A.R.T.I. Services Limited

Avalon Residential Home

Inspection report

17 Barnwood Road
Gloucester
GL2 0RZ
Tel: 01452 417400

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Inadequate
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on 31 March and 1 and 8 April 2015.

Avalon provides residential care for up to 19 older people. The home is a detached house with accommodation on three floors. People have access to a communal lounge and separate dining room. All bedrooms have ensuite toilet facilities, five bedrooms also have an ensuite shower and there is a bathroom on each floor. The gardens at the front were accessible for people. There were 16 people accommodated on the first day of our inspection visit and 17 people on the final day.

There was 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.

Three 'whistle blowers' contacted us before the inspection. A whistle blower is a member of staff who raises concerns that affect people and may put them at risk from poor care or abuse. We looked at all the concerns raised during our visit.

People were not supported by sufficient staff with the appropriate skills, experience and knowledge to meet

Summary of findings

their needs. People sometimes had to wait for assistance and staff were rushed. The provider responded to our concerns quickly and additional staff were rostered for the mornings.

We identified several maintenance issues that may have put people at risk from injury and some were rectified during the inspection visit. The home was under refurbishment and there were improvements and additional bedrooms. More improvements were planned for the year to increase communal space and continue with refurbishment of all rooms.

Medicines were stored safely and administration records were complete but there was a need for improvements to the procedure for giving people their medicines. Staff had been trained to give medicines and the provider told us they would monitor their practice.

Staff knew people well and how they liked to be cared for. Care plans were personalised and people were involved with planning their care. People were safeguarded from harm because staff were aware of their responsibilities to report any concerns. Risk assessments were completed which reduced risks for people, helping to keep them safe and independent. People described the service as safe and said they felt safe. They told us it was homely and they were looked after by kind staff. Staff were trained to keep people safe and knew who to contact if they had concerns.

People had access to healthcare professionals to promote their health and wellbeing but there was a need to improve the information recorded for healthcare professionals to review progress. People told us that healthcare professionals supported them well.

People had a choice of meals and they told us the food was good. The risk of malnutrition was monitored and people had professional support where required. Special diets were catered for and people's personal food preferences were taken into account when planning menus.

People took part in activities. They were able to make suggestions for new activities but there was no clear organisation of activities as the person that organised them had left. Care staff provided some activities but had little time to plan them. Trips out were occasionally organised.

The arrangements for managing the home had been through some changes due to staff sickness and staff did not feel well supported. Monthly quality assurance checks were completed by the registered manager and senior staff had meetings to discuss any health and safety issues. There was a programme of audits completed to include medicines, care plans and people's personal monies. People had residents meetings and were able to choose what activities they would like to do. People had not completed any surveys to check the quality of the service since 2013.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We completed this inspection at a time when the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 were in force. However, the regulations changed on 1 April 2015; therefore this is what we have reported on. 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?

Inadequate

The service was not safe.

People were not supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs.

People were not protected from unsafe maintenance issues.

People's medicines were not managed safely and the procedure for giving people medicines required improvement.

People were not protected by thorough recruitment practices and staff induction to the service.

People were safeguarded from harm because staff were aware of their responsibilities to report any concerns. Risks assessments were completed which reduced risk for people, helping to keep them safe and independent.

Is the service effective?

Requires improvement

The service was not consistently effective.

People had access to healthcare professionals to promote their health and wellbeing but there was a lack of information recorded for healthcare professionals to review progress.

People made decisions about their care. Staff were aware of the Mental Capacity Act 2005 to protect them when they needed support for certain decisions in their best interest.

People had a choice of meals and their individual requirements were met. Risks of malnutrition were monitored and people had professional support where required.

Is the service caring?

Requires improvement

The service was not consistently caring.

People's personal wishes were not always respected by the staff.

People were treated with kindness and dignity.

People were involved in making decisions about their care and support and encouraged to be independent.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People may not have always received the care and support they needed as care plans for responding to healthcare needs were not completed.

Summary of findings

People took part in activities. They were able to make suggestions for new activities but there was no clear organisation of activities. This limited the range of activities available.

Staff knew people well and how they liked to be cared for. People were involved in decision about their care.

Comments or concerns were listened to and changes were made where required.

Is the service well-led?

Requires improvement

The service was not consistently well led.

The home was not consistently well managed and staff did not feel well supported. Management changes had affected staff morale.

Monthly quality assurance checks helped to ensure people were safe but not all issues had been identified for improvements to be made.

People could have their say, but residents meetings were infrequent. Formal quality check surveys for people were overdue.

Avalon Residential 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.

This inspection took place on 31 March and 1 and 8 April 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had information of concern from three 'whistle blowers'. Whistle blowers are staff members that alert us about concerns. We used this information to assess how the service was performing and to ensure we addressed any potential areas of concern. We contacted the local commissioners before the visit.

We spoke with the registered manager, four care staff, one care worker/domestic, the cook, the registered providers, ten people living in the home and four relatives. We also spoke with two healthcare professionals visiting people. We observed staff talking to people and providing support. We looked at eight care records, four recruitment records, quality assurance information, duty rosters, maintenance records, peoples personal money records, some policies and procedures and a record of all staff training.

Inadequate

Is the service safe?

Our findings

There was insufficient staff to care for the 16 people who were accommodated over three floors, staff also had to complete ancillary tasks. A senior care staff member was completing medicines and a new care staff member was preparing breakfasts and providing peoples care. The cook had provided care, in addition to their catering duties, for one hour from 8:00 to 9:00 hrs. We looked at the staff rosters where the new care manager was not on the rota but the provider told us they worked five days each week and were on leave during the inspection. People told us, "I hear call bells ringing too often usually early morning and night", "Understaffed here, staff are too quick" and "Staff briskly do things and I wait at mealtimes as there are not enough staff".

We observed that people were generally in a relaxed and calm atmosphere in the lounge but one anxious person had to wait for assistance to make a phone call to their relative. A person was sat all day without moving from their chair, did not eat their lunch but had fluids and was not supported to use the toilet. We discussed this with staff and the registered provider on the day. The person should have had continence care provided.

The registered manager, who also managed another service, told us that more staff were needed particularly bank staff to cover for absences and they were currently recruiting staff. There were plans to recruit additional cleaning staff for the weekends, replace the activity person who had just left and provide additional care staff in the morning. None of this was evident when we visited unannounced on the first day of our inspection. Staff told us, "Not enough staff here it takes an hour to do medicines and only two of us", "We complete all laundry too", "We don't have time to talk to the residents it's very rushed", there is no senior care staff on night duty" and "the manager is aware staff are rushing". A healthcare professional told there was not enough staff.

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

The provider responded to our concerns quickly and additional staff were rostered for part of the morning shift and the cook remained in the kitchen to prepare breakfasts for people. However the rotas given to us did not reflect the changes made. The registered manager had completed a dependency assessment tool for people every two months. The last assessment was in March 2015 and this was clearly not effective.

Not all areas of the home looked clean and we identified maintenance issues which would make cleaning difficult, for example; a cracked wash hand basin and a damaged floor tile in a bathroom.

There were no weekend cleaning staff. There was insufficient ancillary staff with regard to laundry and cleaning. A relative told us, "Staff are not trained well, things don't get done very well, cleaning not thorough" and "Clothes get mixed up". The laundry room was outside and was unkempt with tins of paint stored on the floor and was a cross infection risk. Staff had left dirty linen in one bathroom used by people. Clean linen was piled up on one landing area, not stored safely in a cupboard and may be a fire hazard. People told us, "Staff clean room quite often" and "Very clean here". Relatives told us, "Bathroom upstairs not great but it has a hoist", "Bed not changed for two and a half weeks" and "Bedroom clean and bedding changed regularly". Plastic aprons and disposable gloves were available around the home and staff used them to promote infection control.

There were unsafe maintenance issues we pointed out to the provider who then took action during the inspection. The issues included for example; a broken toilet roll holder with a sharp edge, toilet flush not working, several loose radiator covers, bare wires visible under wash hand basins and a rucked carpet in a door way. Environment risks and health and safety issues were recorded in the maintenance log book by staff and had been completed. Installations and equipment were maintained and serviced regularly. The last monthly quality check in March 2015 did not include checking health and safety issues but recorded the fire log book was correct and water temperatures had been recorded to protect people from the risk of scalding. The provider told us the service was checked regularly for the risk from Legionella disease. There were risk assessments completed for each person, for example; moving and handling, falling, malnutrition and wheelchair use.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service safe?

The provider told us they had a business plan to complete the refurbishment of all areas of the home. The business plan this year clearly stated what needed to be completed for each bedroom and area of the home through to September 2015 and indicated what had already been done. This meant that the plan was reviewed and the registered manager knew what remained. There were five new rooms on the second floor and four other bedrooms had been refurbished at the time of this inspection. A new passenger lift and fire sprinkler system had been installed recently. The planned building work was due to start at the end of April 2015 for the communal rooms and kitchen.

Recruitment records were incomplete and one staff member had only one reference. Photo identification and health declarations were missing in two records. One record had no application form and interview assessments were not recorded in all four records. This meant that any gaps in employment may not have been explored. All records had Disclosure and Barring Service (DBS) checks completed. A DBS check is for employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. Staff health checks had been completed. The provider told us that due to the relocation of the office some information with regard to recruitment was unavailable but this would be rectified as soon as records were returned to the correct storage. We recommended that safe recruitment practices are followed.

A safeguarding policy and procedure was available and included the local safeguarding team contact details. There was no reference to informing the Care Quality Commission (CQC) about any safeguarding issues. Staff were trained in safeguarding adults, knew what types of abuse there were and what to do if they witnessed any abuse. There was a 'whistle blowing' policy for staff to follow. People described the service as safe and said they felt safe There was a policy about 'unexplained bruising' and a staff member told us they would record any bruising they found on people and tell the manager. There had not been any safeguarding concerns in the last 12 months.

There were clear policies and procedures in the safe handling and administration of medicines. The policies had been updated in 2013. We completed a 'spot check' tablet count of Warfarin medicines and there were three incorrect amounts, which may mean people had not been administered the correct amount of medicine. Staff were observed giving medicines in a calm and unhurried manner. The practice of taking medicines individually to people on the first and second floors may be unsafe without the administration record and original tablet container. We discussed this with staff and the registered manager and they planned to provide a carry case for the medicines and the records to improve practice. There was secure storage and the temperature of medicine storage was recorded daily. Staff completed medication training by the dispensing pharmacist annually and at a college every three years. New staff were monitored by experienced staff to check their medicine administration competency. There had been no errors involving medicines in the last 12 months.

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

Accidents were recorded and had been analysed to look for themes and preventative measures. Any reflective learning for staff was recorded and discussed with them. There was no record of any incidents in the home.

We recommend that safe recruitment practices are followed in line with the legislation to ensure people are protected.

Requires improvement

Is the service effective?

Our findings

People had access to health and social care professionals and their visits were recorded. For example people had visits from GP's, opticians, district nurses, a heart failure specialist nurse, social workers and a community psychiatric nurse. A person told us, "very good treatment from the district nurses and the optician and chiropodist visit". We spoke with two healthcare professionals and although there were improvements in record keeping an observation tool for a person who was very anxious at times had not been completed. This meant there was a lack of information for the healthcare professional to review. There were no purposeful activities for the person in the evenings to help prevent boredom and depression. We recommended that people are supported to maintain good health. Another healthcare professional had seen an improvement in the person they visited and felt the staff had provided good care and support to ensure this happened and staff had contacted them when necessary.

People were supported by staff who had access to training and were supervised by senior staff to ensure their training requirements were met. Completed staff training was recorded, however the training records we were given were incomplete as they did not include all staff. There was no overall record of what training was due for each staff member and when. An example was first aid training, which needed to be completed or updated. New staff completed the Common Induction Standards, however, two staff told us they had not completed an induction and learnt from shadowing experienced staff.

Six of the 14 care staff had completed either an NVQ level 2 or 3 in health and social care and seven staff had commenced a health and social care diploma. One care staff member was completing an NVQ level 5 qualification in health and social care. Most staff had completed many areas of training, for example, moving and handling, medicine administration, food safety, infection control, first aid and dementia awareness. Staff told us they needed updates to some training to include moving and handling. One staff member told us they needed food hygiene training as they prepared suppers. The provider sent us a diary of training planned for April and May 2015, which included updates to moving and handling training for all staff. The registered manager/ group manager had completed a manager induction course with Gloucestershire County Council which included the new Fundamental Standards.

Most staff told us they had formal supervision, attended staff meetings and had an annual appraisal where applicable. However, one staff member had not had individual supervision since June 2014 but had attended staff meetings. Staff supervision and annual appraisals were completed in detail, which recorded an action plan for training and the date it was achieved.

Staff received training about the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make certain decisions. We observed staff seeking people's permission before helping them with their care and encouraging them to make choices. Staff told us that most people consented verbally to personal care and a 'best interest' record would be completed if they were unable to. There were mental capacity assessments recorded in people's care plans. A person living with dementia had a clear record completed by their GP, in consultation with relatives and staff, about resuscitation. There was a 'best interest' record completed to record the reasons for the decision.

The registered manager had a good awareness and understanding of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a lawful way to deprive someone of their liberty, provided it is in their best interests or is necessary to keep them from harm. There were no DoLS authorisations in place.

People told us they enjoyed their lunch. A person who wanted vegetarian food had a similar meal to everyone else but with a meat alternative, which they also enjoyed. A variety of fruit squashes were provided during lunch and there were jugs of drinks in the lounge. People were offered biscuits or fruit between meals at specific times. People told us "Food is very good and plenty to drink", "Food can be cold by the time we get it", "Food here is good, some choice, I tell the cook if I don't like what is on the menu" and "The food is hot". People assessed as having a risk of malnutrition had a food diary recorded and their weight regularly reviewed. The cook told us that people assessed

Requires improvement

Is the service effective?

as a risk from malnutrition had their food and drinks fortified with full cream milk and butter. People's food preferences and allergies were recorded to ensure they had safe food they liked.

We recommend that people are supported to maintain good health by providing personalised care that meets their needs.

Requires improvement

Is the service caring?

Our findings

People were mostly treated with dignity and respect. We observed the staff talking to people and relatives in a kind and friendly manner. People chose what to do and were encouraged to be independent, for example people told us they could get up and go to bed when they liked. People told us, "Staff absolutely look after me well", "Staff are kind", "I can do what I like, I need help showering and can shower as often as I want" and "staff are kind they help me with bathing".

Staff told us that people were sometimes restricted in what they, "were allowed to do". They were not allowed to eat their sandwiches at tea time while watching the television and had to use the dining room. This was discussed with the provider and people would be given more choice. One person told us that the television was on most of the day in the lounge so they sometimes sat in the dining room. The provider told us the planned refurbishment will include a quiet lounge for people to relax.

We noticed that sometimes staff used inappropriate terms of endearment, for example "Lovey" when they spoke with people. One person told us the staff were jolly and they didn't mind being called lovey.

Each person had a member of staff (keyworker) responsible for their rooms being how they wanted them and completing their care records with them. However, we observed that staff had little time to sit down and talk to people individually. There were no activity plans but staff tried to complete 30 minutes of activity in the morning and afternoon. One person told us, "I can't get outside, not enough staff to take me out". A member of the care staff took a person to church on the day we visited.

Someone providing a regular service at the home told us that staff were kind and treated people well. We observed staff calming an anxious person by talking about their favourite singer. People chatted to each other and joined in with a quiz the staff provided. A relative told us, "It feels homely here the staff are really nice and he [uncle] looks a lot better".

A member of staff described how they communicated with a person with speech difficulties who was supported by a speech and language therapist. The person was able to use an IPad computer to help with communication. The cook described how their patience and understanding helped to ensure the person had the vegetarian food they liked, which was freshly prepared. The person had their choice of drinks and preferred cranberry juice but overall had a poor appetite. The cook told us the person was happy with the vegetarian food provided and they told us they liked the dessert when we spoke with them.

Most people attended the residents meetings. The minutes told us people had discussed and requested various activities. In January 2015 people had requested an Easter bonnet parade and heart shaped biscuits on Valentine's day. The action plan included organising a trip to Bourton-on-the-Water or Longleat in the summer. Individual activity records recorded that people had made Easter hats.

A new person had requested a room change and they told us the provider was very helpful and they hoped to move to a different bedroom soon. We spoke with the person's relatives and they praised the provider and the staff for helping the person settle into the home.

People had their end of life wishes recorded which included their religion and the type of burial they wanted.

Requires improvement

Is the service responsive?

Our findings

People had a detailed assessment before they came to the home. The care plans were personalised with detailed daily routines specific to the person. However, one person supported by a healthcare professional did not have a care plan to review and manage their behaviour caused by anxiety. The behaviours sometimes affected other people. We witnessed the anxiety which staff did their best to calm and they recorded what happened for the healthcare professional to review. The person was waiting for their supper and was given tea and biscuits to calm them. There were no snacks available for people to help themselves to if they became hungry. Snacks were offered by staff at certain times but people may be reluctant to ask for them at other times. We recommended additional support or intervention was planned and monitored.

People were involved in developing their care, support and treatment plans. Where necessary people had provided a written consent, for example; for prescribed medicines to be given to them. Staff were knowledgeable about peoples care and support and knew about their lives and what they liked to do. Staff explained how an anxious person could be helped to relax. People told us the staff looked after them well and they were supported by visiting healthcare professionals when required. A relative told us the chiropodist and optician visited. People's care plans were evaluated monthly

People joined in with the activities provided when staff had the time. They were not planned in advance as there was no activity person to help with them. Entertainers came to sing with people and were booked in advance. People chose when they took part in activities and had suggested other activities they would like to have arranged. Some people liked to have their fingernails varnished. People told us, "There is enough to do, puzzles and books to read and I have been out today", "I play cards and watch TV and I go for walks outside sometimes" and "I get bored, my son takes me out once a week". Staff told us, "There is no activities plan, there should be 30 minutes in the morning and 30 minutes activity in the afternoon but the hairdresser is here today". Staff had recorded the activities people had joined in with which included making Easter hats, gentle exercises, hoopla and quiz ball. The provider told us they planned to recruit another activity co-ordinator as the previous one had just left. Many relatives were seen visiting and staff made them welcome and respectfully answered any questions they raised.

In 2014 the service completed a Falls Project where people's falls were monitored with the help of the local care home support team. A falls management plan was introduced to reduce the risk of falls and injury. We looked at a person's fall management care plan where a 'crash mat' was used beside the bed when they had fallen. This was reviewed and was no longer necessary. People's needs were reviewed regularly, or as required by care staff who recognised when people's needs had changed. Where necessary health and social care professionals were involved. One person had regular support from the district nurses to heal a wound and the person and their relatives praised their care and support.

Where people required support with their personal care they were able to make choices and be as independent as possible. One person told us, "I need help with bathing but I do what I can". Staff had been trained by an occupational therapist to use the hoists people required and they told us they felt competent to use them. Handover information between staff at the start of each shift ensured that important information about people was known, acted upon where necessary and recorded to ensure people's progress was monitored. An example was where a person had the symptoms of a urinary tract infection and staff were monitoring them. Staff were given additional time to complete care records, usually when their care shift had finished.

People had a copy of the complaints procedure in the service user guide. People told us, "Nothing to complain about". A relative told us they had complained about food temperature and it was "Alright now". The registered manager told us there had not been any formal complaints since 2013. The complaint records showed previous complaints were investigated and appropriate action was taken. A member of staff told us that people tell them about any concerns they have and they are dealt with on the day.

We recommend additional support or intervention is planned and monitored.

Requires improvement

Is the service well-led?

Our findings

The arrangements for managing the home had been through some changes due to staff sickness and staff did not feel well supported. The registered manager shared their time with another service in Bath and North East Somerset and they told us they were well supported by the provider and communicated with them daily. The registered manager and the provider were at the home weekly but were not on the rotas. Staff contacted them when required. Staff told us they did not feel well supported by the registered manager and staff meetings did not change anything for the better. Staff morale was low and the provider recognised this. Since our inspection visit a new manager has been appointed and has applied for registration with CQC. The new manager will manage the service exclusively.

People had not completed a survey about the service since October 2013. However they did attend residents meetings in September 2014 and January 2015 and influenced what activities were provided for them. The cook told us they kept a record of people's food preferences and asked what new meals they would like to have on the seasonal menus.

There was a health and safety meeting held in January 2015 which the registered manager, provider and two senior staff attended. The meeting discussed the updated fire evacuation plan to take into account the new bedrooms on the top floor, the new passenger lift and water sprinkler system. Other topics discussed were, personal protection equipment to promote infection control, prevention of accidents and the smoking policy.

The effectiveness of these meetings need to be reviewed as we found several health and safety issues during our inspection. Minutes of staff meetings in October 2014 and January 2015 identified that people's care was discussed, health and safety issues and the fire evacuation process.

There was a programme of audits completed to include medicines, care plans and people's personal monies. Night checks were completed in March 2015 by the care manager who noted records were incomplete. A monthly quality assurance audit was completed in March 2015 and showed the registered manager had looked at several areas in the home. They spoke to people and staff during the quality visit. People did not raise any issues but staff said they were short staffed and were given additional hours to work. Health and safety was not looked at during the last quality visit. Where issues required action they were planned and who was responsible for completing them. When we visited most of the actions had been completed for example; medicine charts were signed and storage temperatures for medicine were recorded.

The staff were concerned that changes sometimes made did not give people choice, for example not being able to stay in their bedroom if they chose to. We discussed the values the provider would expect and they wanted people to be treated with respect, dignity and compassion. The provider planned to discuss decisions openly with staff to help ensure their morale improved and people's choices were respected. The provider recognised the environment needed to be improved for people and the refurbishment was planned. There was a business continuity plan in place should there be a failure of any services.

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 18 HSCA (RA) Regulations 2014 Staffing People were not supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Regulation 18 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and cleaning. Regulation 15 (1) (a) & (e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People's medicines were not managed safely and the procedure for giving people medicines required improvement. Regulation 12 (1) (2) (g).