

HC-One Limited

Beeches Care Home (Nottingham)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

The Beeches is a care home that was providing personal and nursing care to 32 people at the time of the inspection.

People's experience of using this service:

People received their medicines when prescribed and these were stored safely. However, we found several recording errors to indicate when a medicine had not been given, refused by a person or when a medication should be given and witnessed by two staff. We also had concerns about the way in which transdermal patches for pain relief and the use of thickeners in food for people were recorded, and the accuracy of this recording in people's records.

There were not always sufficient numbers of staff to meet people's needs. People told us that night times were of particular concern to them, in relation to the deployment of staff within the home.

People's weights, mouth care, bowel care and fluid intake were not always effectively monitored so that staff could identify early signs of people becoming unwell or managing their weight effectively. We found that risk assessments were in place, although they were not always robust or personalised.

People and their relatives said staff were kind, caring and respected their privacy and dignity.

We found the service was acting within the principles of the Mental Capacity Act.

People's right to confidentiality was protected and their diverse needs were identified and incorporated into their care plans where applicable.

People knew how to complain and knew the process to follow if they had concerns.

Staff training, identified as essential by the provider, was up to date for all staff.

Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

Staff had received training on safeguarding people from abuse and knew how to raise concerns to keep people safe.

Rating at last inspection:

The last report was rated as 'Good' (published 2 March 2016)

Why we inspected:

We last inspected in January 2016, and the inspection was required to ensure the service was still 'Good'. We routinely inspect services rated as 'Good'. This is to ensure the service remains at a good level and care is safe. We had no concerns when we planned this inspection. It was planned in line with our usual inspection process.

Enforcement:

We found a breach of one regulation relating to the safe care and treatment of people in relation to compliance with the fundamental standards. We have made a recommendation to the provider in relation to this.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always Safe	Requires Improvement ●
Is the service effective? The service was not always Effective	Requires Improvement ●
Is the service caring? The service was Caring	Good ●
Is the service responsive? The service was not always Responsive	Requires Improvement ●
Is the service well-led? The service was Well-Led	Good ●

Beeches Care Home (Nottingham)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Why we inspected:

The inspection was prompted in part by notifications we had received of two incidents, following which people using the service sustained injuries in relation to poor manual handling techniques when being assisted using equipment. We discussed these incidents and the learning outcomes shared from these with the registered manager.

Inspection team:

The inspection was carried out by one Inspector, an Assistant Inspector, a Specialist Advisor (Nurse with experience of working in dementia care services) 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.

Service and service type:

The Beeches is a residential home with nursing.

People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider notified us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection, we spoke with eight people who used the service and six relatives of people who use the service who were visiting on the day. We spoke with nine members of staff including the Registered Manager, Area Manager, a nurse, a nursing assistant, a senior care worker, a care assistant, the cook, the activities co-ordinator and a member of domestic staff. We reviewed four staff files and ten people's care plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Staffing and recruitment; Assessing risk, safety monitoring and management;

- We checked people's medicines and their medicine administration records (MARs) to see if staff were administering people's medicines correctly and in accordance with best practice guidance.
- We observed staff administering medicines in a safe way ensuring that people took their medicines as prescribed, offering support when needed. Staff signed MARs once people had taken their medicines. However, we found several recording errors to indicate when a medicine had not been given, refused by a person or when a medication should be given and witnessed by two staff. This was notably of concern on night shifts, when we found that there are not always two suitably qualified and experienced staff on duty for the safe administration of medications that require two people to administer them. We also had concerns about the way in which transdermal patches for pain relief and the use of thickeners in food for people were recorded, and the accuracy of this recording in people's records. We brought this to the attention of the registered manager and asked them to take immediate action to resolve the issue.
- Robust protocols were not in place to instruct staff when to give as required (PRN) medicines. This posed a risk to people in the event of new or unfamiliar staff providing incorrect care in relation to people's pain relief needs.
- Staff were trained to administer medicines and they had their ongoing competency checked to ensure their understanding of processes and procedures.
- We found concerns that the provider did not always act to ensure staff followed safe protocols for the receipt and stock ordering of medicines, which could mean that they are not given to people in a timely manner.
- Medicines were stored safely. We found that daily room temperature checks and stock checks were being recorded.
- There were not always sufficient numbers of staff to meet people's needs. People told us that night times were of particular concern to them, in relation to the deployment of staff within the home. We checked the rota's for the previous six weeks, and found that the home had recruited staff from an agency when needed to cover shortages or sickness, and that the registered manager tried to ensure consistency by using the same agency staff.
- The manager used a dependency tool to calculate the staffing levels based on the needs of people living in the home, but it was clear from reviewing plans and speaking with people that some people had a higher level of dependency, or required review of their current level of need. A member of staff told us, "Upstairs is okay, but downstairs they could do with another person. Particularly in the communal areas and lounge as that is where incidents can happen." Another member of staff told us, "It can be disheartening if there isn't enough staff as we want to do the best we can do."
- People and relatives told us they felt there were not always enough staff. We saw throughout the inspection that staff were not always visible in communal areas and people told us they felt there were not

enough staff to meet their needs. On arrival at inspection, we observed a call bell for one person's room to be ringing for 21 minutes before it was answered, which does not reflect the providers own standards of answering them within three minutes. One relative told us, "There are not always enough staff. Sometimes there are no carers about at all while the residents are in the lounge, when there should at least be one." Another relative we spoke with told us, "No there are not enough staff, particularly when you need two staff members to one person. Some people have to wait at least 10 minutes."

- It was evident that at busier times during the day, such as mealtimes, people and relatives felt that staff were under an increased level of pressure. One person told us, "I press the buzzer if I need them, they come pretty quickly unless it's a busy time. If it's a busy time I don't call them." A relative we spoke with told us, "I have seen residents wait about 15- 20 minutes for a staff member to take them to the toilet. Its not the fault of the staff though."
- The provider had appropriate recruitment processes in place to ensure suitable staff were recruited to safely to be able to work with vulnerable people. All relevant information about applicants had been obtained and the necessary safety checks completed.
- Staff had a good insight into what risks people faced. However, although risk assessments were in place for all aspects of peoples care, they were not always robust or personalised. We found there were some gaps in risk information and history for some people. For example, there was not clear instruction for staff on how to effectively manage and monitor a person's PEG feed. We also found that there were no specific mouth care or fluid intake recording in care records for this person and therefore no evidence that their needs were being effectively met.
- Maintenance issues were followed up promptly, we saw records of checks of equipment and servicing records for manual handling equipment such as hoists and slings.
- Pressure relieving equipment was at the correct setting and mattresses were regularly checked to ensure they were optimised for pressure support.

The above is a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. How the regulation was not being met: The registered person was not ensuring the proper and safe management and administration of medicines; not ensuring sufficient numbers of competent and skilled staff to safely support people; not ensuring the effective assessment of risks to the health and safety of service users who were receiving care or treatment.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns had been reported, investigated robustly and in a timely manner. This demonstrated the provider acted appropriately to keep people safe.
- Staff had received training in safeguarding adults and could tell us the signs of abuse. Staff said they were confident the registered manager would act if they raised any concerns.
- Staff understood whistleblowing procedures and said they would not hesitate to use them if they had concerns about misconduct of any kind.

Preventing and controlling infection

- Infection control equipment was available to staff to prevent the spread of infection. We saw staff wearing gloves and aprons when appropriate and washing their hands. We noted that staff did not have access to antibacterial hand gel whilst performing tasks. We asked the registered manager to provide this for staff in future.
- The service was clean and free from malodour. There were staff employed specifically to keep the service clean and well maintained.

Learning lessons when things go wrong

- The registered manager could provide us with examples of where the service had learned from incidents or safeguarding concerns.
- Learning from safeguarding concerns was shared with the wider team where appropriate and staff were supported to learn from mistakes.
- Falls and accidents and incidents were analysed for trends so future incidents could be prevented from reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support;

Staff working with other agencies to provide consistent, effective, timely care

- People's weights, mouth care and fluid intake were not always effectively monitored so that staff could identify early signs of people becoming unwell or managing their weight effectively. We asked the registered manager to ensure that weight records were recorded in people's individual care records, and followed up as appropriate.
- We found that people were not always receiving effective or appropriate bowel care. For example, one person's care records stated how they may present when in pain especially where they have limited verbal communication. The person was prescribed regular doses of strong painkillers, which is known to present a strong possibility that the person would become constipated very quickly and yet there was no evidence of any laxatives being prescribed. This showed a lack of personalisation, risk assessment and effective care planning. Where we saw in care plans that laxatives were prescribed for people as required and then not given there were limited comments as to the bowel actions of people on those days to show that the treatment was actually not required.
- We saw that timely referrals were made to GPs and community nurses for people's health needs. One relative told us, "The GP is very good, they visit regularly. The staff explain to me what has happened if my relative needs to see a doctor. We always ask and they are very good at keeping us informed. They also have a chiropodist who visits monthly." One person told us, "Staff do look after me and they know what I need."
- The service worked with district nurses, the dementia outreach team, GP's and opticians to meet people's health needs.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed that the lunchtime experience was rather chaotic with no order to the service. We saw that some people who required support with eating were left sitting waiting for up to 15 minutes until staff were available to support them, whilst staff were busy supporting people with other tasks.
- People told us they generally enjoyed the food, and one person said, "I like it." Another person said, "I am a very funny eater. If I don't like what they cook I tell them what I want and they prepare it. The staff tell me I don't eat and drink enough, they do encourage me though."
- One relative was pleased with the food on offer and the support they received from staff. They told us, "We can have tea and coffee whenever we want and sometimes biscuits. The menu is varied with a vegetarian choice. They have a four week menu. The staff offered information when my relative had a fall, as they had lost their appetite so they were keeping an eye on what [Name] ate. As soon as we arrived to see them the staff member eagerly informed us that they were feeling better and eating much better."
- There was a good choice of meals available on the menu planner. If someone did not like the food on offer

they could request something different. 'Snack stations' were provided in communal areas so people could help themselves to drinks, crisps or biscuits, when they felt thirsty or hungry. Staff were offering warm and cold drinks regularly to people.

- People who required adapted cutlery and crockery had this in place and food was suitably fortified for those at risk of eating enough to maintain their health. Although this needed to be more robustly recorded and monitored in peoples' care plans.

Staff support: induction, training, skills and experience

- Relatives told us they had seen lots of new faces in the staff team recently but staff seemed suitably experienced. One relative told us, "The staff seem to know what they are doing. If something crops up we can have a one to one with the registered manager. They seem to know what [Name] likes and dislikes, they know he likes his music and his CDs." However, another relative said, "The new staff don't really seem to know about my relatives health needs. Although they do have some very complex people living here."
- New staff were given an induction and shadowed more experienced staff, so they got to know people before working alone with them.
- Staff received supervision and an annual appraisal to enable them to review their practice and consider any training needs. The management team also conducted observations of staffs' practice to check staff competence, which was linked with the supervision and appraisal process.
- Staff were provided with training that the provider had deemed as essential to enable them to provide care that met people's needs.

Adapting service, design, decoration to meet people's needs

- We found there was limited dementia friendly decoration in the home in relation to stimulation or signage and effective orientation for people living with dementia or reduced mobility. The physical environment can work well, or create some problems for people living with dementia.
- Regular environmental checks were undertaken to ensure the environment was safe. Although, we noted that a large dark threshold strip in the communal lounge and dining area could present a falls risk for those people living with reducing mobility, cognitive decline or a risk of falls. Research shows that people could see this as a potential barrier, and lift their walking aids over it. We suggest the provider reviews this as part of their refurbishment programme.
- There is some personalisation of people's room doors. People had brought in their own furniture and items to personalise their rooms.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before entering the service and those needs communicated to staff.
- Best practice guidance was shared with the staff by the registered manager.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was acting within the principles of the MCA.

- The manager and staff understood the principles of the MCA.
- Applications for DoLS were appropriately made.
- We saw evidence in people's care plans of appropriate and timely best interest decision making; which showed that after a mental capacity assessment, the best interests process was followed.
- Staff asked people for consent before delivering personal care. One person told us, "Staff always ask my permission before they do anything." Another person said, "Staff explain things but sometimes they are so busy. They are very good staff, they are nice and friendly."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff interactions with people were genuine, kind and caring. One relative told us, They know him [Name] very well, they take him out to Asda. They know his interests and know he loves music and has brought his own organ in to play. They encourage the great grandchildren to come in too. They have made a book about his life, I think all the residents have one of these."
 - We saw one staff member gently guiding a person with reduced mobility to the communal lounge, prompting them subtly so they were reassured about where to go without being given obvious directions.
 - People all told us staff were caring. They said, "The staff are all kind." and "They are caring." One person told us, "Every one of them is, they all are very nice they are lovely. The staff look after me well. I have no complaints at all with the staff. They are very nice with me and do everything I ask them to do."
 - A relative told us, "The staff do care, oh definitely yes."
 - People's religious preferences were recorded and respected. One person told us, "I have been offered communion in the past. I would like to go to church more but have not been recently."
- We saw that the home worked with a range of different churches to ensure people had access to practising their faith. A relative told us, "I know they have a church service here and a Pastor comes in, I have seen it on the activity list."
- Staff spoke about people fondly saying, "I enjoy working here, meeting people's needs and preferences, the little things that improve people's days."

Supporting people to express their views and be involved in making decisions about their care

- Staff gave people options regarding their care, such as where they wanted to go, what they wanted to eat, where they would like to read their paper, and how they wanted their cup of tea.
- People told us they were happy to feedback their views to the manager and could go to residents' meetings if they wanted to.
- People said they felt listened to, although some people could not remember if they had seen their care plan. One relative told us they were very involved in their relative's care planning and said, "The staff have been really good, getting to know [Name] asking about his past life, just chatting to him."
- We saw that people had access to a range of advocacy services for people who wished for people to support them or to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully. People told us they were treated with dignity and respect.
- We saw that staff always knocked on people's doors and waited for a response before entering the rooms. We observed bedroom and bathroom doors were kept closed during care.

- People were provided with adapted equipment so they could be more independent for longer. People told us that they could get up when they wanted and were encouraged to be as independent as they could within safe limits. Relatives spoke of the way staff treated people with respect and kindness when providing personal care, and how impressed they were with staff in relation to this.
- Staff made sure that people's confidentiality was maintained and records were kept safe.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People did not always receive support that was individualised to their personal needs.
- We found that care plans contained risk assessments for all elements of people's care which followed the providers standards. These had been subject to a recent internal compliance assessment, which scored highly. We found that these gave stratified numeric risk levels for people, but gave staff little practical guidance in a person centred way on how to support people. We discussed with the registered manager that we felt that their risk assessments were thorough; but that there was no quick and easy way that staff could access this information.

This was recognised by the provider; we were told they were in the process of assembling simplified care plans for each resident to have in their room. We were assured these plans would look at impact for people, with smart outcomes and any higher dependency needs identified for people which would then inform the staffing requirements more accurately.

- Care plans contained personal information and some detailed life stories. Families had also been involved, where appropriate, in bringing together personal information. This background knowledge gave insight into people's experiences and helped staff get to know and understand them better. One relative said, "I have seen the care plan and have recently updated it after [Name's] recent fall. We look at it about every two months."
- The service employed three activity co-ordinators working across seven days a week. People using the service were able to discuss the activities on offer during meetings with the activities coordinator. Activities were planned locally and themed around people's needs, interests and life books. Activities were also offered in people's bedrooms if they preferred.
- Residents were taken out shopping or on other outings, but the loss of the home's minibus had affected this and some people were not able to visit their local activities as regularly. The registered manager told us they were sharing the bus with several of the providers other homes, and that it was available once a month currently. One relative told us, "I think the residents should be taken out more. Previously they were taken out all the time in the summer but its only occasionally now."
- Themed events are provided throughout the year, and people are provided with a caked and celebration for their birthdays.
- Visitors to the home from the community included the Salvation Army and St Mary's Church. Themed events are arranged throughout the year and residents are provided with a cake and celebration for their birthdays.
- The home have an initiative called 'A Wish a Month', where each resident was given the opportunity to be treated extra specially and offered the opportunity to do something that is a real treat. One person was treated to a takeaway meal from a local shop, and their room was decorated with the theme of the country this person originated from. Relatives told us this person really appreciated this personal touch. Another resident was taken out recently to a steak bar for dinner.

- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, about different communication styles in place to support people. For example, for one person they have information in large print, or in easy read pictorial format for another.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to talk to if they had concerns and felt the service would take appropriate action.
- People told us that if they had a concern or a complaint they would speak with the registered manager or one of the senior staff. Many reported that they had felt no need to make a formal complaint but if an issue arose they would speak to the registered manager and it would be dealt with. One relative told us, "I would go to the manager if I had a complaint or query. We have had a few but they have all been sorted within a sensible timeframe. I am happy with the care [Name] is getting here."

End of life care and support

- We saw that people had not been supported to make preferences and decisions regarding their care at the end of life. There was a standard assessment of people's end of life care needs in people's care plans, but this was not person centred. We found this did not reflect the wishes and beliefs of people with the support of their families or advocates in an appropriate and sensitive way. We were informed by the provider that this is an area of work that they are currently reviewing, and we were assured by this.
- Information regarding resuscitation was indicated in people's care plans and the staff were aware of these.

We recommend the provider reviews their end of life care planning and follows best practice guidance in relation to this with reference to the NICE quality standards.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People received a service from staff who worked in an open and friendly culture and knew how they liked things done. Although, care plans need to be more person centred to reflect people's wishes and achievable targets.
- The manager and provider had a good understanding of their responsibilities under the Duty of Candour regulation and followed it whenever it applied.
- Staff and people told us the manager was accessible and approachable and dealt effectively with any concerns they raised.
- Staff said they would feel confident about reporting any concerns or poor practice to the manager.
- A member of staff commented, " I am proud of how the carers aren't just here for a job. We are like a family, we all go above and beyond."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There had been several changes to the management of the service since our last inspection in January 2016. The area manager spoke of this recent past as a challenging time, and told us they now felt in a position to move forward with more confidence.
- The registered manager was aware of their responsibilities and accountabilities. The area manager spoke of the providers plans for the development of the service and we were assured by these.
- The registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of.
- Records were kept safely and confidentially and staff were aware of their responsibility not to disclose personal information about people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service held relatives' and residents' meetings. In the minutes of those meetings, and by talking with people, we saw people were asked their opinion of how things are run. One relative told us, "We have been to the meetings when we can make it. I think they are held every two months."
- People were involved in developing the activity provision with the new activity coordinators.
- Staff received training in relation to dignity and equality and diversity as part of their induction training.
- Care plans showed this training was put into practice with any equality or cultural needs identified,

incorporated into care plans and met.

- Staff felt the service was well-led and told us they enjoyed working at the service. One staff member told us, "[Name] is the best manager I have ever had, she has given me confidence."
- Staff said the managers asked what they thought about the service and took their views into account.

Continuous learning and improving care

- Staff felt they were provided with training that helped them provide care and support to a good standard. We saw from training records that this was the case.
- Staff said they were asked for suggestions on how to improve the service and felt their suggestions were taken seriously.
- Staff were very positive about the new manager and felt that some positive changes had been made.

Working in partnership with others

- The registered manager and staff were working with other agencies and specialist services to try to make sure people received joined up treatment and support. Records showed people had access to all healthcare professionals as and when required.
- Most people told us that they could see the GP quickly if they wanted to as the local doctors surgery was nearby. The local GP visited the service weekly to conduct a 'ward round', to carry out checks on medications or for any other concerns that had been identified by staff. We spoke with the visiting GP on the day of the inspection and they told us, "The surgery feel that the home uses them appropriately. By doing a weekly ward round they can pick up on issues and are also happy to be rung if the need is greater. On admission to the home there will be a face to face review with people."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person was not ensuring the proper and safe management and administration of medicines; not ensuring sufficient numbers of competent and skilled staff to safely support people; not ensuring the effective assessment of risks to the health and safety of service users who were receiving care or treatment.</p>