of time with no stimulation. We observed items, such as newspapers and magazines had been left for people to pick up and read. Some people had items, such as dolls, to provide comfort and reassurance to them.

We looked at a sample of people's care plans to see how staff identified and planned for people's specific needs. We saw people's needs were assessed before a service was provided. From the information outlined in these assessments individual care plans were developed and put in place to ensure staff had the correct information to help them maintain people's health, well-being and individual identity.

Care plans covered a range of areas including; diet and nutrition, psychological health, personal care, managing medicines and mobility. We saw that if new areas of support were identified then care plans were subsequently developed to address these. Care plans were reviewed regularly and were sufficiently detailed to guide staffs care practice. The input of other care professionals had also been reflected in individual care plans. To monitor people's needs, and evidence what support was provided, staff kept periodic progress notes linked to individual care plans. These offered information regarding people's wellbeing and outlined what care was provided. Staff also completed a daily handover record, so oncoming staff were aware of changes in people's health and immediate needs and any upcoming appointments. We looked at records of care plan reviews and saw comments were meaningful and useful in documenting people's changing needs and progress. The language used was factual and respectful.

We spoke to staff about personalised care. We found staff had a good knowledge of the people using the service and how they provided care that was important to the person. The staff we spoke with were readily able to answer any queries we had about people's preferences and needs.

We saw a copy of the complaints procedure was clearly available in a public space. We reviewed the records of complaints received and saw the last complaint received in 2013 had been investigated and the outcome communicated to the complainant. We saw compliments were also documented, so areas of strength as well as those for improvement had been identified and acknowledged.

Good

Is the service well-led?

Our findings

People we spoke with told us they were happy at the home and with the leadership there. A relative told us they were aware of who the registered manager was and told us, "I can speak to the manager when I need to. They are very approachable." Another relative said "The home is very well run and the staff are very experienced."

At the time of our inspection there was a registered manager in place. Our records showed they had been formally registered with the Commission in December 2012. The registered manager was present and assisted us with the inspection. They walked round with us for part of the inspection and appeared to know the people using the service, their relatives and the staff well. Records we requested were produced for us promptly. The registered manager was able to highlight their priorities for developing the service and was open to working with us in a cooperative and transparent way. They were clear about their requirements as a registered person to send the CQC notifications for certain events, such as accidents, applications to deprive a person of their liberty and deaths.

The registered manager told us about their priorities and their expectations of the staff team. They said they made their expectations clear, but also asked questions of staff about how they could, as a team, do things in a better way. They stated their philosophy was to 'treat people how you would want to be treated yourself.' They told us they saw supervision meetings as important not only as an opportunity to talk about caring activities, but also about how the team could support one another. Their priorities included developing and strengthening community links and delivering updated challenging behaviour training to help meet the increasing levels of need for those people being referred to the service. They expressed their pride in developing link nurse roles for different areas of specialism, such as end of life care, and in supporting people using the service and their relatives in this area. They said relatives had been very complimentary about the support the staff team had offered at this time.

The registered manager told us, and records confirmed, there were a range of meetings which included relatives and staff meetings. Relatives we spoke with confirmed they were aware that regular meetings were held, but were not sure when the next meeting would be.

We saw the registered manager, and other delegated staff, carried out a range of checks and audits at the home. We also saw that they reported back to the provider organisation via an 'on-line' system on a regular basis. Reports, detailed any complaints or compliments received, incident reports or accidents, sickness levels and staff training completed. We looked a recent customer satisfaction survey. We saw the registered manager had acknowledged those areas suggested for improvement. We also saw positive comments, such as, "We have no complaints at all. We feel we have peace of mind leaving them there because the staff who care for them;" "Staff at Pinetree Lodge are the best" and ""Excellent standards of care."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Medicines were not always properly and safely managed.** **Regulation 12(2)(g) the proper and safe management of medicines.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff did not always receive the training necessary to understand and meet people's needs.** **Regulation 18(2)(a) appropriate training necessary to enable them to carry out the duties they are employed to perform.**