

The Kent Autistic Trust

The Kent Autistic Trust - 9 Perrys Close

Inspection report

9 Perry's Close,
Faversham
Kent
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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

The inspection took place on 06 January 2016 and it was unannounced.

The Kent Autistic Trust – 9 Perry's Close is a care home providing personal care and accommodation for up to six adults with an autistic spectrum condition. The home is purpose built and set out over two floors. There were six people living in the home.

Management of the home was overseen by a board of trustees for The Kent Autistic Trust. Trustees and the chief executive officer for the trust visited the home regularly.

The service had 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been off work for longer than 28 days; the provider had put acting managers in place to oversee the running of the service.

Some people were unable to verbally tell us about their experiences. People were relaxed around the staff and in their own home. Relatives told us that their family members were safe.

Medicines were not always appropriately managed to ensure that people received their medicines as prescribed. Records did not always document that people had received their medicines as prescribed.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there were effective procedures in place to keep people safe from abuse and mistreatment.

Risks to people had been identified. Systems had been put in place to enable people to carry out activities safely with support.

The premises and gardens were well maintained and suitable for people's needs. The home was clean, tidy and free from offensive odours.

There were suitable numbers of staff on shift to meet people's needs. The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

Staff received regular support and supervision from the management team; they received training and guidance relevant to their roles.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Best interests meetings had taken place with relevant people. Where people were subject to a DoLS, the management team had made appropriate applications.

Relatives told us that they had been involved in meetings to discuss best interests. They told us that the management team had kept them informed about Deprivation of Liberty Safeguards (DoLS) applications.

People had access to drinks and nutritious food that met their needs, they were given choice and special diets were catered for.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner. The staff ensured people received effective, timely and responsive medical treatment when their health needs changed.

Relatives told us that staff were kind, caring and communicated well with them. People were supported by staff who understood their needs and adapted their communication styles to meet people's needs.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect. People were supported to be as independent as possible.

People's information was treated confidentially and personal records were stored securely.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere within the home.

People's view and experiences were sought during review meetings and by completing questionnaires. Relatives were also encouraged to feedback.

People were encouraged to take part in activities that they enjoyed, this included activities in the home and in the local community.

The complaints procedure was on display within the home and this was also available in an easy read format to support people's communication needs.

Summary of findings

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented, they were detailed and thorough.

The provider had notified CQC about important events such as Deprivation of Liberty Safeguards (DoLS) applications and absence of the registered manager. These had been submitted to CQC in a timely manner.

Audit systems were in place to ensure that care and support met people's needs and that the home was suitable for people. Actions arising from audits had been dealt with quickly.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People's medicines were not always well managed and recorded.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

There were enough staff deployed in the home to meet people's needs.

Effective recruitment procedures were in place.

People were protected from abuse or the risk of abuse. The management team and staff were aware of their roles and responsibilities in relation to safeguarding people.

Requires improvement



Is the service effective?

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received medical assistance from healthcare professionals when they needed it.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect. People's confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. People's care and treatment was person centred.

Relatives were able to visit their family members at any reasonable time.

Good



Is the service responsive?

The service was responsive.

The service was flexible and responded quickly to people's changing needs or wishes. People participated in activities which met their needs.

Good



Summary of findings

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy, this was on display in the home. The service had not received any complaints since our last inspection.

Is the service well-led?

The service was well led.

Records were well maintained and stored securely.

The service had a clear set of values and these were being put into practice by the staff and management team.

The management team and provider carried out regular checks on the quality of the service.

Good



The Kent Autistic Trust - 9 Perrys Close

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 06 January 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection, we 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. We also reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

During the inspection we spoke with two people, two relatives, six staff including the acting manager and area operational manager. We also spoke with the service quality compliance manager of the home. We received feedback from health and social care professionals during the inspection.

Some people were unable to tell us about their experiences, so we observed care and support in communal areas. We pathway tracked three people's care records which included medicines records. This is when we looked at people's care documentation in depth; obtained their views on their experiences of living in the home and observations of the support they were given. We looked through management records including five staff files.

We asked the quality compliance manager to send us information after the inspection. We asked for the quality assurance audits, surveys and trustee visit reports. These were received within the agreed timescale.

We last inspected the home on the 07 February 2014 and there were no concerns.

Is the service safe?

Our findings

Some people were unable to verbally tell us about their experiences. One person said, “I like living here, it’s well nice it is”. We observed that people were relaxed around the staff and in their own home, people chose to seek out staff and spend time in their company. Relatives told us their family members receive safe care. One relative said, “I think he gets good care, he is safe there”.

Medicines were not appropriately managed to ensure that people received their medicines as prescribed. The temperature of the medicines storage area had not been monitored or recorded for nine consecutive days. As the medicines storage area had not been monitored or recorded we could not be confident that medicines had been kept at the correct temperature. Medicines were delivered and stored in monitored dosage systems. We checked the medicines stock and found a bottle of eye drops that had not been dated when they had been opened.

Records were not clear and the administration and management of medicines was not properly documented. There were gaps in records and missed signatures, stock balances evidenced that people had received their medicines but these had not been signed for. We spoke with the operational manager and the service quality compliance manager about our concerns and they said they would follow this up with staff.

The failure to properly manage medicines was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a staff member administering people’s medicines during the evening medicines round. The staff member checked each person’s medication administration record (MAR) prior to administering their medicines. The MAR is an individual record on which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. Medicines were given safely. The staff member discreetly observed people taking their medicines to ensure that they had taken them. The staff member followed good practice and washed their hands prior to starting the medicines round. The medicines storage cabinet was clean and well maintained.

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy as well as

the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm. Staff had access to the whistleblowing policy and had confidence that if they had concerns these would be dealt with appropriately.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files held at the providers Human Resources department. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

There were suitable numbers of staff on shift to meet people’s needs. The provider had put systems in place to ensure that people were suitably monitored 24 hours a day, day service staff worked with people in the home during the day, they utilised the home and the local community. Relatives told us that there was always enough staff working in the home and this included when people were supported to go out into the community. One relative said, “There’s always enough staff, I’m surprised how many staff there are”. All the staff we spoke with told us that there were enough staff on duty to care for and support the people at the home.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks relating to day to day support and activities. For example, risk assessments were in place to ensure people were safe when accessing the community, using public transport, taking prescribed medicines, using the kitchen. Risk assessments were also in place to provide guidance to staff about specific health conditions such as epilepsy. Risk

Is the service safe?

assessments gave clear guidance to staff about safe working practices and were reviewed regularly. Staff were able to provide care which was safe and met each person's needs.

The premises and gardens were well maintained and suitable for people's needs. Bedrooms had been decorated and furnished to people's own tastes. Any repairs required were completed quickly. The fire extinguishers were maintained regularly and fire alarm tests were carried out regularly. Staff confirmed that these were done weekly, records showed that these had not been carried out for three weeks. However the alarm was tested during the inspection, action taken as a result of the fire test was taken quickly. One of the fire doors had not closed properly during the fire test, a call was made to the relevant

contractor who visited and fixed this the same day during the inspection. The provider had met and negotiated a replacement kitchen with the landlord of the premises. The management team had arranged for new carpets throughout the communal areas of the home and were working with staff and people to arrange holidays, so that it would minimise the disruption to people whilst work was being undertaken.

Accidents and incidents were monitored by the management team. Learning from accidents and incidents had taken place. The provider employed a Positive Behavioural Support Team to support staff to look at the accidents and incidents and provide support, advice, guidance and further training to prevent similar issues occurring.

Is the service effective?

Our findings

Some people were unable to verbally tell us about their experiences. We observed that staff encouraged people to be as independent as possible with eating and drinking. Support was offered in a caring and timely manner which was responsive to individual timing, eye level and positioning.

One relative told us how their family member was supported to make cakes and sandwiches. They said, "The food is nice". Relatives told us that their family members' health needs were well met. One relative told us that staff supported their family member, "To go to the doctors regularly" and gave examples of when staff had supported their family member for minor procedures.

Most staff had received training and guidance relevant to their roles. Training records evidenced that staff had attended the provider's mandatory training such as health and safety training, first aid, medication and Autism. All staff had attended epilepsy and emergency medications training which enabled them to administer emergency epilepsy medicine. Staff had good knowledge and understanding of their role and how to support people effectively.

Staff received regular supervision from their line manager, during which they and their manager discussed their performance in the role, training completed and future development needs. There had been long periods in 2015 when staff had not received supervision, however this had been identified by the management team and rectified. Staff told us that they had received an annual appraisal. Staff felt they received good support from the management team in order to carry out their roles. New staff had completed training and worked with experienced staff during their induction period. This enabled staff to get to know people and learn how to communicate with each person effectively.

Regular meetings were held to ensure that staff were kept up to date concerning any information they needed. This also provided opportunities for staff to raise concerns or share anything they felt that other staff members needed to know. Staff told us that if they were unable to attend the meetings they received minutes of the meeting to read.

Applications had been made to the Deprivation of Liberty Safeguards (DoLS) office and staff reported that they had

received training concerning the Mental Capacity Act (MCA) 2005. Staff were aware that people who lived at the home should not be deprived of their liberty unless proper processes had been followed to ensure this was done lawfully. Staff gained people's consent for care during the inspection. Staff respected people's decisions. Assessments of capacity and best interest decisions were appropriately documented. One staff member said, "I understand about mental capacity and that it is specific to an actual question or decision".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The management team understood when an application should be made and how to submit one and was aware of the Supreme Court judgement in relation to this.

The handovers between staff going off shift and staff coming on shift were documented. This included information about any medical concerns and the emotional wellbeing of people who lived in the home. This ensured that information was passed on and documented appropriately. There was also a communication file in place which contained important information for staff. All staff read and signed the documents within the file before the documents were then filed. Staff confirmed they checked this file on a daily basis.

People had access to nutritious food that met their needs. They had a choice of two different meals at dinner time and could ask for another option if they wished. People's specialist diets were catered for. Staff we spoke with had a good understanding of people's like and dislikes.

Mealtimes were not hurried which promoted dignity and respect. People were supported to have cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. Weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

Is the service effective?

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. Records evidenced that staff had contacted healthcare

professionals including, epilepsy nurses, consultants, GPs, community learning disability nurses, mental health services, social services and relatives when necessary. Records also evidenced that people received treatment regularly from the dentist and had regular opticians appointments. People received effective, timely and responsive medical treatment when their health needs changed.

Is the service caring?

Our findings

Some people were unable to verbally tell us about their experiences. We observed that staff interacted with people in a respectful, polite and engaged manner which was person centred. Staff asked people if they could sit next to them and engaged people in conversation.

Relatives told us that staff treated their family members well. One relative said, “He is safe and well looked after and they go out a lot”. Another relative told us, “The staff are kind and caring” and “They encourage him to look after himself”. A local authority care manager told us, “Interactions have always been positive, and if my client has been anxious, staff have shown they have the knowledge/training to calm appropriately”.

Many staff had worked at the home for a number of years and knew people well. People’s personal histories were detailed in their care files which enabled new staff to know and understand people and their past. Staff didn’t treat the home as a place of work they explained that they were privileged to work in people’s own home.

Staff treated people with dignity and respect. Staff gave practical examples of how they respect people’s dignity, such as waiting outside the bathroom whilst people are bathing. Staff explained how they respected people’s privacy by knocking before entering rooms.

Staff spent time actively listening and focussing on people and responding accordingly. People were encouraged to take things at their own pace and were not hurried or rushed. Staff supported people by providing reassurance to their questioning, staff knew that one person repeatedly asked the same questions of everyone and supported the person to ask the inspection team so they felt comfortable and calm. Staff members told us that they enjoyed their jobs. This was evidenced through their enthusiasm and approach.

People had communication passports. They had been developed with as much input as possible from the person

they were about and we saw that they were highly individual. They included specific preferences for activities that people liked to do and the kind of situations that they might find challenging. People’s bedrooms had been decorated to meet their individual needs. Each room was unique, one person’s bedroom and bathroom was decorated with super heroes, they told us that they had chosen their own colour scheme.

People and their relatives had been involved with planning their own care. There was evidence of this within care plans and through photographs. Where people had made decisions about their lives these had been respected. For example, some people didn’t like to be around too many people. Contact with one person had been personalised so that they didn’t feel like they were being directly watched, staff enabled this person to engage in a way they felt comfortable, which was usually when the staff team were not in the same room.

The provider had a detailed policy which outlined the process for appointing an advocate if it was identified that this was necessary to support people who lived at the home. No one had an advocate as they were actively supported by relatives.

Staff spoken with were aware of the need to maintain confidentiality. People’s information was treated confidentially. Personal records were stored securely. People’s individual care records were stored in lockable filing cabinets in the office to make sure they were accessible to staff.

Relatives told us that they were able to visit their family members at any time, they were always made to feel welcome and there was always a nice atmosphere. People were supported to maintain relationships with their relatives, this included support to visit relatives at weekends and telephone calls. One relative told us, “He comes home to visit every 3 to 4 weeks and he is always very calm and happy”.

Is the service responsive?

Our findings

Some people were unable to verbally tell us about their experiences. People were encouraged to participate in activities to keep them active and stimulated. We saw that people were engaged in activities within the home and within their local community.

Relatives told us that their family members received care and support which met their needs. One relative said, “They meet his needs better than I could. He’s always out”. Relatives told us that their family members care was reviewed regularly and that they were asked to feedback about the service after the review through completion of a survey. Relatives knew who to contact if they were unhappy about the service.

A local authority care manager told us, “The two clients I have at 9 Perry’s Close are very individual, and the staff cater for their needs and will change activities according to my clients moods/anxieties”, and “Paperwork has always been up-to-date. Reviewed annually”.

People took part in a number of activities based on their individual preferences. This included horse riding, golf, trampolining, rambling, bowling, swimming and discos. People were supported to access leisure activities in the local community and to go on holidays. People were supported to undertake activities through day service staff working with them during the week and staff from the home during evenings and weekends.

People had regular timetables based on their preferences. If a person had chosen not to take part in a particular activity, it was documented that they had opted for a different activity on that day. This showed that the home was responding to the wishes of the people and respecting their right to change their mind. Staff had supported people to attend theatre shows over the Christmas period, which included a relaxed performance at a local theatre. A relaxed performance is where there is a relaxed attitude to audience noise and movement, changes are made to lighting and sound effects to support people with an Autistic spectrum condition.

People had positive support and behaviour strategies in place. These plans document what makes people happy and outlines how a person shows that they are happy. The plans also included information about how people communicate and anything that would make them anxious. We observed staff following these strategies when working with people. This meant staff were aware of how they should support people in a positive manner.

Relatives were encouraged to provide feedback about the service provided to their family members. We viewed two completed feedback questionnaires, which showed that the relatives were satisfied with the service their family member’s received. One relative had commented, ‘I am very happy the way my son is cared for, if he is happy I am happy’. People were able to feedback about the service in reviews. The operational manager explained that ‘Service User Meetings’ had been tried as a method of gaining feedback from people, these had not been successful. Feedback was gained by observing people, monitoring incidents and through feedback from relatives.

People’s care packages were reviewed regularly. Records of reviews held evidenced that relevant people had attended the reviews including relatives, staff, day service staff and local authority care managers. Relatives told us they were given a survey to complete following each review.

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. One relative told us they would, “Contact the head office in Chatham”. The complaints procedure was on display within the home and this was also available in an easy read format to support the communication needs of people. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the home such as the local government ombudsman. There had not been any formal complaints about the home since our last inspection.

The service had received several compliments. One compliment thanked, ‘Everyone at Perry’s close for the care they provide to [person] as he is constantly improving and is always happy at Perry’s’.

Is the service well-led?

Our findings

Some people were unable to verbally tell us about their experiences. We observed that people knew staff, the acting manager and members of the management team.

Relatives told us that the home was well led. One relative told us they were, "Very satisfied with the service received". Another relative said, "I think it's really well run, he's [family member] been there a long time, it has a real family feel".

A local authority care manager told us, "I have always found 9 Perry's Close, Manager and staff to be respectful and courteous to the residents whenever I have visited", and "When my client's needs have changed I have always been contacted and the appropriate professionals have been contacted for guidance and support".

Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to. One member of staff said, "I do feel I get good support from the management team". Another staff member told us, "They are fantastic, I bounce ideas off of them and support is fully given", and "The CEO came a few weeks ago, they play an active role and is a very approachable person". Staff told us that they had been supported in personal matters by the organisation as well as matters in their work life.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that referred staff to Public Concern at Work, an organisation that supports staff who feel they need to blow the whistle on poor practice. Effective procedures were in place to keep people safe from abuse and mistreatment.

Staff told us they felt valued and they understood the vision and values of the organisation. They felt there was an open culture at the home and they could ask for support when they needed it. The home had a statement of purpose that set out clear values for the organisation. This included the objectives that people should be given respect, privacy, dignity, choice in activities offered, to be independent, achieve their dreams and aspirations. We observed that the staff had embedded these values in to their work. One staff member told us, "The Trust gives you the support and scope to work in a friendly homely way, it's their home, we are guests".

Management of the home was overseen by a board of Trustees for The Kent Autistic Trust. We saw that information about how to contact the trustees was displayed for staff, visitors and people. Trustees and the chief executive officer for the trust visited the home regularly. They were able to engage with people and monitor the management and operation of the home. We viewed the Trustee's report of their visit from September 2015 and saw that observations of the care and support provided by staff were positive.

Staff told us that communication between staff within the home was good and they were made aware of significant events. Handovers were documented and this included relevant information such as health conditions that needed to be monitored.

Staff members told us there was a lot of community participation and we saw evidence of this in the number of activities people took part in. They accessed clubs and activities for people with disabilities as well as taking part in local events.

The registered manager was not available during our inspection; however they had demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries and Deprivation of Liberty Safeguards (DoLS), as these had been made in a timely manner. The provider had informed us that the registered manager had been absent from their role for longer than 28 days, and listed the management arrangements that had been put in place. The acting manager and operational manager evidenced that they had spent considerable time at the home supporting the staff during the registered manager's absence.

Policies and procedures were in place for staff to refer to. The policies and procedures had recently been updated and amended to ensure that staff had access to the most up to date and relevant guidance to enable them to carry out their roles safely.

The quality assurance procedure set out key responsibilities of the board members, operational managers, finance, positive behaviour support team and service quality compliance manager and clarified the frequency of meetings and quality checks. The service quality compliance manager told us that they completed a quality audit on the service every three months. They

Is the service well-led?

explained that they had completed a thorough audit of the service in August 2015. The service quality compliance manager and the operational manager then worked together in the absence of the registered manager to provide support to the staff to make changes to the service, in order to make improvements which had been identified during the audit. The action plan and follow up audits undertaken in October, November and December 2015 was shared with us during the inspection. Many improvements had been made, the audit identified some further areas of improvement, which we had found during our inspection such as gaps in recording medicines administered, the audit tool identified that further training was required from the new medicines supplier. Staff confirmed with us that this had been arranged.

Normally registered managers within the Trust were responsible for completing a number of other audits to identify any potential hazards and ensure the safety of the people. These included health and safety audits, audits of risk assessments, finance, staffing, training, care plans and care documentation. As the registered manager had been absent the operational manager and service quality compliance manager had been completing these checks as part of their full audits. Actions identified were time limited and allocated to individuals, actions had been completed.

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 Medicines had not been properly managed. Regulation 12 (1) (2) (g)