Jasmine Healthcare Limited

Avenue House Nursing and Care Home

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

Overall summary

This inspection took place on 5 May 2015 and was unannounced.

Avenue House Nursing and Care Home provides a service for up to 45 people, who may have a range of care needs including dementia. There were 38 people living in the home on the day of the inspection.

The home did not have a registered manager. 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. A new manager had been appointed shortly before this inspection however, who informed us they were in the process of applying for registration.

Summary of findings

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it. However, we did find some anomalies in regard to PRN (as required medication).

We also found equipment necessary to meet people's needs in the event of an injury or an emergency was not being properly checked and maintained.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

Processes were in place to manage identifiable risks within the service and ensure people did not have their freedom unnecessarily restricted.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs.

The provider carried out proper recruitment checks on new staff to make sure they were suitable to work at the service.

Staff had received training to carry out their roles, including support to achieve national health and social care qualifications.

We found that the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care and support.

People's social needs were provided for and they were given opportunities to participate in meaningful activities.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

Systems were also in place to monitor the quality of the service provided and drive continuous improvement.

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 always safe

Staff understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out proper checks on new staff to make sure they were suitable to work at the service.

Some people's medication was not being managed effectively.

Equipment necessary to meet people's needs in the event of an injury or an emergency was also not being properly maintained.

Is the service effective?

Good

The service was effective

We found that people received effective care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

The home acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Is the service caring?

Good

The service was caring

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported people them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive

People received personalised care that was responsive to their needs.

Summary of findings

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Good

The service was well led

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

A new manager had been appointed who was in the process of applying to register with the Care Quality Commission.

There were systems in place to support the service to deliver good quality care.

Avenue House Nursing and Care Home

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.

The inspection was unannounced and was carried out on 5 May 2015 by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make.

We also checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority and clinical commissioning group; who have a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We spoke with or observed the care being provided to over 20 people living at the service. We also spoke with the manager, the care and operations manager, five care staff, the cook and one relative.

We then looked at care records for three people, as well as other records relating to the running of the service - such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Requires improvement

Is the service safe?

Our findings

We found that people's daily prescribed medicines were managed, so that they received them safely. People living at the service confirmed they received their medicines when they needed them. One person told us: "I don't have to worry about remembering to take my tablets; the staff do that for me." Staff told us that only the qualified nurses or senior care staff administered medication. We were also told that Medication Administration Records (MAR) were checked daily by a senior member of staff, and three monthly audits of the medication systems took place; to minimise the risk of errors. We saw this was happening.

However, when we checked medication for a sample of people living in the home, we did find some anomalies in regard to PRN (as required medication). For example, where a variable dose had been prescribed for someone – such as one or two Paracetamol, staff had not always recorded the actual dose given on the MAR. It was therefore not possible to accurately reconcile these tablets or to determine the dose that had been given. This placed people at risk of taking too many tablets, or not having their medical need managed properly.

We found that MARs were not routinely used to record additional information in respect of PRN medication. This meant that staff were not always recording the reason for PRN medication being administered, making it difficult to establish any patterns in people's health such as increased pain or a decline in health.

We also found a discrepancy between the medication recorded on one person's MAR and the actual medication provided. This is because the MAR stated that the medication had been supplied in a liquid format but we found that this had actually been supplied in a tablet form. This placed the person at possible risk of choking if they were supposed to have the medication in a liquid form for a particular reason.

Training records showed that seven of the 12 staff responsible for administering medication required training or refresher training for the management and administration of medication.

Furthermore, we found that the first aid box in the treatment room did not have all of the required equipment, and there was no record as to which staff were responsible for checking this. This placed people at risk of not having their needs met properly in the event of an injury or an emergency.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager, who was new in post, undertook to address all these matters immediately.

People told us they felt safe living at the service. One person said: "I feel safe here. I go to bed at night and I am comfortable so I sleep." Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. They were able to talk confidently about the various forms of abuse that could be inflicted upon people and understood their responsibility to report these. A senior member of staff said: "If abuse was reported to me I would record what I was told, but call the manager." A care worker said: "I would report any concerns to a senior or the manager and go higher up in the company if it involved the manager." We saw that information had been provided to staff which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Other records also confirmed that staff had received training in safeguarding, and that the service followed locally agreed safeguarding protocols.

The manager described the processes used to manage identifiable risks to individuals and generally within the service. We found that individual risks to people such as moving and handling, pressure care, falls and weight loss had been assessed and reviewed on a regular basis; to ensure the identified risks were being properly managed. We saw that where pressure relieving equipment was required, it was in place and had been set correctly. Repositioning charts were also completed regularly. We observed staff on a number of occasions supporting people as they transferred them using a hoist. They demonstrated safe techniques and provided people with a clear explanation, so they understood what was happening to them.

The manager told us about the arrangements for ensuring the premises was managed in a way that ensured people's safety. We saw that routine checks of the building and servicing of equipment had taken place on a regular basis. Clear systems were in place for staff and people living at

Requires improvement

Is the service safe?

the service to report routine maintenance issues. Individual Personal Emergency Evacuation Plans (PEEPs) were also in place. PEEPs are used to outline the method of evacuation from a building on an individual basis.

People told us there were sufficient numbers of staff to keep them safe and meet their needs. One person told us: "There are always plenty of staff about." Another person said: "Sometimes you have to wait a while but the staff can't be everywhere at once." None of the people we spoke with told us they had had to wait unduly for care. Staff told us they felt there were enough staff. One member of staff said: "It's all hands on deck at busy times." The manager told us that recent changes had been made to how staff were deployed on the morning shift; to support people's needs better. We observed for example that at lunch time all of the staff, including the ancillary staff and management, came to help so that people had a hot meal and the help they needed, without having to wait. We also saw that people who needed to, or had chosen to stay in their bedrooms had a call bell close by. We heard the call bells ringing and noted that they were answered promptly. We observed that staffing levels enabled people to walk around the home and into the garden as they chose. For those who needed extra support to keep them safe, staff were seen in close proximity. The manager told us that staffing levels were reviewed monthly, based on the number and needs of people living in the home; to ensure sufficient numbers of suitable staff were on duty at all times. Records we saw supported this had happened recently.

The manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with vulnerable adults. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that some had not been organised recently, making it difficult to verify that legally required checks had been undertaken. Although we were eventually able to locate this information, the care and operations manager explained that this support need had been recognised by the organisation and a new role had recently been created at head office to support the home with recruitment processes and checks. We saw evidence of this and saw that staff files that had been created more recently were much clearer and provided a clearer oversight of the checks carried out for each person.

Good

Is the service effective?

Our findings

People told us that staff had the right skills to support them and meet their needs. One person said: "I wouldn't be cared for like this at home." Staff talked to us about the training and support they received to help them in their roles. One member of staff talked to us about their induction. They told us they had worked in care previously but had still received an induction when they joined this service which had included time to go through the home's policies and procedures. Another member of staff told us that they had spent a period of time shadowing an experienced carer as part of their induction. All the staff we spoke with told us they received a variety of training, but all said they would benefit from more training specific to the needs and medical conditions of the people using the service, for example, dementia care or an understanding of multiple sclerosis. Before the inspection the manager had sent us information about improvements that were planned in the future, and this had included more training for staff, including dementia awareness. The manager confirmed during the inspection that this was still the plan. The care and operations manager talked to us about also reviewing the existing induction processes in response to the introduction of the new (induction) Care Certificate from April 2015. A clear training matrix was in place to support the manager in knowing when refresher training was needed. This showed that staff had received training covering a range of relevant topics such as safeguarding, dementia, diet and nutrition, end of life care and health and safety. We noted that this included non-care staff too, providing them with important knowledge and an understanding of the needs of people they were coming into close contact with on a day to day basis.

Staff told us they received supervision which provided them with support in carrying out their roles and responsibilities. In February 2015, the previous home manager had left and had been replaced by the current manager in March. Staff told us they had received supervision on a less frequent basis during the management changes, but confirmed this was being booked again. We observed this happening on the day of the inspection and records support the fact that a clear system was in place.

Staff demonstrated their knowledge in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); to ensure people who cannot make decisions for themselves are protected. Throughout the inspection we observed staff seeking people's consent. Although some people did not communicate using many words, we observed that they were able to demonstrate their consent clearly through other methods such as actions and physical movement. Staff showed that they understood people's needs well, and we noted that they explained in advance what they were about to do before they provided care and support to people. The manager understood the need to assess people's capacity to make decisions and best interests decisions, where people lacked capacity. Records showed that this had happened and we saw that people's individual choices and preferences; in terms of how their care and support should be provided had been documented. We also saw that relatives, where appropriate, had been included in decision making. Under DoLS arrangements, providers are required to submit applications to a "Supervisory Body" where it is identified that someone's freedom may need to be restricted if they require more care and protection than others. The manager confirmed that DoLS applications had been applied for when potential areas where people's liberty was being deprived had been identified. Records we looked at confirmed this too.

People told us they had enough to eat and drink and that they enjoyed the food provided at the home. One person told us: "[The] food is always good." The home's cook spoke enthusiastically about her role and told us she was in the process of updating information about people's food preferences. We saw a recent record of this being discussed with the manager, in terms of reviewing the menus overall and the choice of food available. The cook talked to us about the introduction of 'show plates'. She explained that people were not asked what they wanted to eat the day before, because many people were living with dementia and staff had found previously that this had been difficult for them to do. Instead we observed at lunch time that a choice of two meals was provided, and every person was shown both options on a plate in front of them. This enabled people who found it difficult to vocalise their choice to point to the one they wanted. We also saw that people could request something different from the two meals provided if they wanted to, and that people could choose to eat at a time that suited them. We spent time observing how staff supported people during lunch. Assistance where required, was provided in a discreet

Good

Is the service effective?

manner and no one was rushed. We heard staff talking with people as they helped them to eat and the atmosphere was relaxed. People were seen to eat well with good sized portions. Throughout the inspection people had fluids within easy reach, and food and drinks were provided at regular intervals.

Records showed that people's nutritional needs had been assessed and outlined any specific requirements such as soft options or assistance with eating. We saw that where people were at risk from not eating and drinking enough, that staff recorded what they ate and drank in real time. The manager had introduced a new system that meant these records were monitored on a daily basis to identify any concerns quickly. People at risk of choking had prescribed thickeners applied to their drinks. We noted that their thickeners were readily available whenever fluids were offered.

People talked to us about how their day to day health care needs were met. They told us that they always saw their doctor when they needed to. One person said: "The doctor comes to see me here if I need it." We were told that if someone did need to go out to a healthcare appointment that staff could accompany them. A visitor talked to us about how their relative's health and mobility had improved since moving into the home. They told us: "[Name of relative] wasn't walking when they came here. Look at her trotting around now." Staff we spoke with confirmed they felt well supported by external healthcare professionals who they called upon when they required more specialist support. One member of staff said: "We have a good relationship with the local GP and run any referrals past them first. We saw from records that a variety of external healthcare professionals provided regular support and input with meeting people's assessed needs, and that visits to and from health care professionals were recorded.

Good

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person said: "The staff are all kind." A relative said: "They didn't just care for my mum they looked after me as well." We also saw some recent written feedback from another relative, requesting that their appreciation be passed onto the staff team. They had written: 'We truly felt mum was treated as you would help your own family and the kindness and dignity in the care you all gave was exemplary'. A member of staff told us: "It is a little community here. We all get on well and want to care for the people well." During our visit we observed that people were relaxed and happy in the presence of the staff.

Throughout the inspection we saw positive interactions between staff and the people using the service. All of the staff we spoke with demonstrated a good understanding of the needs of the people they were supporting. Their approach to people was meaningful and the care they described was personalised. For example people were asked about the background music they wanted playing in the various areas of the home. We noted tranquil music playing in an area where a person who had behaviours that challenged, spent a lot of time. This appeared to have a calming effect on them and helped them to relax. We saw that the staff treated people with respect and sensitivity at all times.

People confirmed they felt involved in making decisions about their or their relative's care. One person said, "I don't remember looking around here before I came but my daughter chose it. She made a good choice." We observed other people making choices about what they had to eat or drink, or how they spent their time. One person did not want to eat their main meal at lunch time and this was respected. We saw evidence that people or their relatives were actively involved in making decisions about their care and support in the form of care records and meeting minutes. People told us that visitors were welcomed without restriction. One person said: "My family can come and see me at any time."

People told us their privacy and dignity was respected. One person said: "Staff always ask before they do anything for me or to me." A member of staff told us: "I would ensure a person's dignity by covering them at all times even if there is only me with them." Another said: "It is important not to talk about the residents and shout out instructions." Throughout the inspection we observed that staff promoted people's privacy and dignity. They used discretion in the way they organised and provided care and support at all times. For example someone was asked if they would like an apron to protect their clothing. We observed a member of staff waiting for the person to agree to this before they helped them to put on the apron. We also noted that staff ensured people's clothes were straightened, following any moving and handling.

Good

Is the service responsive?

Our findings

People we spoke with told us that they, or those acting on their behalf, were able to contribute to the assessment and planning of their care. One person told us: "The staff ask me about things and I get to choose what I eat, but to be honest I am not bothered about my care plan. I know the staff know how to look after me." People confirmed they felt able to make choices and have as much control over their lives as they wanted on a day to day basis. For example, some people preferred to eat on their own or in smaller groups at lunch time - rather than socialise or eat with other people, and we saw that they were supported to do so. We noted that the layout of the home enabled people to do this as there were several different communal areas for people to choose from.

People told us they had been asked for information about their needs prior to moving in. The manager explained that they used this information to plan whether or not they were able to provide a service to a prospective user, and that they would not admit someone if they were not able to meet their needs properly. Records showed that people, and or their relatives, where appropriate, were asked to contribute to the assessment and planning of their or their relative's care. For example we saw information from people's relatives about the person's life history and about their individual needs and preferences. The manager told us that she planned to build on this with the introduction of new 'life story' books for everyone. She explained that these would be a working document and would include photographs and updates to share with people's families.

We saw that people's needs were routinely assessed; to ensure the care and support being provided was still appropriate for them and that their needs had not changed. The manager talked to us about 'flash meetings' that she held with staff on duty, to address issues requiring more immediate action. Records showed that this had happened recently for someone and that action points had been discussed and agreed. We observed that staff worked to distract people if their behaviour became challenging. They also recorded information about any incidents on a monitoring chart to help in trying to identify any causes or patterns in the person's behaviour. This would provide information should the need arise to request more specialist assistance from external healthcare professionals. The manager had also recently introduced a new checklist to support staff in providing a consistent approach in terms of meeting people's personal care needs.

Staff told us that people's care records helped them to understand the needs of the people they were caring for, and provided guidance on how to provide relevant care for them. Care records we looked at supported this as they were both personalised and made reference to people's specific needs. Separate records and charts demonstrated the care and support provided to people on a daily basis. Care records were also reviewed and updated as needs changed. For example daily dietary monitoring charts had been stopped for one person as their weight had increased and they were no longer deemed to be at risk of malnutrition. Regular checks were still taking place however, to ensure the person's nutritional intake remained stable. The manager told us that she intended to develop care plans further to provide more detail. She showed us an example of a care plan that she had produced which provided a good level of detail to assist staff in understanding how to support the person's needs. It was clear from speaking with staff that they were very familiar with people living in the home and understood their needs. We observed that they were attentive in the way they provided care. For example people were moved frequently and were not left sitting in wheelchairs for long periods of time.

We spent time observing how care and support was provided to people living at the service at various points during the day. People were encouraged to make their own choices and decisions, as far as possible and to maintain their independence. Care records made strong references to independence and dignity and we observed this in practice during the inspection. We noted that people were provided with specialist equipment such as plate guards at lunch time, to enable them to remain as independent as possible by eating their meal without help from staff. One person began their meal with help from staff but the staff member gently encouraged them to continue on their own. We saw that the person responded positively to this and continued to eat their meal unaided.

We spoke with people about their social interests and learnt that a variety of activities were provided. An activity plan was in place which was overseen by the activity co-ordinators however, care staff we spoke with told us

Good

Is the service responsive?

they also got involved whenever possible. One staff member said: "It doesn't have to be a planned activity but can just be a discussion." We noted that the staff spent a lot of time discussing the recent Royal birth with people, and we saw people doing meaningful activities such as folding laundry and dusting. People were also involved in updating their care files with personal information about their likes and dislikes; to aid the activity co-ordinator to prepare a more personal activity plan for people in the future. An activity board was on display in a communal area of the home detailing activities that were provided on a daily basis. We saw that an ice-cream van visited the home on a weekly basis, and plans were in hand for a spring fete to include families and friends later in the month.

People told us they would feel happy making a complaint if they needed to. One person said: "I would tell the staff if I wasn't happy about something." People confirmed that the staff team were approachable and that they would feel comfortable speaking with any member of staff if the need arose. Staff we spoke with were clear that they would report any complaints they received to the manager immediately. A formal complaints policy had been developed outlining what people should do if they had any concerns about the service provided. A suggestion box had also been placed in the entrance hall, and we saw that this had been used by someone living at the service. The manager showed us a record of complaints or concerns that had been received in the last 12 months. This provided clear information about the actions taken in response. We saw one complaint had been made about irregularities with the home's heating. Other records showed that new boilers had been installed as a result, which demonstrated that the person's concerns had been listened to and responded to in a timely manner.

Good

Is the service well-led?

Our findings

People told us there were opportunities for them to be involved in contributing to the running of the service. For example, we were told about meetings that took place and satisfaction surveys. We read some minutes from a recent meeting attended by people living in the home and relatives. The minutes recorded that people had the opportunity to receive updates and provide feedback on social activities, refurbishment plans for the home and the introduction of new personal care checklists; to assist staff in providing consistent care and support to people.

The care and operations manager also showed us that a newsletter and a Facebook page had been developed as alternative ways to share information with families. We saw that these provided people with updates about the home and staff and gave people the opportunity to provide their own feedback. We looked at both and saw that useful information about the Care Quality Commission's role and living with dementia had been included in the newsletter, and the Facebook page provided information about forthcoming events, social activities and future resident and family meetings.

We saw that information was shared with staff through notices and meetings. Recent meeting minutes evidenced reminders for staff in updating and maintaining people's care plans and risk assessments as well as the implementation of a number of new initiatives. Each member of staff also had individual time with the manager during supervisions and the manager told us that she operated an open door policy, meaning that staff were free to approach her at any time with any concerns or queries they may have. Staff we spoke with also confirmed they knew how to whistle blow and raise concerns, and felt able to do so.

Staff were clear about their roles and responsibilities. They knew what was expected of them to ensure people received support in the way they needed it. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly. There was a good rapport between staff and the people using the service which gave the home a very homely feeling.

Everyone spoke positively about the management of the service. They told us the home had been through an unsettled period due to a change of manager between February and March, but they were feeling more positive based on the arrival and approach of the new manager. A member of staff described the service as a: "Really well run home." Another person said: "[The] manager is very approachable you can knock on the door and speak to her at any time." Other staff told us they believed the manager was approachable and fair and that things were improving for the better. The new manager confirmed she had begun the process of applying to register with the Care Quality Commission. The care and operations manager supported the manager throughout the inspection and we noted from speaking with him that he was very knowledgeable about the service. He told us that a number of changes had happened recently in the organisation including the appointment of a new director, who had a nursing background. This would provide important support and oversight of the clinical aspects of the service.

The manager and the care and operations manager talked to us about the quality monitoring systems in place to check the quality of service provided, and to drive continuous improvement. In addition to questionnaires sent out to people using the service and relatives, we were told that they were in the process of carrying out a number of internal audits, to check the quality of the service provided and ensure people's safety and welfare. Records we looked at supported this and showed areas such as care planning, staff files, health and safety and infection control had recently been checked. Where improvements had been identified, clear action plans had been put in place to address these. We saw too that a number of new initiatives had already been introduced since the beginning of the month such as cleaning schedules, monitoring of food and fluid intake and personal hygiene checklists. We also saw that changes were taking place in regard to refurbishing the home. A number of old chairs had been removed and the manager confirmed that new furniture and a cleaner was on order, to assist with ensuring the new furniture and flooring is cleaned and maintained properly. We saw the person responsible for carrying out maintenance tasks in the home and he said: "We are working hard to get all the decoration done."

The care and operations manager told us that surveys requesting feedback from people and their relatives had been developed and were sent out regularly, on a topic basis. For example we saw the results of surveys sent out asking for feedback on people's wellbeing, and another in

Good

Is the service well-led?

relation to dietary needs. These included a number of positive comments such as: 'I enjoy my food / drinks. It's beautiful' and 'Mum is always clean with well-chosen clothes on and is very content in the home'. Actions plans had been developed where improvements in the service had been identified.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met**: People using the service were at risk of not having their care and treatment provided in a safe way because medicines were not always managed in a safe and proper way. And equipment necessary to meet people's needs in the event of an injury or an emergency was not being properly maintained.