Select4 Limited

Bluebird Care (Calderdale & Bradford South)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Bluebird Care Calderdale and Bradford South on 27 October and 4 November 2016. The visit was made at short notice to make sure the registered manager would be available.

Bluebird Care Calderdale and Bradford South is registered as a domiciliary care agency and provides a range of services including personal care in the Halifax, Brighouse, Elland and South Bradford area of West Yorkshire. At the time of inspection the agency was providing care and support to approximately one hundred and twenty people.

There was a registered manager in post. 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.

We found staff received training to protect people from harm and they were knowledgeable about reporting any suspected harm. There were a sufficient number of staff employed for operational purposes although the recruitment procedures designed to ensure only people suitable to work in the caring profession were not always being followed.

Where risks to people's health, safety and welfare had been identified appropriate risk assessments were in place with actions taken to mitigate these. However, we found some shortfalls in the medication recording systems.

The people we spoke with and their relatives told us the service was generally reliable and staff usually arrived at the same time each day and stayed for the correct amount of time. However, some people felt the service could be improved by office based staff communicating more effectively as phone calls were not always returned in a timely manner.

Some people also raised concerns about the electronic system used by the agency to record visits, care documentation and daily records as they had difficulty accessing information at times. We therefore asked the provider to review the systems in place to ensure everyone who used the service had easy access to all their care records.

The staff we spoke with were able to describe how individual people preferred their care and support delivered and the importance of treating people with respect in their own homes. Staff told us the training provided by the agency was very good and they received the training and support required to carry out their roles effectively.

The registered manager demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and staff demonstrated good knowledge of the people they supported and their

capacity to make decisions.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in service provision. However, we found the shortfalls in the service highlighted in the body of this report had not always been identified through the quality assurance process.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the end of this report.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the procedures for safeguarding vulnerable adults.

Assessments were undertaken in relation to potential risks to people who used the service and staff. Written plans were in place to manage these risks.

The staff recruitment and selection process was not always followed to ensure only people suitable to work in the caring profession were employed.

Medication policies and procedures were in place; however we found some shortfalls in the system.

Is the service effective?

Good

The service was effective.

People were involved in discussions about their care and support needs.

Staff had the skills and knowledge to meet people's needs and received regular training and support to make sure they carried out their roles effectively.

Is the service caring?

Good

The service was caring.

Care and support was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

Wherever possible people were involved in reviewing their care needs and were able to express their views about they wanted their care and support to be delivered.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. However, people told us they did not always have easy access to their care records.

Staff were knowledgeable about people's needs, their interests and preferences which enabled them to provide a personalised service.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was a quality assurance monitoring system in place which was designed too continually monitored and identified any shortfalls in service provision.

However, we found system in place was not always robust and the shortfalls in the service highlighted in the body of this report had not always been identified and addressed by the registered provider and manager.

People who used the service were asked about their views and opinions of the service and knew who to contact if they had a problem.

Bluebird Care (Calderdale & Bradford South)

Detailed findings

Background to this inspection

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

The inspection started with a visit to the provider's offices on 27 October and 4 November 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager was available. The inspection was carried out by two inspectors.

During the visit to the provider's office we looked at the care records of five people who used the service, four staff recruitment files, training records and other records relating to the day to day running of the service.

Following the visit to the provider's offices we carried out telephone interviews with 16 people who used the service or their relatives and fifteen staff.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also spoke with the Local Authority Commissioning Service.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Requires Improvement

Is the service safe?

Our findings

We reviewed a sample of people's medication records and found information was not always fully completed. For instance, we saw some care records contained a complete list of the medicines the person was prescribed to aid in the planning of appropriate care, including the medicines contained in the dosette boxes. These are boxes containing medicines organised into compartments by date and time, to simplify their administration. We saw some information on administration was very specific, such as requesting a cream be rubbed into someone's left shoulder and, 'please be very gentle as is sore.' However one of the care records we reviewed did not contain any information on the medicines, what they were prescribed for, or side effects to consider.

We looked at the electronic medicine administration records (MARs) and found one person's medicines contained in the dosette box were not fully listed on the MAR and there was no other record of what medicines the person were prescribed in their care records. This meant we could not be confident people had a complete record of prescribed medicines in their care records.

The service had a medicines policy in place which included an 'as required' (PRN) policy. In some care records we saw clear guidance about PRN medicines and when they were to be administered but not in others. For instance, one person's MAR showed they were prescribed two different creams to be given 'as required'. However, there was nothing on the MAR or in the person's care records to show where, how much, or under what circumstances these creams should be administered. This meant there was not consistency within care plans to instruct staff on when to administer these types of medicines. We spoke with the registered manager who agreed these were an oversight and would address this matter.

This was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a system in place for recording medication errors which included outcomes and was overseen and signed by the registered manager. We noted 16 medication errors had taken place since May 2016, most of which were regarding missed dose or missing dosette boxes, resulting from dosette boxes either not being at the house or not delivered by the pharmacies. The registered manager told us they were working with the pharmacists to reduce medicine errors and supervisors, managers and co-ordinators met every week to discuss, look at trends and actions taken as a result.

The provider had a policy in place for safeguarding people from abuse which provided guidance for staff on how to detect different types of abuse and the reporting procedures. The service also had a whistle blowing policy for staff to report matters of concern. In addition, the registered manager told us they operated an open door policy. People who used the service, their relatives and staff were aware they could contact them at any time if they had any concerns.

Staff we spoke with were aware of how to detect signs of abuse and of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality

Commission (CQC) if they had any concerns. They told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing they would be taken seriously.

The people we spoke with felt confident the staff employed by the agency were suitable to work in the caring profession and had no concern about their safety. One person said, "I have found all of the staff who have come to be bright and cheerful; they clearly love what they do. They do listen to me and what I want and treat me, my home and belongings with respect." Another person said, "All the staff appear well trained and make sure I am safe and have everything I need before they leave."

The registered manager confirmed the agency employed sufficient staff for operational purposes and staff turnover was in line with the national average for domiciliary care staff.

Staff told us they had sufficient time to meet people's individual needs. One staff member told us, "I visit the same people every day and try to keep my schedule on course; problems only occur when I am asked to do additional visits or visits out of my area which means I have more travelling time." Another staff member said, "I think there is sufficient time to carry out the tasks required but you are always conscious of the time and the fact people are relying on you to arrive on time. If we do get delayed I try to keep people informed but that is not always possible." Staff told us their rotas were generally well planned with sufficient breaks and they were not pressured into working long hours. People who used the service told us staff generally arrived on time and stayed the correct length of time and they did not feel rushed.

We saw recruitment and selection procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check was made and at least two written references were obtained before new employees started work. Staff told us the recruitment process was thorough and said they had not been allowed to start work before all the relevant checks had been completed. However, we found in one instance the agency had accepted a reference from a person the applicant had worked with in 2006 when their employment history showed they had more worked in three other care homes since that date. This was discussed with the registered manager who confirmed this should have been identified at the time of interview and took immediate action to address the matter..

We saw the service used a telephone reporting system which logged when staff were at a person's home and what tasks were performed as part of the call. Care staff were issued with mobiles phones which were password protected and entered call details using the device. If a call or a task was missed, the system alerted the office so an investigation could be carried out. This was to reduce the likelihood of calls or tasks being missed. Daily records were logged as a series of completed tasks, using a 'tick' system. We saw detailed information for each call was included in the daily records, such as what a person usually ate for their breakfast, whether they drank tea or coffee and if they took milk and sugar. However, we did not see any additional information logged for specific calls unless a task was missed or partially completed.

The registered manager told us staff were assigned to particular geographical areas so people were visited by the same care staff wherever possible and received continuity of care. We looked at agreed visit times on people's care records and saw actual visits were generally in line with these. Some people required 'double up' calls, for instance those who required additional assistance such as hoisting. We reviewed care records and saw these had been appropriately provided. The people we spoke with told us having teams in each area appeared to work well the majority of time but problems did sometimes occur if their regular carer was on leave or sick which meant staff had to travel from other areas to provide care and support.

Care records demonstrated risks to people's health and safety were assessed and risk assessments were in

place. This included assessing risks related to people's nutrition and their living environment. Manual handling risks were assessed and plans of care were in place. We saw from reviewing daily records where two staff were required to ensure a person was kept safe during moving and handling procedures this was adhered to.

Good

Is the service effective?

Our findings

The registered manager told us all staff completed induction training and the Care Certificate upon commencement of employment. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

In addition, they told us all new staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. We spoke with one recently employed staff member who told us they had asked if they could extend their shadowing period as they did not feel confident to work unsupervised. They said the registered manager agreed to their request and told them they would not be required to work alone until they felt able to do so.

We saw individual staff training and personal development needs were identified during their formal supervision meetings. These supervision meetings were seen as an important support to enable staff to carry out their roles effectively, plan for their future professional and personal development and give them the opportunity to discuss areas of concern.

The service had a dedicated training room located at the office which contained equipment such as a profiling bed and hoist. We saw posters displayed with pictorial information relating to the administration of medicines, creams, eye drops and correct hand washing techniques. Other information displayed confirmed this room was used as a training facility for staff employed by the service.

The registered manager told us they and one of the supervisors were 'train the trainers' in subjects such as moving and handling, infection control and first aid. Staff had access to a variety of training utilising a blended approach, with some learning carried out face to face and other subjects via eLearning. The registered manager told us staff had to sit a test at the end of each course to ensure learning had been assimilated. All new staff received a staff handbook containing service information and policies and procedures. This information was also available on the company's closed social media site. The staff we spoke with told us the training they received was very good and provided them with the skills required to carry out their roles effectively.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and the registered manager had an understanding of how these principals applied to their role and the care the agency provided. We saw

mental capacity assessments were in place in people's care records and these reviewed appropriately.

We saw evidence of consent in people's care records. For instance, in the care records we reviewed we saw people had signed to consent to their care and support and to say they had been involved in their care assessment, support plan and review and for their information being shared with other relevant bodies such as healthcare professionals.

Where people were supported with food and drink, information was present within their care records on how to deliver appropriate care. For example, one person's care record indicated what they wanted to eat and drink for their breakfast, including how much milk and sugar they wanted in their tea. Daily records provided evidence people received the required support at mealtimes. We saw one person had been referred to the dietician and was having nutritional supplements as a result of this. Information on people's culinary likes and dislikes was present to assist staff in providing personalised care. Daily records demonstrated care staff were encouraging regular fluids. For example, we saw in the daily records for one person who was unable to mobilise staff had been asked to leave coffee in a thermal cup when they left so the person had a hot drink available.

The registered provider told us staff had access to a closed social media site as well as a messaging system. They told us this was effective for communicating key messages and information as well as requesting shift coverage for staff absence. Policies and procedures and other key supporting information were available to staff using this system from their staff mobile phones. We spoke with a staff member who told us, "The (social media) page is the quickest way of getting in touch with other carers. We use it a lot." This showed the service explored a variety of means to be able to communicate effectively with their care staff.

The registered manager told us they had built up good relationships with health care professionals including the local district nursing teams, dieticians and moving and handling co-ordinator and referred people to health care professionals where concerns had been identified. We saw evidence of this in the files we looked at.

Good

Is the service caring?

Our findings

We asked the relative of one person who used the service what they thought of the care they received. They said, "I can only think of one word at the moment and that's excellent, they always ask if there is anything else they can do before they leave."

Another person said, "Carers come at regular times each day so I know when they are coming. I have one main carer and then another who covers if they are on holiday. It's good as that means I know who is coming and have a good relationship with them. I am always introduced to new staff so I know them when they arrive. The staff know me well and listen to me. If I ask them to do something or change how I am supported I just tell them and they listen. They do all that I ask of them and more."

The relative of a third person who had only recently started to receive a service from the agency said, "[Name of person] is relatively new to Bluebird and has only had daily visits for the past couple of months. Before they started to use the service we had a meeting with the manager and went through [Name of person's] needs. They now not only have the care they need but also the companionship. I have already recommended Bluebird Care to other people and it has been such a positive experience for us that I wouldn't hesitate in recommending them again."

All the people we spoke with told us that staff were kind, friendly and respectful. They told us they respected their privacy and dignity needs and they had a care plan in place which they had been involved in developing.

The majority of people we spoke with told us they generally received care and support from the same care staff or group of care staff although this sometimes changed due to sickness or leave. However, two people told us although they had a regular care staff member during the week they never knew who was coming at weekends. One person said, "It is not a problem really, all the girls are very good but it would be nice to know who is going to walk through the door."

The staff we spoke with were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to people's care plans and thought the electronic system of accessing care records was good and meant they knew something about the person and the level of support the person required before they were introduced to them.

The agency had a policy on maintaining confidentiality which confirmed the sharing of information would be restricted to staff employed by Bluebird Care and other relevant professional agencies if required. The relatives we spoke with told us they were confident staff maintained confidentiality and never discussed people's personal information inappropriately.

However, we found whilst some field supervisors held their staff meetings at the head office at least one supervisor had held meetings at a coffee shop in a local supermarket. This meant people's confidentiality was not being respected since we were not confident confidential information had not been discussed. We

discussed our concerns with the registered manager who told us confidential information was not discussed at the meetings but stopped this practice immediately.

Good

Is the service responsive?

Our findings

People who used the service and/or their relatives told us they were involved in planning their care and support and were pleased with the standard of care they received. One person said, "I was involved in the initial care plan completed when the service started and continue to have regular discussions with staff to make sure it is still appropriate. The system works well for me." This demonstrated to us the service was responsive and providing care and supported in line with people's needs and preferences.

We spoke with the registered manager who told us they or a supervisor would meet with a person at their home before a care package was implemented to discuss their needs and a plan of care would be devised during this, with input from the person or their family. We saw people had signed to say they had been involved in the planning of their care. The registered manager told us they had refused to take on care packages or had handed them back to the local authority if they thought they were unable to offer appropriate levels of care and support at that time.

We saw an electronic care record system had been introduced since the last inspection and all information was recorded using mobile phones, tablets or computers. However, the registered manager told us care plans were also printed off and kept at people's homes and updated if any changes were made on the electronic system. We saw some electronic care records were more detailed than others. For instance, some records contained a short summary about the person to aid knowledge and others contained no summary information. We spoke with the registered manager who told us a single page summary was sometimes contained in the care records at people's homes.

We saw some people's care records contained photographs of the person and others did not. However, we recognised this was due to the system being in its infancy.
Although the people we spoke with were happy with the care provided a number of people told us the new electronic records meant they did not always get to see details of the care provided. They told us it appeared to be more convenient for staff but not for some people who used the service. Some people told us they had their own systems, for example diaries and others asked that staff still complete the paper daily records. However those who did not know to ask about this information did not receive it.

The relative of one person living with dementia said, "What would happen if [Name of person] had a fall and needed to press [person's] care line button? They would send an ambulance or an emergency doctor might come, they wouldn't know if they had eaten or taken their medicines that day or what medicines they are prescribed and [Name of person] would not be able to tell them. The same goes for any other professional involved in their care as they can't log on to their notes."

Another person said, "Although I have a folder and care plan in my home, staff fill in electronically what support they have provided. I don't get to see what they put so I just have to hope what they put is accurate. It would be good to be able to check it if I wanted to. A third person said, "One thing about the service I would change is that staff used to complete notes about what they had done. This meant I could check back and see who had visited and what comments they had made. I know the new system makes things easier for

the girls but I liked the paperwork system, it was much better for me."

This matter was discussed with the registered manager who confirmed people had been consulted about the electronic system before it went into use. However, given the concerns we had brought to their attention they now intended to contact everyone who used the service again and establish whether or not they required a paper copy of their care documentation to be left in their home.

Following the inspection the provider assured us information was accessible on line to relatives and people who used the service. However, it was apparent that some relatives we spoke with did not understand or want to use this system and therefore their concerns remained.

We saw additional personalised information about people in daily records, such as how people liked to be approached, what they liked to use to wash themselves, how they liked their hot drink as well as any medical conditions the staff needed to be aware of. Information was written from the point of view of the person, for example, 'I can only eat on my left side' and, 'Gently wake me if I am asleep.' Documentation in daily records provided staff with step to step guidance on the care and support to be delivered at each visit, the time of the call and the length of the call. We saw care plans focused on the need to engage with people in conversation as well as providing companionship, for example, 'Ask me if I would like company for the remaining time of the call.'

We saw people's preferences were respected wherever possible. For example, one person had requested female care workers to support them with their personal care. We reviewed daily records and saw this was adhered to. Another person's care records stated, 'Please ask me what I want to eat, prepare and serve it to me with a drink of my choice.'

The electronic care record system alerted office staff when reviews were due. We saw all care records and assessments we reviewed were up to date and relevant to the care required.

The provider had a complaints procedure in place and we saw the registered manager kept a log of all concerns and complaints received. Whilst we saw the registered manager was pro-active in resolving complaints we found they did not always confirm in writing the outcome of any investigations undertaken. This was discussed with the registered manager who confirmed they would take immediate action to address this matter.

The people we spoke with and/or their relatives told us they were aware of the complaints procedure and had a telephone number for the agency which they could use both during and out of normal office hours if they required assistance or needed to cancel or rearrange a visit. One person said, "I feel I can contact the office if I have any concerns. We did have one hiccup a few months ago so I complained. The office staff looked into it and were very apologetic."

Another person said, "I have never had cause for complaint but if I did I wouldn't hesitate in calling the office, although I have never needed to as I am happy with everything." A third person told us they had to ring the office once to complain about their care staff member not turning up. They said, "The office staff dealt with my complaint well and the issue was resolved."

The registered manager told us they were currently investigating one complaint about the quality of the service provided and we have asked they send us a copy of the investigation report.

Requires Improvement

Is the service well-led?

Our findings

We saw there was an internal audit system in place designed to monitor and improve the quality of the service provided. We saw there was a system in place to audit a number of care records monthly and a full audit had recently been completed. This included checking the care plan and risk assessments were up to date, client details, signatures on care records, key safe and entry details. We saw a number of staff files were audited weekly including checking of the contract, references, supervision, appraisal, training and any training needs.

The registered manager told us the audit results were reviewed and analysed for themes and trends which might lead to changes in established procedures or work practices. There was evidence that learning from incidents/investigations took place and appropriate changes were implemented.

The registered manager told us the service held weekly operations and risk meetings to discuss various quality assurance topics including medication errors, safeguarding incidents, incidents and injuries, complaints and concerns and missed calls. We saw meetings included information about what went well, what could have been done better, workplace culture and environment and any required action points.

However, we found the shortfalls in the service highlighted in the body of this report had not always been identified through the quality assurance process. For example, the electronic system of monitoring the safe administration of medicines was not effective, the recruitment policy was not always followed and staff had been allowed to hold meetings in a public place without senior management taking into consideration the implications this had for maintaining confidentiality. In addition, the concerns raised by some people who used the service and their relatives regarding the electronic system of record keeping should have been identified and addressed sooner by the registered provider and manager without them being brought to their attention through the inspection process.

The service had recently started a monthly coffee morning at the centre where the office was located. This included a library service, crafts, support and advice and games. All people who used the service were invited and this was held in partnership with other services that used the building. We saw dates for these had been planned for the next few months.

The registered manager told us senior staff also carried out random spot checks on staff as they worked in people's homes. This was to make sure care and support was being delivered in line with their agreed support plan. They confirmed the frequency of the spot checks were determined by several factors including the complexity of the service provided, potential issues with the working environment and people not having ready access to family or advocate support. In addition, the registered manager told us the field supervisors also spent about 80% of their time providing care and support and therefore were able to monitor the quality of the service provided.

The staff we spoke with told us the training and support the service provided was very good and they said the registered manager and senior management team were approachable and listened to them if they had a

concern. One staff member said, "I recently had to reduce my hours due to personal circumstances. My line manager was very supportive and understood my situation and because of this I have been able to continue working which is something I really wanted to do."
There was an 'on call' system in place manned by the management team outside of normal working hours. People using the service, their relatives and staff could phone for help and advice at any time. The 'on call' staff had access to all relevant information needed so they could deal with issues. The people we spoke with had differing views of the effectiveness of the internal communication systems.

Whilst the majority of people felt the office based staff answered their questions and queries in a timely manner, three people told us when they contacted the office and left a message there was sometimes a delay in staff responding. One person said, "Sometimes the office staff can be very slow in responding if you leave a message but someone eventually rings me back." This was discussed with the registered manager who told us this would be taken up with the relevant staff as a training issue.

We spoke with the registered manager about service provision and they told us they had been at the service since it began and this enabled them to have a good knowledge about the people they provided care and support to.

During our inspection we found the atmosphere in the office was welcoming and relaxed. The office staff we spoke with during the inspection were open and helpful. The service had recently introduced field supervisors who were responsible for staff supervisions, care plans and client visits.

The registered manager told us as part of the quality assurance monitoring system the field supervisor visited each person at least annually and completed a customer satisfaction review. They also told us people new to the service were contacted by telephone by a field supervisor for the first three weeks and were visited on the fourth week to ensure the care package in place was appropriate to their needs.

In addition, they told us they had recently sent out a survey questionnaire to people who used the service and/or their relatives which they could complete anonymously. They told us once the information received had been collated they would make the results of the survey available to people and implement an action plan to address any areas of concern. The registered manager told us this was the first time the service had sent out survey questionnaires but they now intended to repeat the exercise on an annual basis. We asked the registered manager to forward us the results of the survey questionnaire once the information had been analysed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not have suitable arrangements in place to ensure people who used the service received their medicines as prescribed.