Adiemus Care

Silver Birches

Inspection report

London Road,
Rake,
Liss Hampshire
GU33 7PG
Tel: 01730 895718
Website:
www.silverbirchesmanger@orchardcarehomes.com

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Ratings

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

We visited unannounced on 8 July 2014.

Silver Birches is a residential care home which supports up to 27 people with dementia or other mental health conditions. Some people had behaviour which was challenging to others. Most people were mobile. When we visited 19 people were living there. The registered manager had just left. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Management responsibilities were being shared by a registered manager from another home under the

Summary of findings

same provider; the deputy and another manager from the organisation. We spoke to a manager when we visited and they said they intended to submit an application to be registered as the new manager.

During this inspection we saw a lot of evidence to show staff were caring. Staff were friendly and had a good rapport with people and with their relatives. Staff had a good understanding of people's needs, wishes and interests and used this knowledge to help people to be calm when they were becoming distressed. People were given food they wanted, when they wanted to eat it. Staff contacted and worked productively with health and social care professionals when they needed additional support and when they needed further guidance about people's health and social care needs. Family members were encouraged to take part in the life of the home and to be involved in their relative's care.

There were two specific breaches of the Health and Social Care Act 2008 and one breach of the Care Quality Commission (Registration) Regulations 2009 and we have told the provider they must make improvements. We required these improvements because people were at risk of not receiving a service that was safe, effective, responsive or well led. The improvements required were: The service needed to notify CQC of adverse incidents; the management of medicines needed to be improved and staff needed more regular training and supervision. You can see what action we told the provider to take at the back of the full version of the report.

Other improvements to enhance the experience of people living at the home were, the provider needed to be more consistent in following the Mental Capacity Act to protect people who were unable to make their own decisions about their care. this would help to demonstrate staff were always acting in people's best interest. People who had falls needed to be more closely monitored to see why they were happening and to see if it was possible to reduce the risk of them happening again. Two sofas in the home needed to be looked at because they were too low and people had difficulty getting up from them. Records relating to people's care and the management of the home also needed to be improved upon.

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

Some aspects of the service were not safe and improvements were needed. People generally felt safe, and there was evidence staff had taken action to keep people safe. However, there were not always suitably trained staff on duty to safely administer medicines at night. Significant incidents, which happened in the home, were not always being consistently recorded or reported to CQC.

Staff understood their responsibilities under the Deprivation of Liberty Safeguards (Dols) and were making applications to ensure people were not being deprived of their liberty unlawfully.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective and improvements were needed. Staff needed to receive up to date training and regular supervision to help to ensure they were able to provide effective care consistently.

People were happy with the care and support given and we observed effective care being delivered during our visit. People were supported to have sufficient to eat and drink and to maintain a balanced diet.

People said they could see a doctor when they wanted and staff liaised effectively with other health care professionals such as community psychiatric nurses when they needed to.

Is the service caring?

Good

The service was caring. Most people said they were treated with kindness and we observed friendly and respectful interactions between staff and people.

Staff had a good understanding of people's interests and preferences and accommodated these in their daily routines. Visitors were welcomed. Staff understood the need to respect people's privacy and dignity.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive and improvements were needed. Procedures to ensure people's capacity to consent to their care needed to be consistent. Some sofas were too low and this meant people who could normally get up from a seat independently, needed assistance to do this when they were sitting on these sofas.

Activities took into account people's interests and abilities and staff respected people's wishes and preferences.

Staff responded appropriately to complaints and made changes where necessary.

Summary of findings

Is the service well-led?

Some aspects of the service were not well led and improvements were needed to help to assure the delivery of high quality care to people. A new management team were in the process of addressing these shortfalls.

There was a system for monitoring the quality of care provided which had identified a number of shortfalls in the service.

Improvements were needed in the way records were kept. Although there was some improvement to people's care plans , other records needed to be more consistent and detailed for example daily records about people's wellbeing were not always in chronological order. This made it difficult to gain a consistent view on how staff could monitor people effectively.

Requires Improvement

Silver Birches

Detailed findings

Background to this inspection

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of caring for people living with dementia.

Before our visit to Silver Birches, we reviewed the information we held about the service. This included previous inspection reports and notifications of significant events that had occurred since our last inspection. 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 did not receive a Provider Information Return because staff had not completed it.

We talked with six people who lived at Silver Birches and with two relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with six staff and with the management team. We spent time in lounges and the dining room and looked in some people's bedrooms. We also spent time looking at records, which included people's four care records and records relating to the management of the home. These were; accident and incident reports, staff records, complaints records and quality assurance documents.

Staff sent us further information following our visit which we reviewed and we spoke with two social care professionals.

We had last inspected in November 2013 when we found no areas of concern.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

We asked people if they felt safe at Silver Birches. We received variable feedback. People said for example: "I should say so;" and "Yes, knowing all the people". One person said they did not feel safe but said "I don't know why." They could not tell us any more about this and so we were unable to conclude why this was. One person said they were afraid of another person who lived at Silver Birches and spoke about a recent incident which had upset them. The person said staff had taken action at the time of this incident to ensure they were safe and staff also explained how they had ensured this person was safe.

When people were not able to tell us if they felt safe, we observed how they reacted to staff and to other people who lived at the home. We observed safe care being given. We saw a number of occasions when people needed assistance from staff to keep them safe and we saw staff intervening promptly to ensure they were; for example, we saw staff helping a person to sit on a chair safely, and staff taking prompt action when two people who lived at Silver Birches had a misunderstanding and had become agitated with one another. Staff confirmed they had received training in safeguarding adults.

Improvements were needed in the way accidents and incidents were managed. Staff recorded incidents or accidents but this system was not robust. We had concerns about how staff recorded and responded to some incidents. For example, where people who lived at Silver Birches had behaved aggressively towards another person living at the home. Whilst staff could tell us the action they had taken to protect people in recent situations we were unable to clarify how people had been kept safe during previous incidents. Staff were unable to say whether such incidents had been reported to adult social services under safeguarding procedures. It was important to ensure they had been, because adult social services also have a responsibility to protect vulnerable people to ensure they are safe and once notified they take action to ensure people are properly protected. We contacted adult services following our visit and asked them about three incidents of concern. They confirmed they had been notified and were satisfied with the action taken to protect people.

Staff needed to notify CQC of any incident of suspected or alleged abuse which happened whilst they were providing care as this is required by law. They had not done this. This meant we could not effectively monitor how the home was complying with legislation and how they were keeping people safe. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 and we told the provider they must take action to improve this. The action required is detailed at the back of this report.

Incident reports contained a number of records of people who had fallen. Some people's falls had been observed and others had been unobserved. We did not see any monitoring in any records to look for possible trends, such as whether they had occurred to particular people, at particular times of the day, or in certain places within the home. This was important to reduce the risk of reoccurrence. We discussed this with the management team as this was an area which required improvement. The management team had already recognised this and said staff were due to receive some additional support from a specialist nurse to help them further with this.

Improvements were needed in how medicines were administered. Staff said no one who lived at Silver Birches was able to look after, or take their own medicines so staff was responsible for

managing everyone's medication. According to records, five staff were trained to administer medicines to people and staff we spoke with did not contradict this. We checked the staff roster for the week of our visit and found some night shifts when no staff trained in administering medicines were on duty. There were not enough staff trained to administer people's medicines safely as sometimes staff trained in the administration of medications were not on duty to give people medicine if they needed it. This did not affect scheduled medication rounds, which happened during day shifts but it meant people who may need "as required" medicines (PRN) at other times, for example, for pain relief might not receive it promptly. This was a breach in Regulation 13 of the Health and Social Care Act 2008 as the provider had not protected people against the risks associated with the unsafe use and management of medicines. We told the provider they must take action to improve this. The action required is detailed at the back of this report.

Medicines were safely stored. One staff confirmed "the medical cupboard and room are always locked". We

Is the service safe?

checked on the day of our visit and medicines, which included controlled drugs, were securely stored. Medicines which needed to be kept in a fridge were being stored at a temperature as advised by the pharmacist.

We looked at how staff assessed risk to people's health or wellbeing, for example, if they had an increased chance of developing pressure ulcers. A recent audit had been completed by the organisation. This had identified there were omissions and a lack of detail in some people's care plans and in their risk assessments. The management team were in the process of updating these. This is another area where improvements were needed.

There were generally sufficient numbers of staff on duty to care for people safely. This was to support 19 people and included one staff member providing one to one care. However staff felt this could be improved upon. Staff said they had sufficient time to care but one staff said "I can do the personal care but I can't do the extra TLC (tender loving care) that you'd want to". Other care staff said they had less time to spend with people as they were responsible for fetching and sorting the laundry which was washed in the adjoining service. This regularly took about an hour of their time and they felt this detracted from the time they spent with people.

We observed staff giving people care and support promptly. The staff roster for the week of our visit showed a minimum of five care staff were employed during the day and three care staff were on duty each night. Staff said these were appropriate and safe numbers to enable them to carry out care tasks. There had however been two occasions, one in May 2014 and one in June 2014 where staffing had fallen below levels deemed by managers to be safe. On one occasion this meant the person who needed one to one support did not get it. This had put them at increased risk of harm. The management team said improvements had been made since then as they were monitoring staffing levels every day to ensure this did not happen again. We saw records to confirm this was happening.

The most recent relatives meeting held in June 2014 had raised concerns about the high number of agency staff employed in the home. Staff said less agency staff were currently being employed as experienced staff from other Adiemus homes were now working some shifts in Silver Birches. We saw this was happening on the day of our visit. This meant a higher proportion of staff who were familiar with people's wishes and needs were on duty to care for and support people.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLs). DoLS is part of the Mental Capacity Act 2005. A deprivation of liberty occurs when the person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. Where this is the case the provider needs to apply to a supervisory body (in this case adult social services) for a Deprivation of Liberty authorisation.

Senior staff understood their responsibilities about this, and were making applications where necessary.

Is the service effective?

Our findings

Although people told us about effective care we found improvements were needed in staff training and in staff supervision so evidence in this section is mixed.

People told us they were well looked after. When we asked people if their care was good and effective they said for example; "Oh yes, definitely", "It's very good here" and "staff make sure I'm healthy and dressed suitably for the weather". Another person described the quality of care was "marvellous".

We observed care provided in a dining room. We saw effective care being given, for example, we saw staff giving clear and concise instructions to a person who was walking with a frame to help them to sit down safely. Staff were reassuring, did not rush the person and checked they were comfortable. We saw staff faced another person when they were talking with them which meant they could communicate with them effectively. This corresponded with advice in the person's care records.

Improvements were needed in staff training. Staff said district nurses were providing some training in managing epilepsy and nutrition to help them to meet specific needs of people. They also said they had completed an induction which helped to familiarise them with their role. However they varied in their experience of how much training they had received once they had completed their induction and how up to date their training was. Staff training records showed significant gaps in training updates in key health and safety areas such as in infection control; food safety, safeguarding, dementia care and medication administration. The providers policy is training in key health and safety areas should be updated every year, this had not occurred. Therefore staff may not have been aware of changes to best practice, guidance and legislation. The provider did not made suitable arrangements to ensure staff received appropriate training to enable them to deliver effective care. This was a breach of Regulation 23 of the Health and Social Care Act 2008 and we told the provider they must take action to improve this. The action required is detailed at the back of this report.

Improvements were needed in staff supervision. Staff said they had not received regular formal supervision and staff records confirmed this. Internal quality assurance checks undertaken in June 2014 had also highlighted staff supervisions were not being held consistently. There were staff meetings where staff received some support but no regular opportunities to have a one to one formal meeting with a senior to discuss training needs, progress and concerns.

Staff communicated effectively with each other about people's care needs. Staff said they completed daily records and each person had a plan of care which they followed. They said they had a handover at the change of each shift where information was exchanged, for example night staff would say who had slept well or would discuss if anyone had been unwell. One staff member said if there was anything they didn't understand "our senior staff will help me". We observed staff consulting and acting on guidance given by senior staff during our visit.

People had sufficient to eat and drink. We saw people having their meal at lunchtime. People said "I'm happy with the food", "food's ok, I'm not fussy", and "food is as good as any other place I have eaten." People told us they had a choice of food and if they did not like what was offered they could have something else. We observed staff providing people with a choice of food and drinks throughout the day of our inspection.

Records showed people's risk of becoming malnourished was assessed and staff were given guidance about how to minimise the risk of any weight loss affecting people's health. We spoke with the kitchen staff who described how they supplemented certain people's diets with high calorie smoothies and other high calorie recipes to keep their weight stable.

People were supported to have access to a range of healthcare services. People said they were able to access a doctor if they needed to. One person said "Someone will come and see what's wrong if my back is bad".

Staff said a doctor visited every Monday and, if needed, staff had telephone consultations or the doctor would make an extra visit. We saw staff responded promptly when they noticed a change in a person's condition, for example, staff noticed one person's arm was slightly swollen and consulted with the GP straight away. People who had special health care needs had regular reviews. Health care professionals such as community psychiatric nurses and continence nurses were involved where appropriate in these reviews to help to ensure people's health and care needs were being met.

Is the service caring?

Our findings

We asked people if they were treated with kindness. They varied in their responses but were generally positive. People told us: "I can't think of anyone who has stuck in my mind (staff) whose performance is less than 1st class"; "I know all the staff, they're kind"; "Staff – I like them" and "I've got friends here"; "Staff are interested for your feelings, talking, eating, sleeping – they check everything." Two other people were less sure but we were unable to establish why.

We saw a lot of friendly and respectful interaction between staff and people in the home. For example, we saw staff talking to people in wheelchairs to ask their permission before they assisted them to move. Staff gave people gentle encouragement to prompt people to eat and drink and we saw staff stopped to chat casually, if only for a moment, to people on their way to do other things.

Staff pushing tea trolleys where people were sitting were all very careful not to bump into them or their walking frames, or wake them if they were asleep.

A hairdresser visited the service once a week. We heard the hairdresser talking with one person who was having his beard trimmed. They reassured on person who was anxious by saying "I'm just going to do this – it's quite near to your eye – I'll be careful".

Two other people needed almost constant reassurance. Staff responded quickly and guided them to watch a film. When staff were busy and a person wanted their help we observed staff said they would come back soon to assist, and they did. Staff said "Everyone here seems to care about the residents" another said "all the staff are friendly; it's like a big family.

Visitors were welcomed and spent considerable time with their relatives. They appeared at ease with staff and in the environment and staff were welcoming towards them. One visitor said "I can discuss anything with staff" Staff were aware of the importance of protecting people's dignity; one described how they attended to people discretely so they did not get distressed.

Care records contained a lot of information about people's background, their previous lives and what things were important to them. We saw staff spoke with people about things they cared about For example; when one person was distressed staff spoke to them about a relative using the relatives name and saying something relevant about them. This helped the person to become calmer. One person looked withdrawn, staff asked them if they liked what was on TV and they did not respond positively. Then staff said "You like musicals don't you?" and put one on instead. The person then became more engaged and interested.

The home had a cat. People said they appreciated this as they had a cat before they moved into Silver Birches. We saw the cat was in one person's bedroom and was sleeping on their bed. The person clearly took pleasure in this. Another person also liked the cat and they said "I like feeding the birds and I like the cat". This showed staff had considered some people's interests and preferences and had ensured the cat had access to these people's bedrooms.

Staff respected people's privacy and dignity by knocking on their bedroom doors and waiting for an answer before they went in and by providing personal care discretely during the day.

Is the service responsive?

Our findings

Although people said they received care and support when they wanted and needed it we found some improvements were needed. One person said "I can ask for anything I want". A visitor said their relative liked a "glass of beer with his meal and a whisky in the evening and he gets that."

Staff described the needs of one person who had, in the past been resistant to help with personal care and at mealtimes. Staff had identified this person was more responsive to being helped if they attended to them as soon as they indicated they wanted something. Staffing support levels for this person had been increased. As a result this person's food and fluid intake had improved and they had regained weight. We observed staff attending to this person's needs very quickly during our visit.

The areas where we found the provider needed to improve upon were how they decided whether people had mental capacity to make certain decisions about their care. They also needed to review the environment to ensure it met the needs of the people living at Silver Birches as some sofas were too low for people to get up from without help. This did not support their independence.

Some people were unable to be involved in the assessment of their care because of their level of dementia. Decisions about their care had been taken on their behalf. Relatives had been consulted about people's preferences and wishes. Staff had referred to the Mental Capacity Act 2005 Code of Practice to help to ensure they were acting in people's best interests. However, this had not been followed consistently. For some people it was not clear whether their ability to consent to care had been properly established before a decision had been made that they lacked capacity to do so. We did not see any evidence this had affected the quality of care and support provided to people living at the home, but staff needed to make improvements to show they were following good practice in this respect.

The complaints log showed there had been three complaints since our last visit. These all related to concerns about the standard of the laundry. These had been handled in line with the services complaints policy and changes to the laundry service had been made as a result.

We asked people what they would do if they had any concerns. They said "If I was unhappy I would probably tell (the deputy manager.)" Another person said "If I'm not happy I can talk to any of the staff" another said "If anything was wrong, I'd straighten it".

A relative said "I would go to the manager first."

People's individual needs were assessed although not all care plans were complete. This increased the risk of people not receiving care and support when they needed it, especially if they were being supported by staff who did not know them well. This was in the process of being improved. Staff tended to rely instead on verbal updates during the handovers which happened between every shift and staff felt this provided them with sufficient information to be able to respond appropriately to people's needs. Care plans which had been completed detailed what people could do for themselves as well as what they needed support with. For example, one person's care records said a person was sometimes able to clean their teeth without support but on other days they needed assistance. This was dependent on their mood. Another said, "likes to choose their own clothing" This reminded staff of the importance of encouraging people to be involved in their own care and so enabled people to remain as independent as possible. Staff encouraged people to make decisions as far as they were able. We saw staff offered people choices about things affecting their daily routines such as what food and drink they wanted and what activities they would like to do.

People had access to various activities. Staff had a good understanding of what people's interests were and what their previous occupations had been. There was an activity coordinator employed. On the day of our visit we observed activities taking place in the morning. This included a group of people listening to audio recordings and looking at pictures of Europe to help people identify countries. Staff said this was designed for people with dementia. Later in the day we observed the activity co-ordinator and two people sorting things. Staff said one person doing this used to do manual work and enjoyed doing practical tasks. People looked engaged and interested. One person who was looking on was asked if they wanted to join in. They indicated they were happy drinking coffee and watching.

We considered how the environment had been adapted to support people's independence. There were some signs around the home, for example on toilet and bathrooms to

Is the service responsive?

remind people what they were. A lot of people were mobile. We observed the kitchen door opened outwards onto a main corridor. There was a small spyhole in the door but staff could not always see people who may be on the other side of the door when they looked through it. Staff said no one had been caught by the door but we observed several people walking around in close proximity to it during our visit. We discussed this with management who said this had not been risk assessed. They agreed this would be done and action would be taken if needed. We also observed on two occasions people were having difficulty getting up from some low settees in a small lounge. One person said "I can never get out of these" On both occasions they needed staff to assist them. They were observed to get out of other chairs using their walking aids only. We discussed this with the management team who said they would review and improve this.

Is the service well-led?

Our findings

Some aspects of the service were not well led and improvements were needed to help to assure the delivery of high quality care to people.

The home had undergone a period of change as the registered manager had left and a new management team had been put in place. At the time of our inspection the registered manager was not in day to day charge of the Silver Birches and we had not received an application to register another manager. The transition in management had led to some disruption to the service. Examples of this were, incident reporting had not been robust. We had also asked the provider to submit a Provider Information Return (PIR) before the inspection, this gives the service the opportunity to review its own progress and provide evidence on how it is meeting the five questions of is their service safe, effective caring responsive and well led. However this had not been returned to us.

There was a senior in charge of each shift and we saw staff consulting with them when they needed guidance. Staff we spoke with were enthusiastic and motivated to do a good job. Staff we spoke with said morale and communication had been poor but they said this had improved again recently and they felt managers would listen to their views. Staff had opportunities to express their opinions at staff meetings and the home held regular relative meetings to keep them informed of changes and to ensure people could be involved in developing the service.

There were a number of quality assurance processes in place to check whether staff at Silver Birches were following policies and procedures and to ensure they complied with the law. There was a quality assurance report which had been carried out in June 2014. As a result, a number of areas of improvements had been identified. Some of these corresponded with our findings for example, the audit had identified staff supervisions were not taking place and that improvements were needed in the management of medicines. We also found some improvement needed which had not been identified by the audit for example it had not identified in any detail gaps in staff training.

Improvements were needed in record keeping. Records of incidents and accidents were inconsistent and incomplete. Sometimes it was not clear when staff were recording an accident or an incident who it referred to. There were unwitnessed falls recorded with no clear indication of what action was being taken to reduce the likelihood of this happening again. There were incidents where one person had been physically aggressive towards another although there was no mention of this in their daily records and no clear guidance provided to staff to reduce the risk of this happening again.

Improvements were also needed in other records. People's care plans needed to be more consistent, for example daily records about people's wellbeing were not always in chronological order. This made it difficult to gain a consistent view on how staff could monitor people effectively.

The management team had started to address some of these issues. In order to make necessary improvements, the registered manager of another home under the same provider was now based at Silver Birches full time. Another manager was working full time at the service. At the time of our visit some progress had been made in response to the shortfalls identified in quality audits. For example, medication training had been arranged for all staff, and managers had suspended staff from administering medicine whose competency was in question until they had been retrained and deemed competent. They were also carrying out a daily audit of medicines to ensure they had been correctly administered and recorded.

The management team were carrying out checks on the service to ensure improvements they had started were being sustained. A senior manager had recently undertaken an unannounced night visit to the service and we saw a manager's daily audit which checked staffing levels remained appropriate.

There was evidence the provider had learned from improvements implemented at other Adiemus services, for example, staff consistently monitored and recorded the pressure of people's air mattresses. This helped to ensure people who were at high risk of developing pressure ulcers were receiving the most appropriate care.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person must notify the Commission without delay of any abuse or allegation of abuse in relation to a service user which occur whilst services are being provided in the carrying on of a regulated activity or as a consequence of carrying on a regulated activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person must have suitable arrangements in place to ensure staff receive appropriate training; professional development supervision and appraisal to enable them to deliver care to service users safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person must protect service users against the risks associated with the unsafe use and management of medicines.