Care Quality Commission

Guinness Care and Support Limited

Havant Domiciliary Care

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?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 30 December 2014 and was announced.

Havant Domiciliary Care provides personal care to people in their own homes. At the time of the inspection the service provided care to 82 people with a range of needs including those living with dementia and people who needed support due to old age frailty. This included personal care for 27 people in their own apartments at an 'extra care scheme' called Juniper Court where a staff team were based.

The service 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 and associated Regulations about how the service is run. There was, however an acting manager who was in the process of applying for registration with the Commission.

Summary of findings

People, and their relatives, said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults. Staff had a good awareness of the correct procedures to follow if they considered someone they provided care to was being neglected or poorly treated.

People gave mixed views about the reliability of the service they received. Sixty- nine per cent of those who returned a survey said care staff arrived on time and 81% said they stayed for the agreed length of time. All of the people we spoke with said staff arrived on time.

People were supported by staff to take their medicines but there were numerous omissions where staff had failed to record if they had administered medicines to people. Where the provider had noted these omissions in its monitoring process sufficient action had not been taken to check people were receiving their medicines.

Checks were carried out on newly appointed staff so that people received care from staff suitable to work with them. People were supported by staff who were well trained and motivated to provide a good standard of care.

People had agreed and consented to their care. Staff sought people's consent before providing care. There were policies and procedures for the use of the Mental Capacity Act 2005 (MCA) where people did not have mental capacity to consent to their care. Not all staff were aware of the guidance regarding the MCA and a number had not received training in this.

People's nutritional needs were assessed and they were supported with meals and drinks. Arrangements were made to support people with their healthcare needs, such as liaising with community health services and monitoring people's general health.

People were treated with kindness and respect. People described staff as caring and considerate. Comments were made by people about how friendly staff were. All of the people who returned a survey said the care staff treated them with respect and dignity. People were consulted about how they liked to be supported so care was provided in the way they preferred.

People said they were involved in reviews of their care needs and their care was adjusted and amended to suit their changing needs and preferences. Staff were said by people to respond to any requests for changes in how their care was provided.

There was an effective complaints procedure. People said they knew how to raise any issues they had about their care and that these were addressed to their satisfaction. Complaints were investigated and responded to by the provider.

The provider used a number of methods to monitor its performance and to check people received the right care. These included people being asked if they were satisfied with their care. Checks were made that staff behaviour and performance promoted a caring and effective service. Staff demonstrated they were committed to providing a good quality service which promoted a culture of treating people as individuals. Staff knew what to do if they had any concerns about people's welfare and safety. Systems were used by the service's management team to monitor that care was reviewed with people on a regular basis. Sufficient action had not been taken where it was identified by the provider's quality assurance process that staff had not recorded if people had received their medication. Where this had occurred on multiple occasions for individual people the provider had not followed this up to check these people were receiving their medicines safely.

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

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?
The service was not safe.

People were supported to take their medicines but there were numerous omissions in recording this. Where this was identified by the provider additional checks had not been carried out to see if people had received their medicines as prescribed.

Staff knew how to recognise, respond to and report any suspected abuse of people.

People's needs were assessed where any risk was identified and there was guidance for staff to follow so people were safely cared for.

There were sufficient numbers of staff to meet the needs of people safely. Checks were made that newly appointed staff were suitable to work with people.

Requires improvement

Is the service effective?
The service was not effective.

People agreed to the care and treatment they received. Staff were not fully aware of the correct procedures to follow if people did not have capacity to consent to their care.

People were supported by staff who had the skills to provide effective care.

People were supported to have a balanced and nutritious diet and the staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Requires improvement

Is the service caring?
The service was caring.

Staff treated people with respect and kindness. Staff listened to what people said and consulted them about their care needs. Staff were motivated to provide care to people in the way people preferred and in a compassionate way.

People's privacy was promoted and people were supported so they were able to maintain their independence. People's cultural needs were catered for so the provider was able to provide care as people preferred.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

People received personalised care which was responsive to their changing needs. People's care needs were reviewed and changes made to the way care was provided when this was needed.

People felt able to raise any issues with the provider which they said were acted on.

There was an effective complaints procedure which people, and their relatives, were aware of. Complaints were investigated and responded to.

Is the service well-led?

Requires improvement

The service was not well led.

Audit checks were carried out on the quality of the service provided to people. However, continued gaps in recording medicines had not been addressed to ensure that people were safely receiving their medicines.

Staff attitudes, behaviour and performance were monitored by the provider. Staff understood values of compassion and respect for people and knew what to do if they had any concerns about people's safety or welfare.

There were systems so staff and people were able to communicate with the management of the service.

Havant Domiciliary Care

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. The 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 30 December 2014 and was announced. We gave the provider 48 hours' notice of the inspection because it was a domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We also visited an 'extra care scheme' on 6 January 2015 in Gosport where the service provided a team of care staff to support people in their own apartments. We also accompanied two care staff on a care visit to a person on 9 January 2015.

The inspection was carried out by an inspector and an expert by experience who completed telephone interviews to ask people, and their relatives, what they thought of the service provided by Havant Domiciliary Care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. It asks what the service does well and what improvements it intends to make. We reviewed the Provider Information Record (PIR) before the inspection. We also looked at our own records such as any notifications of incidents which occurred and records regarding safeguarding investigations. A notification is information about important events which the provider is required to tell us about by law.

We looked at care records for 10 people and spoke to 19 people to ask them their views about the service they received. We also sent survey questionnaires to people and relatives to ask them for their views on the service. Sixteen surveys were returned to us from people and one from a relative.

The service employed 36 staff. We looked at the records of five staff including staff recruitment, training, induction and supervision records. We spoke to three care staff, the acting manager and two team managers for the service. Survey questionnaires were sent to staff but none were returned. We also accompanied two staff on a visit to one person who received personal care and visited two people who received care at the 'extra care scheme. We spoke with these people, observed some of the care they received and spoke with the staff who were supporting them. Records of complaints, staff rosters, satisfaction surveys, and policies and procedures were reviewed.

We contacted social services staff who commissioned services from Havant Domiciliary Care who gave us their views on the service.

This was the first inspection of this service since their registration in April 2013.

Requires improvement

Is the service safe?

Our findings

People said they were supported with their medicines but we found there were numerous omissions in medicine administration records where staff had failed to record whether or not people had their medicines. Details of the support people needed with their medicines were recorded in care plans. The service had policies and procedures regarding the management and handling of medicines. Staff received training in medicines procedures as part of their induction when they started work. Of the four care staff training records we looked at two had been observed and assessed as competent to administer medicines to people. The other two staff had received training in handling and administering medicines but had not been observed as part of their competency to do so. This meant the provider had not assessed the competency of all staff to safely administer medicines.

Staff did not always record their signature to say whether or not they had administered medicines to people. For example, for one person staff had failed to record whether a person had their medicines five times out of 12 days for one medicine and three times out of 15 days for three other medicines. For another person staff had failed to record whether a person had their medicines on 14 out of 20 days. The provider used a monitoring system to check whether medicines were safely administered and this identified staff were failing to record each time people were supported to take their medicines. For example, in October 2014, 17 incidents regarding medicines records were identified. There was a record to show the provider had addressed this, but we found there were still omissions for November and December 2014. Where there were multiple omissions identified in the medication administration records, follow up investigations had not taken place to check whether the person had received their medicines and if they were being safely administered. This meant the service remained in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as appropriate action to ensure people were protected against the risks associated with the unsafe and management of medicines was not being taken.

People gave us mixed views on the reliability of care staff arriving on time and staying for the agreed length of time.

All of the people we spoke with said they received care as set out in the care plan, but only sixty nine per centof those who returned a survey said staff arrived on time. People at the 'extra care scheme' at Juniper Court told us they had access to care staff over a 24 hour period if they needed immediate assistance by using a call point in their apartments. People told us staff responded promptly when they used this facility. People at Juniper Court told us they were visited once a week by a manager from Havant Domiciliary Care who reassessed whether the staffing levels for were sufficient for them.

People said they were supplied with a weekly timetable of the times they would be receiving care and the names of the care staff who would be supporting them for each care appointment. One person, however, commented they did not always receive this.

Eighty- one per cent of those who returned a survey said they received care from consistent care staff. One person told us they received care from different care staff but did not have a problem with this as they preferred this. People and staff told us the service had sufficient staff to safely meet people's needs.

People told us they felt safe with the staff. One person made specific reference to feeling safe when they were assisted to move saying, "I have to use a turning stand, which can make me feel a bit unbalanced, but the carers always steady me and that makes me feel safe." We observed staff making arrangements for lifting people from their bed to a chair and back again. Staff ensured the person was safe, spoke to them reassuringly and checked they were comfortable. People said staff made them as comfortable as they could be and that they had access to a telephone so they could ask for assistance.

Staff were aware of the need to protect people's rights and knew how to protect people from possible abuse and what to do if they considered someone had been mistreated. We looked at the service's policies and procedures regarding the safeguarding of people and these included guidance for staff on the signs of possible abuse and the different forms abuse may take. Staff training records showed staff received training in the safeguarding of adults and that this was regularly updated with 'refresher' courses. The staff induction training included training in the safeguarding of adults. Staff and the acting manager told us how staff supervision sessions gave them the opportunity to discuss

Requires improvement

Is the service safe?

any concerns about people's safety and welfare. Staff knew they could report any concerns to the local authority safeguarding team. Staff said people received safe and reliable care.

People were provided with a booklet called, 'Home Care Customer Handbook.' This included details about safeguarding people from abuse and examples of where people might be abused such as verbal threats or insults. The booklet gave people details of who they could contact about this including the local authority which has responsibility for investigating suspected abuse. A member of the local authority commissioning team told us the provider cooperated with any safeguarding investigations, always responded to any requests for information and worked in collaboration with them regarding any concerns about people's safety.

Care records included details about risks when staff provided care to people. These included risk assessments about people's home environment with corresponding guidance so staff could reduce any risks to themselves or people. Records showed these risks were discussed with people who recorded their signature in agreement to the contents. Risk assessments were comprehensive and covered various aspects of people's care. There were assessments regarding the risks of falls to people and the action staff should take to prevent these. Where staff supported people with their mobility needs there were risk assessments for this and comprehensive guidance for staff to follow so people were moved safely. These included the numbers of staff needed and the use of any lifting aids such as hoists and ceiling hoists. People had recorded their signature to acknowledge their agreement to these assessments and care plans.

Pre-employment checks were carried out on newly appointed staff and staff were interviewed to check their suitability for care work. Application forms were completed by staff and these included an employment history for the staff member. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

There was a system for arranging and allocating work to staff so care appointments were met. A staff duty roster was devised for each staff member with the details of the care appointments for five days ahead. Staff told us they received this via a work mobile telephone which was supplied to them. Staff told us their duty roster gave them enough time to travel between seeing people and that they had sufficient time to carry out the tasks in people's care plans. The provider informed us in the PIR that in the previous 28 days 6229 care visits were carried out and no visits were missed.

Requires improvement

Is the service effective?

Our findings

The service had policies and procedures regarding the Mental Capacity Act (MCA) 2005 for situations where people did not capacity to consent to their care. These procedures also included the Deprivation of Liberty Safeguards (DoLS) for situations when staff might have to restrict people's freedom in order to keep them safe. None of the people who received a service were subject to a DoLS. Not all staff had received training in the MCA and one staff member we spoke with was not aware of the MCA principles for people who did not have capacity to consent to their care and treatment. The acting manager told us there were plans to provide training to all staff in the MCA. The Mental Capacity Act 2005 Code of Practice and the House of Lords MCA Committee Report highlight that those who provide care have clear policies and practices that comply with the MCA. **We recommend training is provided for staff in the Mental Capacity Act 2005 Code Of Practice so staff and managers have the skills and knowledge regarding the correct procedures if people are not able to consent to their care.**

Ninety- four per cent of people who returned a survey said they were supported by care staff who had the knowledge and skills to give them the support they needed. Every person we spoke with said they were satisfied with the standard of care provided by care staff. People said the staff were well trained and that they were introduced to care staff before staff worked alone with them. People who returned a survey said staff supported them to be independent and carried out the tasks set out in their care plan. We observed staff supporting people as set out in their care plans, were knowledgeable about people's needs and knew how people preferred to be supported.

Staff received induction training before they started work with people. Staff said this included a period of 'shadowing' more experienced staff. The provider told us the induction consisted of a 12 week programme to ensure staff were competent in their work. Staff records showed newly appointed staff were observed and assessed when working with people. Each newly appointed staff member had a probationary period at the end of which their competency was assessed and their continued employment confirmed. Staff training records showed newly appointed staff were trained in moving and handling of people, safeguarding adults procedures, medicines procedures and lone working.

Staff told us they received training in a variety of relevant subjects such as infection control, continence care, equality and diversity, emergency aid awareness, nutrition and first aid. Staff considered the training to be of a good standard and that they had opportunities, via supervision, appraisals and staff meetings to suggest training courses which were then provided. The manager used a staff training spreadsheet to monitor when staff had completed mandatory training and when this needed to be updated. The acting manager said staff were also able to complete training courses in other subjects such as end of life care, dementia care and leadership. Staff said they had opportunities to complete nationally recognised qualifications in care such as National Vocational Qualifications (NVQ) or the Diploma in Health and Social Care. The provider told us 17 of the 36 staff had completed a NVQ or a Diploma in Health and Social Care at level 2 or above.

Staff told us they received individual supervision when they were able to discuss their training needs as well as their work with people. Staff also said they were able to seek day to day support from the care supervisors who they were accountable to. Staff said they had access to support from a line manager via telephone at any time of the day or night when they were providing care to people. Records showed staff received regular supervision and that their performance was monitored by observations of their work with people and by appraisals.

The manager informed us that each person who they provided a service to had capacity to consent to their care. This was reflected in care plans and assessments, which showed people were involved in these and had signed a record to agree with their assessment and care plan. People said they were consulted about their care which they had agreed to. For example, one person said, "I sat with a manager and we talked about my care, just like having a conversation, it was easy to explain what I needed and she then wrote it up into a care plan. I have it in my folder here." Staff told us they sought the consent of people before providing care and this included involving people in the initial assessment of their needs.

Requires improvement

Is the service effective?

Where needed, people were supported with their food and drinking needs. Initial assessments of people's needs included nutrition, and where applicable there was a care plan for how the person was to be supported. People's nutritional needs were also assessed on a nutritional support risk assessment. Records of food and fluid intake were maintained where care plans and assessments indicated this was needed. People said they were satisfied with the support they received regarding their food and drink and were asked what they wanted to eat and drink.

We observed staff supporting one person with their lunch and drinks. The meal was well prepared by staff and looked appetising. The person was supported to drink and to have access to drinks when staff were not at their home.

Care records showed staff referred and liaised with health care services when this was needed. This included occupational therapy services, the district nursing team and people's GPs. One staff member told us how they worked with the district nursing services regarding the risks and treatment of skin pressure areas.

Good

Is the service caring?

Our findings

People and relatives we spoke with and surveyed told us they received care from staff who were kind, respectful and caring. They said that staff treated them with dignity and respect. People said they were consulted about their care and that staff listened and acted on what they said. People also said the care staff helped them to maintain their independence. For example, one person said, "Without my four visits every day I would have to be in a home. I want to stay on my own, making my own decisions about what I want to do for as long as I can, and these carers help me do that."

We observed staff treating people with dignity and respect. People and staff commented on how staff established a rapport and positive relationships with people, which people said was important to them. A staff member told us they took time to get to know people and always spent some time talking to people. They said this made people feel more comfortable with them when they provided care. Staff were observed listening to what people said and talked to people in a warm, polite and caring way. Staff knew how people liked to be supported but also took time to ask people if there was anything they wanted. Staff also made sure the person was comfortable before they left.

People's needs regarding their ethnicity were taken into account. One person did not speak English and the provider had made arrangements for the person to have translation by an advocacy service. The person was therefore involved in discussions about their care and the person's assessment, risks assessments and care plan were written in their own language. The consent to care form was also written in their own language so they could understand and agree to their care. This enabled staff to know what the person's needs and preferences were and ensured the person was aware of the arrangements to support them.

Care plans were recorded to reflect people's preferences and were structured so the person's wishes were central to how care was to be provided. These were available in people's homes so they had information about how they were to be supported and the times staff would be visiting them. People had information about the service in the form of a Home Care Customer Handbook so they knew what to expect and who they could contact. The Handbook had details about the provider's commitment to its core values of privacy, dignity, independence, and choice for people.

Care staff demonstrated they were committed to treating people in a caring way. Staff said their own philosophy for providing care reflected people being treated as individuals, promoting independence and providing a good standard of care. One staff member said they treated each person in a manner that they would like to be treated and another staff member said they treated people as if they were their mother or father. Staff also told us how they encouraged people to retain their independence, which was also reflected in care plans. The acting manager told us how staff attended a specific training course in helping people maintain or develop their independence.

Staff said people were treated with respect, dignity and their privacy promoted. Staff knocked on people's doors and called out before entering their homes. People commented on how staff made sure their privacy was upheld when personal care was provided. The acting manager said people were able to choose whether they had a male or female care worker, which promoted people's dignity and choice.

Good

Is the service responsive?

Our findings

People, and their relatives, told us they were involved in the initial assessment of their needs and that they contributed to decisions about how their care was to be provided. People were aware they had a care plan which they said was provided to them and reflected how they wanted to be helped. There were arrangements for people to have their care reviewed and people said changes were made to their care packages when they requested this. For example, one person said, "I wanted to have a bath instead of a shower once a week. I mentioned this to a carer and the following week it had been changed to a bath. I was very pleased as I didn't want to cause any bother." Another person said their care needs were reviewed when their nearest relative requested additional care hours. The person said their views were fully taken account of in the review.

Other people said staff did what they asked them to do and that staff would do additional tasks if requested. People who lived a Juniper House said staff responded when they asked for help by using the call point in their apartments.

There was an initial assessment of people's needs. These were comprehensive and covered personal care needs, continence needs and daily living tasks. People had signed their needs assessments to acknowledge their agreement to its content. Records also included assessments and care plans completed by referring social services personnel so the provider was aware of what care the person needed when their care package began.

People had comprehensive care plans which reflected their individual needs and preferences. One section of the care plans was called 'How My Day Goes.' This was written with the person's needs and preferences as the focus and included specific details about how and when people received support. People's preferences were central to how care was provided and people were able to make choices in the support they received. Staff encouraged people to maintain and develop their independence, which was reflected in care plans. For example, details were recorded for those tasks people could do themselves and where staff needed to provide support, such as with their medicines and meals.

People told us they were contacted by the provider's management team on a regular basis to check they were satisfied with the care or if they needed any amendments to their care. People who lived at Juniper Court said the team manager regularly checked if they were receiving the care they needed and wanted. One person who lived at Juniper Court said the team manager met with them and the other people at the scheme each week and asked them about their care adding, "I never have to worry, if I want to talk to her I just buzz (use the call point)." Staff were observed asking people if they were satisfied with the care they received and if they needed anything else.

Support to people was predominantly personal care although those living at Juniper Court had access to social activities and outings as well as communal areas where they could meet and socialise with others. People said the care they received allowed them time to get involved in hobbies and social events. For example, one person said, "Once my carer leaves I can go and have a chat with my neighbour and do my crossword." Staff told us how they considered it was important to spend time talking to people as well as providing care so people had social contact.

People said they knew how to raise any concerns they had, which they said were dealt with. Each person had a copy of the provider's complaints procedure, which was contained in the Home Care Customer Handbook. Eighty- seven per cent of people who returned a survey said they knew to how make a complaint. People said they felt able to raise any concerns they had and that these were resolved. Seventy three per cent of those who returned a survey said care and support workers responded to any complaints they made.

The provider maintained a record of any complaints made. There were four complaints made to the service in writing. The provider had written to the complainant to acknowledge the complaint. Records were maintained of how the provider looked into the complaint and there was correspondence to the complainant of the outcome of this.

Requires improvement

Is the service well-led?

Our findings

The service had a line management structure of accountability for staff at all levels. There was not registered manager at the service, but there was an acting manager who was in the process of applying for registration with the Commission. The service also had two team managers with responsibility for coordinating care packages. One team manager had responsibility for the service at Juniper Court and the other for care provided to people who were not resident at Juniper Court. The team managers in turn supervised senior care staff who supported care staff. The acting manager divided her time between Juniper Court and the registered office location which enabled her to monitor the provision of care to people.

People told us there were good communication channels with the service's management. Those people who lived at Juniper Court said they had frequent access to the team manager there. They said the team manager met with them on a regular basis and asked them if the service they received was to their satisfaction. Eighty- eight per cent of those who returned a survey said they knew who to contact if they needed to. People had a Home Care Customer Handbook which contained details of how people could contact the service provider. Eighty- one per cent of those who returned a survey said they were supplied with information which was clear and easy to understand. People also said they received a survey from the provider asking them what they thought of the service.

Staff demonstrated they had a set of values based on compassion and respect for people as individuals. They were aware of their responsibilities to report any concerns to the acting manager, or to the local authority safeguarding team and to use the whistleblowing policy. Staff said they had opportunities for raising any concerns and felt confident in reporting poor practice to their manager. Checks were made on the performance, attitudes and behaviour of staff by either the acting manager or one of the team managers observing staff working with people. The acting manager said telephone calls were made to people to check they were receiving a reliable service. This was an ad hoc arrangement and was carried out at specific intervals or for a sample of people. Checks were made by the use of a monitoring system where staff called to the office when they attended each appointment for those funded by the local authority. The acting manager told us a similar system was used for those people whose care was not funded by the local authority but this did not work correctly. Social services commissioners and staff told us how the service worked collaboratively with them regarding service development and any safeguarding concerns.

There were no structured methods for obtaining the views of staff about the service and their work such as surveys, which could give valuable information about service provision to the provider. The acting manager said she encouraged open communication with staff. Staff told us they felt supported by the management team and had access to management support at all times. The acting manager told us staff were also able to raise any concerns or give feedback about the service via a staff forum and that staff were able to contribute to a health and safety working group.

Not all the people who returned a survey said they received a questionnaire from the provider asking them for their views on the service. The acting manager told us this was an ongoing process and that surveys were sent out to people in December 2014. At the time of our inspection none of these had yet been returned.

The provider told us in the PIR that the executive team visited the service to "meet staff and customers to gain feedback." The PIR also gave information about quality assurance checks being carried out by senior management. Records of monthly quality audits were carried out by the provider using an audit tool. Checks and audits were carried out on care plan reviews and medicines procedure. An audit of the medicines procedures completed on 11 December 2014 identified staff were failing to record their signature to show whether or not they had supported people to take their medicines. There was an action plan to show this had been addressed but we still found staff were failing to do this. The provider's system of audits and checks that medicines procedures were being followed correctly was not effective in ensuring this did not reoccur.

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
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not protected service users against the risks associated with the unsafe use and management of medicines by making appropriate arrangements for the recording and safe administration of medicines. Regulation 12. (2) (g)