Eastbourne Grange Limited

Eastbourne Grange

Inspection report

2 Grange Gardens
Blackwater Road
Eastbourne
East Sussex
BN20 7DE
Tel: 01323 733466
Website:

Date of inspection visit: 2 March 2015
Date of publication: 23/06/2015

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Eastbourne Grange provides personal care and accommodation for up to 21 older people. There were 13 people living at the home during the inspection most people were independent and needed minimal assistance and others required some assistance with looking after themselves, including personal care and moving around the home.

We inspected the home on 7 July 2014 and found that some improvements had been made, but further improvements were needed, we still had serious concerns about the standard of record keeping. During our inspection on 30 September 2014 we found improvements had been made and we made a compliance action for records.

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

The home has been without a registered manager since May 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A manager was appointed in November 2014 and had applied to register with CQC as the registered manager of the home. The manager was present on the day of the inspection.

At the last inspection we found the provider had not met the regulations in relation to respecting and involving people who use the services, consent to treatment, care and welfare of people who use services, assessing and monitoring the quality of service provision, notification of death of a person who used the service, notification of other incidents and records. At this inspection we found some areas needed improvement, but did not amount to breaches of regulations.

Some assessments did not include specific details about people's choices and the provider had no clear systems in place to monitor some prescribed medicines.

Risk assessments had been completed as part of the care planning process; these identified people's support needs, and had been reviewed with people's involvement. The care plans followed a generic format; they identified people's needs and included paperwork that was not specific to each person, but were still under review.

There were systems in place to manage medicines, including risk assessments for people to manage their own medicines. Medicines were administered safely and administration records were up to date.

Staff had attended safeguarding training and a safeguarding policy was in place. They had an understanding of abuse and how to raise concerns if they had any.

People were supported by a sufficient number of staff and appropriate recruitment procedures were in place to ensure only people suitable to work at the home were employed.

Staff told us they felt supported to deliver safe and effective care. Staff demonstrated they knew people well and felt they supported people to maintain their independence.

The manager and staff showed an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). A DoLS application had been made to restrict one person's freedom to leave the home on their own in order to maintain their safety. The manager was waiting for a response from the local authority.

People told us the food was very good. The cook spoke with people daily and changes were made to the menu if needed. People said there were always at least two choices, and were seen to enjoy lunch.

People had access to health care professionals as and when they required it, and it was clear from the visit records that this was maintained until treatment had been completed. One person said, "We only have to speak to staff and a doctor would be called."

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 always safe.

Medicines were administered safely and administration records were up to date. However, there was no clear system in place to ensure prescribed medicines were obtained for people who attended appointments on their own

People's needs had been assessed as part of the care planning process and guidance for staff to follow was in place.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

People were cared for by sufficient number of staff and recruitment procedures were robust to ensure only suitable people worked at the home.

The premises were managed to ensure people were safe as they moved around the home.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to deliver care effectively.

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

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

Staff encouraged making their own decisions about their care.

People were encouraged to maintain relationships with relatives and friends, and relatives were made to feel very welcome.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans were reviewed and updated with people's involvement. However, they were not specific to each person's needs and the provider had not ensured support was available when people's needs had changed.

Summary of findings

People decided how they spent their time; some people were supported to take part in activities, whilst others remained in their rooms.

People were given information how to raise concerns or make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The home was without a registered manager. There was a manager in place who provided clear leadership and direction.

People met regularly to discuss the services provided and felt involved in decisions about improvements at the home.

Staff felt able to discuss the support and care provided with each other and the manager, and were encouraged to put forward improvements to the service.

Quality assurance audits were carried out to ensure the safe running of the home.

Eastbourne Grange

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

On 1 April 2015 the Care Act 2014 came into force. To accommodate the introduction of this new Legislation there is a short transition period. Therefore within this inspection report two sets of Regulations are referred to. These are, The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. All new inspections will only be completed against the new Regulations - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection took place on 2 March 2015 and was unannounced. The inspection team consisted of an inspector, inspector manager and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who used this type of service.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring team). We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

As part of the inspection we spoke with all of the people living in the home, three relatives, four staff, the cook and the manager. We observed staff supporting people and reviewed documents; we looked at six care plans, medication records, two staff files, training information and some policies and procedures in relation to the running of the home.

On this occasion we did not ask 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. This was because we wanted to respond quickly to follow up on the previous concerns.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe in the home. People said they were, "Absolutely safe." "We feel very safe, the front door is locked, like you would at home and we have a fob to use to get out when we want to." "Wonderful security here." "Very secure and safe." "I feel safe and staff are available to help," and "I have no reason to think other than I am safe." Other people told us they were safe because all they had to do was press the call bell they wore on a cord around their neck, and staff would respond quickly.

At the inspection on 23 and 25 April 2014 we found that people were not fully involved in decisions about the care and support they received. The provider sent us an action plan stating they would have addressed all of these concerns by 24 June 2014. We found these concerns had been addressed.

People felt involved in decisions about all aspects of their care. Staff knew some people were responsible for their own medicines, and risk assessments had been completed with each person. However, we found some assessments did not include specific details about people and the choices they may have made independently of staff, and staff may have not have responded to people's changing needs. For example, one person had been prescribed medicine after an appointment with a doctor, but the medicine had not been obtained by the provider. This meant systems for checking if additional medicines or treatment had been prescribed by doctors, when people attended on their own may not have been appropriate, and people may not have received the medicines they need.

The lack of appropriate systems to support people with medication is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, (which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

Medicines were ordered by the staff for most people and the manager said these were checked in monthly. Records had been kept of all medicines ordered and received. Some people visited their GP independently of staff at the home, and collected their own medicines from the pharmacy.

There were systems in place to manage medicines and staff explained what medicines were for and took time with people to check they took their medicines. Staff followed good hygiene practice when administering medicines. They transferred the medicines in a trolley and locked it while they administered medicine to people. Medicines were kept in a fridge when appropriate and there were records to show that the fridge temperature was checked regularly, which ensured medicines were kept at the correct temperature.

People's medicine records were up to date. Each person had a medicine administration record (MAR) chart, which stated the medicines they had been prescribed and when they should be taken. MAR charts included people's photographs and any allergies they had. All the MAR charts were up to date, completed fully and signed by trained staff. The manager told us staff administered medicines only after they had completed training and had been assessed by her as competent. Staff said they had completed training and said the manager had observed them as they administered medicines until they were confident, and the manager felt they were competent. Staff followed the medication management policy in relation to medicines given 'when required' (PRN). They said a separate part of the MAR had been completed when PRN medicines had been administered, such as paracetamol, and we saw these had been filled in. Records showed the manager audited the MAR charts weekly and the ordering of medicines monthly. Some issues had been identified with staff failing to sign for medicines that had been administered and the manager had taken action to ensure people's safety.

A number of risk assessments had been carried out depending on people's needs, these included moving and handling, nutrition and risk of falls. They were specific to each person and included guidance for staff to follow to ensure people's safety. When people had been assessed as being at risk referrals had been made to appropriate health professionals. One person had been assessed as at risk of falls and a referral to the falls team and physiotherapist had been made. Guidance for staff to support the person to move around the home was in place and the physiotherapist had prescribed exercises to assist them to remain mobile. Staff told us how they assisted the person with the exercises and staff said they recorded the support provided in the daily records.

As far as possible people were protected from the risks of abuse or harm. Staff had received safeguarding training. Staff understood the different types of abuse and described

Requires Improvement

Is the service safe?

the action they would take if they suspected abuse was taking place. They told us they had read the whistleblowing policy and would report any concerns to the manager or provider, CQC or the local authority, if they felt their concerns had not been addressed. Visitors said people were safe living in the home; they told us they had to ring the bell to get in and had to sign the visitor's book in case there was an emergency.

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. People said there were enough staff working in the home, staff responded quickly when they used the call bells, and we saw staff answered the bells promptly. Relatives felt there were enough staff looking after people. They said people might have to wait occasionally while staff were busy with someone else, but that was understandable. Staff said there was always time to sit and talk to people or do an activity if they wanted to do one. We saw staff sitting in the lounge playing games with people and sitting with people in their rooms talking. A dependency tool to assess appropriate staffing levels was in place, although the manager said she had not used it as it was not needed with the current occupancy of the home. Staff said they covered for each other for leave and sickness.

Recruitment procedures were in place to ensure that only people suitable worked at the home. We looked at personnel files for two new staff, they included completed application forms, two references and Disclosure and Barring System (Police) check. The manager said they were recruiting staff at the time of the inspection to ensure enough qualified staff were working in the home when people were offered places.

The premises and equipment were managed to keep people safe. There were records of on-going maintenance, including the passenger lift. The environment was checked daily as staff walked around and while they assisted people, staff and people said if they noticed anything different they told the manager or provider. The floors were clear of obstruction and people told us they felt safe moving around the home with walking aids.

There were systems in place to record accidents and incidents, carry out investigations and prevent reoccurrence. Although there had been no incidents or accidents since the manager had started work at the home.

Good

Is the service effective?

Our findings

People said the food was very good. One person told us, "The food is much improved and we have the chance to talk about it when they cook comes round to ask what we want." Another person said, "We are always being asked what we want to eat, the food is lovely." Relatives said people had choices for all meals and were always very positive about the food.

At the inspection on 23 and 25 April 2014 we found the provider had not arranged appropriate training, including induction training, to enable staff to care for people and supervision was not in place to support staff. In addition there had been no training with regard to Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and appropriate mental capacity assessments had not ben completed as required. The provider sent us an action plan stating they would have addressed all of these concerns by 24 June 2014. These concerns had been addressed.

Staff told us they attended regular training, which helped to ensure they had the skills and knowledge to provide the support people needed. All new staff worked through 12 week induction programme when they started work at the home, and they were supported by more experienced staff until they were assessed as competent. Staff records showed they had completed safeguarding adults training, medication, infection control, health and safety, first aid, control of substances hazardous to health (COSHH), moving and handling and fire training. One staff member said, "We have really good training here. The management make sure we attend and our knowledge is assessed as we work day to day and also during supervision." Another staff member told us, "If we want to update training or do additional training we can ask and they arrange it. I want to do more training on dementia and I know the manager is going to arrange it for all the staff." Staff also said they could work towards professional qualifications if they wanted to, and staff told us they had completed National vocational Qualifications in Care to Level 2. Staff said they knew what their responsibilities were and felt supported by the management to provide good care.

Staff had regular one to one supervision with the manager every two months. They felt these meetings were more formal and gave them the opportunity to discuss any issues as well as their professional development. The meetings were recorded and the record forms were agreed and signed by the manager and member of staff.

Staff had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff told us everyone had capacity to make decisions. One staff member said, "All of the people living here make decisions about they support we provide, we do not make decisions for them. It is only when we think people might not be safe doing something that we ask for a best interest meeting to make that decision." Another staff member told us, "We think people should be encouraged to make their own choices and it is about their capacity to do this. If we have any worries we contact their family and their doctor."

A review of one person's care plan and risk assessment identified their needs had changed and a mental capacity assessment had been completed. The staff followed the Mental Capacity Act 2005 (MCA) code of practice and Deprivation of Liberty Safeguards (DoLS). This included discussions with the person, their relatives and GP. When this person's freedom was identified in need of being restricted to ensure they were safe, the registered manager sought a DoLS authorisation form the local authority and the manager was waiting for a response. This showed processes to ensure people received appropriate support was in place.

People said the staff understood their needs and responded quickly if they did not feel well. One person told us, "I wouldn't hesitate to talk to staff." Another person told us, "I would definitely share problems with staff." People said they had access to health professionals as required. One person told us, "They know how to look after us and if we need anything they just ring the doctor and make an appointment, or they come here to see us." Visits from health professionals, including GP, district nurse, chiropodist and dentist were recorded in the care plans, as well as any changes in care.

People invited us to join them at lunch time in the dining room and it was clear that meals were relaxed and informal. People told us the food was very good; that the cook spoke with them regularly about the choices available

Good

Is the service effective?

and their preferences, which meant staff knew which dishes people liked or disliked. People were chatting with each other and staff as the meals were served. All the food was fresh and home cooked. There was a starter and choice of two main dishes and a dessert; if people changed their minds alternatives were provided. One person said, "I can never remember what I have ordered however, but the food is always nice and if I don't like something you can just get them to make you something else." Condiments, napkins, water and fruit juices were available, and tea and coffee finished the meal.

People were encouraged to have enough to eat and drink. Snacks and drinks were available at any time and people said they could have their meals when they wanted to have them. People chose where they had their meals, most people used the dining room, but some preferred to remain in their rooms and the staff respected this. People's weights were monitored monthly and recorded in the care plans. Staff said they would notice if someone was not eating as much as usual, and they would report this to the manager.

Good

Is the service caring?

Our findings

People told us they felt all staff respected their wishes; they could express their opinions and were involved in planning the support they received. Some of the people said the care plans had just been reviewed and updated by the manager and they had signed to agree the information was correct. The Eastbourne Blind Society visited the home and offered additional support if people wanted it. People told us, “Staff are always respectful towards me,” and “They are wonderful and lovely.” “Staff are always very friendly”. Some people do not need assistance with personal care but they felt, “You never go without anything, I only have to ask”. Another person said staff are, “Always very gentle and respectful”. A relative told us, “It is the little things that make all the difference, it may not look the prettiest of places, but the care is fantastic.”

At the inspection on 23 and 25 April 2014 we found staff did not ask people for their consent about all aspects of the service. The provider sent us an action plan stating they would have addressed all of these concerns by 24 June 2014. These concerns had been addressed.

Staff asked people for their consent before they offered care; people were involved in decisions about the support they received and their choices were respected. Staff said each person was treated as an individual and we heard staff talking to people quietly and respectfully, using their preferred name and waiting for a response. Interaction between people and staff was relaxed and friendly, we heard laughing and joking as we looked around the home, and it was clear that staff had a good understanding of people’s needs

The home had a calm atmosphere. People were relaxed and comfortable sitting in the lounge, chatting during morning coffee. They were very positive about the staff and manager, and they all said people were treated with respect and their privacy was protected at all times. We saw people were treated with respect, in a caring and kind way.

Some people preferred to remain in their rooms and staff respected this, although they asked them if they would like to join people in the dining room for lunch or take part in activities. Staff said they did not try to make decisions for people. People felt that their privacy and dignity was respected. Staff said they always knocked on people’s bedroom doors before they entered, and people supported this. On person said, “Staff knock and call my name to check that they can come in before they do”. We saw staff treated people with respect and protected people’s dignity when asking them if they needed assistance with using the facilities.

One person needed support with personal care. Staff said they offered assistance, such as asking what clothes they wanted to wear by holding up choices, and they waited for the person to agree before supporting them. We noted this person’s clothes were creased and hair looked unkempt, although their nails had been varnished and shaped, which they said looked really nice and pretty. Other people made comments about the laundry not being ironed, just put on hangers. This may not promote people’s dignity, and the manager said she would address this with staff immediately.

People’s rooms were well furnished, some people brought their own furniture and ornaments, and they pointed out how they had their own furniture and pictures, which were clearly important to them. The provider had redecorated and carpeted a room, before the person moved in, with colours they had chosen.

Relatives and friend were welcomed into the home and people were encouraged to maintain relationships with people close to them. People said their relatives visited regularly and were always offered a drink when they arrived. Relatives told us the staff were always pleased to see them and they could join people for meals if they wanted to.

Staff respected people’s wishes with regard to their care if their health needs changed. Some people had discussed their wishes for end of life care and these were recorded in the care plans.

Requires Improvement

Is the service responsive?

Our findings

People told us they had been involved in planning their own care; they made decisions about the support provided and felt their individual needs were met. One person said, "It's a wonderful place to live, because I have all I need here in this room and the best bits are the food is so lovely."

At the inspection on 23 and 25 April 2014 we asked the provider to make improvements in the care and welfare of people who used the service. The provider sent us an action plan stating they would have addressed these concerns by 24 June 2014.

At this inspection we found the care planning process had improved and the manager had identified some areas where further improvements were needed, but these areas were not continuing breaches of regulations. These concerns had been addressed.

Care plans had been reviewed and updated by the manager. We found there was an overall generic format to the care plans, although they had been personalised and reflected the needs of each person. The manager told us changes to the format of the care plans were planned to ensure they reflected each person's individual needs only, rather than use the same record for everyone. The manager said the care plans had been reviewed with people's involvement and there was evidence of this. One person told us they did not want to read the care plan, "But I could get one of the staff to help if I wanted to."

Staff said the care plans had been much improved; the information was much clearer and gave them the guidance they needed to support people. Details of people's life histories and interests were recorded in the care plans. Staff said they knew how people liked to spend their time and this changed depending on how they felt on the day. People told us they had talked to the manager and staff about activities they wanted to do, and it varied depending on what else they had planned to do each day. People made their own choices about how they spent their day; some met in the lounge for coffee in the morning, and then returned to their rooms before lunch, they met again in the dining room for lunch and also in the lounge for afternoon tea. Staff said they were trying to develop an activity programme and a member of staff sat with people in the afternoon discussing what they would like to do.

Staff told us they were kept up to date with people's needs through handovers at the beginning of each shift. They demonstrated a good understanding of how some people's needs had changed and how they had responded to make sure the person received the support they needed. Staff used a communication book to record appointments, visits from health professionals and people's birthdays, which they said meant that nothing was missed.

A non-denominational Christian group visited the home monthly and people said they enjoyed these sessions. People had links with other churches and attended church regularly. When they were unable to do so they received support from the church at Eastbourne Grange.

People who preferred to stay in their rooms were supported to do so. One person chose to stay in their room and read. They told us, "I could join in anything downstairs if I wanted to and staff do tell me things going on, but I am happy on my own". Another person liked to watch sport on their TV. However, when they relaxed in bed the TV was positioned too far away for them to see the picture properly. This meant they had been unable to enjoy watching TV. The manager said this would be resolved by arranging for the TV leads to be extended so that the TV could be moved closer to the bed.

A complaints procedure was in place, a copy of which was displayed in the entrance hall, and was given to people and their relatives. The manager said a number of issues had needed to be addressed since being appointed at the end of November 2014 and people were encouraged to be open about how they felt about the services provided at the home. People said if they had any concerns they would talk to the staff or the manager. They also said they did not have any complaints at the time of the inspection. One person said, "Everything is so much better, we can talk openly to the staff and manager and we know they will be dealt with." Another person told us they did not have to raise any concerns.

Requires Improvement

Is the service well-led?

Our findings

The culture at the home was open and relaxed, with people, staff and visitors encouraged to contribute and make comments or suggestions about how the service might be improved. The manager said, "We want people to be involved in decisions about the services we provide." We found that people felt the home was well run and were surprised and pleased how things had altered in the previous two months. People felt, "Before nothing happened, but now it does." People told us, "Yes in my opinion the home is well led." "Now there is a captain managing, the ship is in control." "There is control back. I was beginning to feel I could not stand it here any longer, but now things have improved so much just look at the cleanliness of the place how much it has improved," and "There is a routine now and that helps my anxiety as I know where staff are if I need them."

There has been no registered manager at the home since August 2014. The manager told us they had applied to the commission to become the registered manager. At the time of this inspection the application was being processed.

At the inspection on 23 and 25 April 2014 we asked the provider to make improvements in assessing and monitoring the quality of service provision, notification of death of a person who uses the services and notification of other incidents. The provider sent us an action plan stating they would have addressed all of these concerns by 24 June 2014. We found the service had improved, with people, staff and relatives involved in decisions about the support provided.

The manager sent out a satisfaction questionnaire, to people living in the home, their relatives, staff and health professionals when she started employment at the home in November 2014. She said some of the feedback was very negative, but it had been very useful and changes to the service were based on the responses, in order to show continuous improvement.

There were systems in place to monitor the services provided and the facilities themselves. A number of audits had been completed, including medication, care plans, laundry and cleanliness. Where issues had been identified action had been taken to address them, such as the cleanliness of the home. Staff and people commented on the improvements that had taken place over the previous three months. One person told us, "We just have to point something out and the staff deal with it straight away."

The manager said there had been no reason to send a notification to the commission, but she was aware of the process and when she would be expected to contact us.

Residents meetings had been arranged to enable people to discuss the services provided and make suggestions for improvements. One person said, "There is a good routine going. The regular residents meetings we have made a difference." Another person told us they had been involved in the residents meeting, which they thought was, "Very helpful." People had an opportunity to talk about food and listen to the changes in staffing and care plans. We looked at the minutes of the meetings from February; the most recent minutes had not been typed up. We found people were able to raise issues, such as food, and make suggestions. The minutes showed people were very pleased with the improvements made by the cook, and all said, "A big thank you on an excellent job." Changes in staffing had been discussed at this meeting, as well as the laundry audit; people were asked about the care provided and they thought it, and the cleaning, had noticeably improved. The manager and staff said any changes to support provided would only be made following discussions with, and the agreement of people at the home. Staff agreed with this and were very clear the services were for the benefit of people living at the home.

Staff told us there was a staffing structure at the home, with clear lines of accountability and responsibility. The manager had reviewed staff competencies and some staff had been promoted to team leaders, who were responsible for managing the support provided when the manager was on leave or not working. As part of supervision staff were encouraged to make suggestions to improve the services provided, as well as improvements to their own practice. Staff were aware of their colleague's role on each shift and they were flexible and covered for them if necessary and the manager worked with staff as required. Staff said the manager was also very flexible, her main concern was to ensure people were looked after and received the support they needed, which meant she worked with them at times. One member of staff said the manager had, "Made staff now responsible and holds us to account."

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 Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. The registered provider had not taken steps to ensure that appropriate systems were in place to ensure medication was available. Regulation 12 (2) (f).