HC-One Limited

Cedar Court Residential and Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on the 2 April 2015 and was unannounced.

Cedar Court Care Home is a purpose built 48 bedded care home offering residential, nursing, respite, and end of life care. It is situated in Wigston, a residential area of Leicester.

Accommodation is on two floors with a passenger lift for access. The home has a range of communal areas including lounges, dining rooms, and a secluded garden.

At the time of this inspection there were 43 people using the service.

The home has a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

People were not always protected from the risk of unsafe care or treatment. This was because improvements were needed to the way risk assessments were written and implemented.

People using the service and relatives we spoke with said they thought the home was safe and had a 'culture of openness' which contributed to people feeling safe. Staff were trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

Some people using the service, relatives, and staff told us that on occasions they thought there weren't enough staff on duty to meet people's needs promptly.

People using the service and relatives told us they thought medicines were given safely and on time. Some improvements were needed to the way medicines records were kept.

People told us they were happy with the competence and skills of the staff who were knowledgeable about the people they cared for, and had a good understanding of how best to meet their needs. Records showed staff had a thorough induction and on-going training.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the home's training records showed they had attended courses on this.

People said they liked the food. We observed the lunchtime meal being served. The dining room was nicely decorated with fresh flowers on the tables. The menus were in large print and advised that alternatives were available for main courses and puddings. Staff asked people what they wanted and individual requests were met.

All the people we spoke with told us they liked the staff and got on well with them, and we saw many examples of staff working with people in a kind and sensitive way. People said they were actively involved in making decisions about their care, treatment and support. People also said staff protected their privacy and dignity and we observed this in practice.

People told us they received personalised care that met their needs. Records showed their preferences, for example getting up and going to bed times and whether they preferred a bath or a shower, were met. Care plans were individual to the people using the service and focused on their strengths and preferences.

People said they were happy with the activities provided. Records showed that the amount of activities had increased in the last few months and people had the opportunity to take part in individual or group activities depending on what they preferred. We observed activities being provided and the atmosphere was lively and people appeared occupied and contented.

People told us they would have no hesitation in speaking out if they had any concerns. Records showed that if a complaint was received, however minor, staff responded appropriately.

People and staff said they were happy with how the home was run and said the registered manager was approachable and committed to improving the service. People had the opportunity to share their views about the service at meetings and on an individual basis and changes were made as a result of their input.

The registered manager and staff carried out audits and checks to ensure the home was running smoothly. Records showed they took prompt action if any improvements were needed to the service.

We found breaches 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?

Requires improvement

The service was not consistently safe.

Improvements were needed to risk assessments to ensure staff had the information they needed to keep people safe and that this was followed.

Medicines were not always managed safely in the home.

Some people using the service, relatives, and staff felt there were not enough staff on duty to meet people's needs promptly.

People felt safe in the home and staff knew what to do if they were concerned about their welfare.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to care for people safely and to an appropriate standard.

People's consent to care and treatment was sought in line with legislation and guidance.

People had plenty to eat and drink and told us they liked the food served.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Is the service caring?

Good

The service was caring.

People said the staff were caring and kind.

People were involved in making decisions about their care.

Staff provided people with dignified care. They gave reassurance when required and respected people's privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

The home's dedicated activities worker provided a range of group and one to one activities for the people using the service.

People told us they would have no hesitation in raising concerns if they had any.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The registered manager was approachable and committed to improving the service.

People had the opportunity to share their views about the service at meetings and on an individual basis and changes were made as a result of their input.

The registered manager and staff had an audit system in place which they used to help ensure the home was running smoothly.

Cedar Court Residential and Nursing 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 2 April 2015 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with eight people using the service, five relatives, the registered manager, two nurses, and five care workers.

We observed people being supported in the lounges and in the dining areas at lunch time. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at six people's care records.

Requires improvement

Is the service safe?

Our findings

People using the service and relatives we spoke with said they thought the home was safe. One person said, "I feel safe, I'm looked after that's the main thing." A relative told us, "I'm satisfied that [my family member] is safe here."

One relative said they thought the culture of openness in the home contributed to people feeling safe. They told us, "You can come and go when you like, you don't have to announce yourself, so they have nothing to hide."

The provider's safeguarding (protecting people from abuse) and whistleblowing policies told staff what to do if they had concerns about the welfare of any of the people using the service. All the staff we spoke with were trained in safeguarding and understood their responsibilities in this area. One care worker told us, "If I had any safeguarding concerns I would report them to the nurse or the manager."

Records showed that when a safeguarding incident occurred the registered manager took appropriate and swift action. Referrals were made to the local authority, CQC, and other relevant agencies. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

People's care records included risk assessments and the advice and guidance in these was mostly being followed. For example, we observed that when people needed one to one assistance at certain times of the day, or particular equipment to keep them safe, we this was being provided.

One relative told us they were satisfied with the way risk to their family member was managed. They told us, "There is a real attention to detail as the staff don't want [my family member] to get bed sores. They cater for [my family member] on their high days and low days. The staff are really understanding." A care worker told us, "To keep people safe we check we have the right sling, check with the nurse about any health concerns, check wheelchairs and brakes, check water temperatures for baths and showers."

However some risk assessments were in need of improvement. Records showed that one person, assessed as being a risk of falling, had 'risk control measures' in place for this. These included staff ensuring that they wore 'suitable footwear' and were supervised by staff when they walked. We visited this person in their room. We found their footwear was too big for them and keep coming off their feet as they walked. They were also walking in and out of their room and in the corridor unsupervised. This meant their risk assessment was either in need of review or not being followed.

Another person's care plans and risk assessments for a physical health need had been reviewed in February 2015. However since then the level of risk has changed significantly following medical treatment and an injury. Neither their care plan nor their risk assessment had been updated to show this, and there was no information or instructions in place to tell staff how to address and monitor this physical health need.

We discussed these issues with the registered manager who agreed to review people's care plans and risk assessments and update them as necessary to ensure they were fit for purpose.

Since our last inspection the provider had increased the number of permanent nursing staff employed and more were in the process of being recruited. The registered manager said the aim was to have a full complement of permanent nursing staff, but until this was achieved two regular bank nurses were being used. This meant that people using the service were getting continuity of care from nursing staff they were familiar with.

Six of the eight people using the service that we spoke with said they did not think there were enough staff on duty to meet people needs. People gave examples of how this affected them. One person told us, "Sometimes I have to wait as much as an hour to go to the toilet." Another person said, "I get a bit cross as it was 10.30 before I came downstairs today because I had to wait for staff to help me."

One relative said they were worried about a lack of staff at the home. They told us, "I think they are a bit short staffed at weekends especially if someone is sick, then they work one down, but I suppose you can't help that."

All the care workers we spoke with said they though more staff were needed on certain days if staff called in sick or were otherwise unavailable. The registered manager told us there was meant to be seven care workers on each shift but sometimes this dropped to six. We looked at staffing records for the last four weeks which confirmed that on occasions this was the case.

Requires improvement

Is the service safe?

Care workers told us this sometimes had a negative effect on people's care. They told us people occasionally had to wait to be assisted with their personal care. One care worker said, "There are not enough staff. People have to wait for toileting. When we're fully staffed everything is fine. Maybe twice a week we are working with one down. I don't really know why."

Care workers said they thought the care was generally good in the home but they felt that occasional staff shortages had a negative impact on people's care. One care worker said, "When it's fully staffed I would have my loved one living here, I can't knock the place, the care is really good when it's fully staffed, but when it's not people have to wait and they don't understand why."

During our inspection the home was fully staffed and we did not see any evidence of people's needs not being met promptly. However we acknowledged that people using the service, relatives, and staff did have concerns that this was not always the case.

We discussed this issue with the registered manager. She said that in her view there had occasionally been a problem if a care worker called in sick at short notice. However she said that when this happened both she and the two nurses on duty supported the care workers which meant there was in fact 10 staff available to meet people's needs.

She said that as the numbers of people in the home had risen she had put in a case to have the number of care workers increased from six to seven. She said she would also investigate what people using the service, relatives, and staff were saying about staffing levels with a view to ensuring that people were satisfied with the number of staff on duty.

Records showed that no-one worked in the home without the required background checks being carried out to ensure they were safe to work with the people who used the service. We checked three staff recruitment files and all had the required documentation in place.

We looked at how the staff managed people's medicines. We talked with one person using the service about this. They told us they were satisfied with how their medicines were given. They said, "I have my medicines only when I need then. I just ask the staff and they bring them." Two relatives also told us that from their observations medicines were always given safely and on time.

We observed the lunchtime medicines round. We saw that the nurse giving out the medicines prepared them safely. We also saw they checked that people had taken their medicines before signing the records. The nurse responsible for giving out the medicines was warm in her approach to people and did not rush them. We also observed that people were offered a choice of whether or not they wanted their PRN ('as required') medicines. This helped to ensure that people were not given their medicines unnecessarily.

We looked at how medicines were stored. Records showed that the medicines room temperature had on occasions reached the recommended maximum of 25°C. Staff told us that when this had happened they turned on the air conditioning in the room to keep the temperature down.

The provider's medicines policy was comprehensive and covered key aspects of the safe management of medicines in care and nursing home. However this had not always been followed.

The policy stated that individual protocols must be in place for people on PRN ['as required'] medicines and variable dose medication. Records showed this wasn't always the case which meant that staff did not always have written guidance on when to give 'as required' and variable dose medication.

Other improvements were needed to medicines management. Some MARS [medication record administration sheets] were incomplete as their front sheet was missing. The front sheet included a photograph of the person using the service which helped to ensure staff gave medicine to the right person. There was also a missed signature for one medicine for one person on the day prior to out inspection. It appeared that this medicine was out of stock and not received until the following day but this was not noted on medicines records. We also noted that signing for creams was inconsistent and creams were not always dated when opened.

We discussed the above with the registered manager who agreed to take action to address all the areas in need of improvement we highlighted.

Good

Is the service effective?

Our findings

People told us they were happy with the competence and skills of the staff. On person said, "I have no concerns about the staff, they know exactly what they're doing." A relative commented, "The staff seem professional and caring. If I ask them something about [my family member] they always know the answer. I am confident they are properly trained"

Staff were knowledgeable about the people they cared for and had a good understanding of how best to meet their needs. They told us they were satisfied with the training they'd had. One care worker said, "It's very thorough and there's a lot of it. They get you off to a good start with the induction and then there's more training as you go along."

Another care worker told us that the registered manager was improving the moving and handling training to make it more specific to the people using the service. They thought this was a good idea as it would make the service more personalised.

We observed staff supporting people in communal areas. We saw they were confident and skilful in their interactions with people and used equipment effectively. They always talked with people as they supported them and put them at ease. A relative told us, "They know just how to approach my [family member] to ensure everything goes smoothly. They're very tactful and kind."

Records showed staff had a thorough induction and on-going training. They undertook a wide range of courses in general care and health and safety, and those specific to the service, for example dementia care. These were recorded on the home's training matrix and updated as necessary.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the home's training records showed they had attended courses on this.

We discussed this legislation with the registered manager, deputy manager, and staff. They all told us that all the people living in the home could make decisions about most aspects of their care and treatment. The registered manager said, "We treat everyone as if they have capacity and always ask for their permission before providing care."

At the time of our inspection the registered manager told us that no DoLS applications had been made as the people using the service were all able to consent to their care. However the registered manager and staff understood what they needed to do if a person was unable to consent to their care or was putting themselves at risk in any way. This helped to ensure that people who on occasions might not make safe decisions for themselves would be protected.

People told us they were satisfied with the meals served. One person said, "I enjoy what I have and it is warm enough for me." Another person commented on the meal served during our inspection. They said, "I had the pork and the mushrooms. It was very nice."

A relative told us, "I'm happy that [my family member] gets enough to eat and drink. The food's very good and all cooked on the premises." A staff member said, "I always ask people if they want more food or drink. They can have snacks from the kitchens near the lounges and there are sandwiches for supper."

We observed the lunchtime meal. The dining room was a pleasant environment with matching curtains, table cloths, and napkins. Fresh flowers were on tables. People were offered a choice of juices or water to drink. We saw thickeners used for some people's drinks to make them easier to swallow.

Staff talked and socialised with people while they waited for their meals to arrive. Menus were available in the dining room and showed choices of food and a balance between meat, fish and vegetarian food. The menus were in large print and advised that alternatives were available for main courses and puddings. Staff asked people what they wanted and individual requests for 'just pork' or 'with mushrooms' were met.

When the food was served we noted that a few people needed support to cut up their food and so ended up eating with their fingers or biting chunks of food from their forks. We also saw that one person was having difficulty keeping their food on the plate and would have benefited from a plate guard. We discussed these issues with the registered manager who agreed to take action to address them.

Good

Is the service effective?

We spoke with the chef who told us people could have whatever they want for breakfast and made their choices from a selection of items for lunch and tea. Other options which were always available included jacket potatoes, salad, cold meats, and cheese or eggs on toast.

Menus were developed corporately but the chef said they could alter them depending on people's preferences. So when new menus came from the provider staff talked to people about what they did or didn't like and made changes as necessary.

The chef had written information on people dietary needs, for example if the needed food of a certain consistency, or were on particular diets for health or cultural reasons. If there were any day to day changes to people's diets the chef was informed of these at the daily 11am meeting for unit heads so menus could be adjusted as necessary. The chef told us that if people needed 'building up' their food was fortified with butter and cream to increase its calorific value.

People told us that if they needed to see a GP or other health care professional staff organised this for them. One person told us, "If I need a doctor I tell the staff and they phone the surgery for me. " A relative told us their family member had recently had a medical issue and staff had addressed this promptly, calling out a GP and getting appropriate medicines in place promptly.

Each person had a 'health profile' as part of their care records which set out their physical and mental health needs and how they were to be met. Records showed that people had access to a range of health care professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about a person's health they discussed it with them and their relatives, where appropriate, referred them to the appropriate health care services, and accompanied them to appointments if necessary.

Good

Is the service caring?

Our findings

All the people we spoke with said they liked the staff and got on well with them. One person told us, "The staff look after us very well and treat us like family." A relative commented, "The staff have made a big effort to understand my [family member] and work out what they need."

One person invited us into their room to discuss their experiences at the home. We saw their room was clean, homely and personalised. They told us, "It suits me here. I like my room and the staff are very caring." They showed us a gift the registered manager had given them. They told us they were proud of this gift. They said, "It was very thoughtful of her to bring it for me. It makes me feel special."

We saw many examples of staff working with people in a kind and sensitive way. For example, we observed staff listening attentively to people, socialising with them, and providing them with reassurance if they needed it.

People told us they were actively involved in making decisions about their care, treatment and support. One person said, "They come in in the morning and ask me if I want to get up and if I don't that's fine and they bring me a cup of tea in bed." A relative said staff never told their family member what to do. They commented, "[My family member] is an adult and gets treated like one. The staff are never patronising or pushy."

The staff we spoke with understood the importance of ensuring people could make choices about their day to day lives. One staff member told us, "We have one person who likes their blanket folding in a very certain way and has a certain routine which we fall into. It's about the way we wash and help them." Another staff member commented, "We have a really good bond with people. We give them a choice of what to wear. If people can't tell us things we involve their families."

People told us staff protected their privacy and dignity. One relative told us, "My [family member] is a very proud person and staff know that and are sensitive to her feelings when it comes to things like washing and dressing. My [family member] found it difficult at first but the staff were so tactful and kind that she doesn't mind being helped at all now."

Throughout our inspection we observed staff treating people with respect and dignity. For example they knocked on people's door and waited to be asked prior to going into their rooms. They also made sure doors were closed when attending to people's personal care needs. If people needed assistance in communal areas staff provided it discreetly to ensure people retained their dignity.

The staff we spoke with could describe how they would preserve people's dignity during personal care and record showed they had had training in this.

During the inspection we saw that there was no lock on one of the toilet doors and no other way of telling if the room was in use or not. We reported this to the registered manager who arranged for the lock to be replaced during our inspection.

Good

Is the service responsive?

Our findings

People told us they received personalised care that met their needs. One person said, "The staff know me very well and they know how I like things done. I'm very happy with the care I get here." A relative commented, "My [family member] is in good hands. I've only got to say if there's a change or something needs doing and the staff sort it out."

Records showed that people had an assessment prior to admission and this formed the basis of their care plans. These included information about people's health and social care needs, likes and dislikes, and cultural needs. People's preferences, for example getting up and going to bed times and whether they preferred a bath or a shower, were included. This helped staff to provide care in the way people wanted it.

The care plans we looked at were individual to the people using the service and focused on their strengths and preferences. Questions such 'what people like and admire about me' and 'important things about my life' gave staff an understanding of the person in question which they could use as a basis for building a trusting and supportive relationship with them.

Records showed that plans of care were reviewed on a regular basis. We saw evidence that the people using the service, relatives, and health and social care professionals were involved in reviews. The registered manager and staff were knowledgeable about the needs of the people who used the service and were able to tell us who needed extra support at times in order to minimise risk.

People told us they were happy with the activities provided. One person said, "The activities lady is great she helps me make cards and do my knitting. And the staff take me shopping which I love." A relative commented, "My [family member] takes part in activities and the activities lady keeps them on their toes."

Records showed that the amount of activities had increased in the last few months and people had the opportunity to take part in individual or group activities depending on what they preferred. The registered manager said activities had increased at the request of people using the service and relatives. The home's activities co-ordinator worked full-time in the home and had designed an individual programme of activities for everyone who wanted one.

In the activities room we observed a card game taking place with large-print playing cards being held up and described. There was a prize for the winner. There were books, games and CDs available and a jigsaw had been started. A small group of people were socialising around a separate table. The atmosphere was lively and people appeared occupied and contented.

People using the service and their relatives told us they would have no hesitation in speaking out if they had any concerns. One person said, "If there was a problem about a meal or anything else I'd say something, I'd feel alright about doing that." Staff told us that if a person had a complaint they would listen to what they said and then report it to the nurse in charge or the registered manager.

The provider's complaints procedure gave clear information on how people could complain about the service if they wanted to. This included information on how to contact the Ombudsman, should a complaint not be resolved to their satisfaction. Information on advocacy services was also provided if people needed support to make a complaint.

Records showed that if a complaint was received, however minor, staff responded appropriately. The registered manager carried out an investigation, took action if necessary to put things right, and reported what she had done to the complainant. This showed that complaints were taken seriously and people were kept informed of how they were dealt with.

Good

Is the service well-led?

Our findings

People told us they were happy with how the home was run. One person said, "You see a lot more of this manager. She does the rounds and helps out. I would feel happy to raise any issues with her and I'm happy with the service." A relative commented, "I don't have any concerns, I'm happy because [my family member's] happy. They are so good here I think I'm going to be moving in.'

All the staff we spoke with said they were satisfied with how the home was managed and some said they thought it had recently improved. One staff member told us, "The manager has really turned the place around. I don't like change but I've come round because it's in the residents' best interests and things are better." Another commented, "We have a very good manager. I can talk to her. In my opinion it's better here now."

'Residents and relatives' meetings were held monthly alternating between evenings and daytimes to help ensure more relatives had the opportunity to attend. Records showed changes had been made as a result of listening to people's views at meetings. For example, at people's request, the main meal of the day had been served in the evening. However people then decided they didn't like this so it was moved back to lunchtime.

Some people chose not to attend meetings so staff asked them for their views about the home on a one-to-one basis. The registered manager said staff would pass on their comments to her and she would address them as necessary. The activity co-ordinator also spoke with people individually and represented their views at 'residents and relatives meetings' if they wanted her to.

People told us the registered manager was approachable. One person said, "If there was anything I didn't agree with I would I'd go to the lady in charge [the registered manager]. That's never happened but if it did that's who I'd go to."

The deputy manager told us the registered manager spoke with every resident every day and all the relatives. She said, "If there are any problems she sorts them out, for example if someone's medication hasn't arrived she chases it up, and she talks to practice managers if we are concerned about the medical services people are getting. She has also improved the environment by making the dining room more homely and bringing in fresh flowers." Other staff we spoke with agreed. One care worker told us, "We were demoralised before she came but now we are listened to and if we have any issues the manager deals with them."

The registered manager told us she worked flexible hours, including occasional weekends, so she had the opportunity to spend time with all the people who lived and worked in the home. She said, "I'm coming in this weekend to give all the staff and residents Easter eggs but don't tell them because it's a surprise." She was also on call day and night with back up from another of the provider's registered managers when required, so there was always someone experienced for staff to contact if they needed to.

People using the service and relatives who wished to have a private appointment with the registered manager to discuss the service could have one at any time. The registered manager said she had considered having a set time for people to meet with her on a one-to-one basis but had decided against it as 'if people want to see me they usually want to do it straight away – they don't want to wait'.

Records showed the registered manager took prompt action if any improvements were needed to the service. For example, during a recent unannounced night time visit she identified shortfalls with regard to the quality of staff, record keeping, and medication. In response she made CQC and the local authority aware of her findings and made a number of changes to the service to help ensure people were receiving safe and appropriate care at night. She also instituted regular unannounced night checks so she could monitor the situation and check that standards were being maintained.

The registered manager used a personalised approach to assessing the quality of the service. Each day from Monday to Friday a person using the service was nominated to have their care reviewed. This involved checking their care records, ensuring their room was clean and homely, and talking with them and their relatives, where appropriate, about their care. In additional the chef and the activities co-ordinator met with them on the same day to see if they were satisfied with their meals and activities. The registered manager said she oversaw these checks and used them to highlight if any improvements were needed to the way individual people were cared for.

Good

Is the service well-led?

We looked at records for these quality checks and saw that the registered manager had made changes and improvements as a result. For example, the checks had revealed that one person had a particular care plan missing and another needed a falls risk assessment. As a result the registered manager had told staff to put these in place and this had been done.

The registered manager also used the provider's 'Care Home Self-Assessment Tool' to monitor and assess the overall quality of the service. This was intended to be used annually but the registered manager said she was doing it more frequently so as to bring the service up to the standard she wanted. We looked at the results of the latest audit and saw the areas of good practice had been acknowledged and areas in need of improvement addressed with action plans in place. This demonstrated that the registered manager and her staff were committed to providing high quality care to the people using the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Improvements were needed to the way risk assessments were written and implemented.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Improvements were needed to the way medicines were managed.**