Robert Pattinson

Garden Lodge Care Home

Inspection report

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Date of inspection visit:
20 April 2016
21 April 2016

Date of publication:
01 July 2016

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**

Summary of findings

Overall summary

We carried out an inspection of Garden Lodge Care Home on 20 and 21 April 2016. The first day of the inspection was unannounced. We last inspected Garden Lodge Care Home in September 2015 and found the service was meeting the relevant regulations in force at that time.

Garden Lodge Care Home provides accommodation and personal care for up to 41 people, including people living with dementia. Nursing care is not provided. There were 31 people accommodated there on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe and were well cared for. Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe.

The building was generally safe and well maintained. Water temperatures required attention to ensure they remained at a safe and comfortable level. This was resolved at the time of the inspection. The home was clean. Risks associated with the building and working practices were assessed and steps taken to reduce the likelihood of harm occurring.

We observed staff act in a courteous, professional and safe manner when supporting people. At the time of our inspection, the levels of staff on duty were sufficient to safely meet people's needs. The provider had a robust system to ensure new staff were subject to thorough recruitment checks. There was a low turnover of staff.

Improvements were required to the way medicines were managed. Some records were not fully completed and external medicines (creams applied to the skin) were not stored safely. People received the support they needed to ensure they were taken as prescribed.

As Garden Lodge Care Home is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. Where necessary a DoLS had been applied for. Staff obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the service. Further training was planned to ensure their skills and knowledge was up to date. Staff were well

supported by the registered manager.

Staff were aware of people's nutritional needs and where people were at risk of dehydration or malnutrition appropriate support was provided. People's health needs were identified and external professionals involved if necessary. This ensured people's general medical needs were met promptly. People were provided with assistance to attend medical appointments.

Activities were offered within the home and people also accessed local community facilities and activities. We observed staff interacting positively with people. We saw staff treated people with respect and explained clearly to us how people's privacy, dignity and confidences were maintained. Staff understood the needs of people and we saw care plans and associated documentation was clear and person centred.

People using the service and staff spoke highly of the registered manager and felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and oversight from external managers.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were needed to ensure external medicines (creams) were stored safely and medicine administration records completed accurately.

People said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe.

There were systems in place to manage risks and respond to safeguarding matters.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well supported and who received safety and care related training. Further training reflective of people's needs was planned.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being.

Is the service caring?

Good

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy was respected and they were supported to be as independent as possible.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care and support provided. They were offered and attended a range of activities.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in post. People using the service and staff made positive comments about the registered manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

Garden Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 20 and 21 April 2016 and the first day was unannounced. The inspection team consisted of an adult social care inspector and a specialist advisor; specialising in care for people living with dementia.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including speaking with people using the service, interviewing staff and reviewing records. We spoke with seven people who used the service and two visiting relatives. We spoke with the registered manager and ten other members of staff, including the deputy manager, senior care staff, care workers, catering and domestic staff.

We looked at a sample of records including four people's care plans and other associated documentation, medicine records, four staff files, which included staff training and supervision records, one staff member's recruitment records, accident and incident records, policies and procedures, and audit documents.

Requires Improvement

Is the service safe?

Our findings

People who used the service said they felt safe and comfortable at Garden Lodge. One person we spoke with told us, "It's very safe. The people in charge, the staff are all very nice." Another person said, "It's safe enough, I have a buzzer." A relative expressed the view, "We know [name] is safe." They continued by telling us, "[Name] needed a safer environment and this is it." Staff were available for 24 hours a day to respond to calls for help and assistance. An alarm call system was also fitted throughout to enable help to be summoned remotely. A person told us, "I have a buzzer – oh yes the staff come quickly. It surprises me how quick they come."

Staffs' competency to administer medicines was assessed regularly following initial training. Staff confirmed they had received such training and their practice was observed by the registered manager. One staff member told us, "For medicines you do training yearly. There's a test and you've got to get at least 22 out of 25 questions right." Another confirmed, "We're observed doing the medicines round."

People using the service were registered with a range of different General Practitioner (GP) practices. The supplying pharmacist received repeat prescriptions directly from each GP practice and delivered medicines to the home. Medicines prescribed at short notice would not always be available from this pharmacist, so staff requested the GP write out hand written prescriptions, which staff would then collect from an alternative pharmacist. The registered manager informed us she was working with the main supplying pharmacist to iron out some initial teething difficulties which had emerged since they had started to work with them.

A monitored dosage system was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored safely. The store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. Topical medicines (creams applied to the skin) were less safely stored. We found such medicines were stored in unlocked cupboards or on laundry trollies in two bathrooms. Some of these medicines had no label attached, or the labels had become greasy and illegible, making it difficult to identify who the medicine belonged to. Some stocks had passed their expiry date. We highlighted this to the registered manager who undertook to remove these medicines from bathrooms and dispose of out of date creams.

During this inspection we observed part of a medicines round. Where people were prescribed pain relief on an 'as required' basis we observed the staff member asked people whether they required this medicine prior to administering. The staff member explained to people what the medicines were prior to administering them and asked people for their consent. People were offered a drink to assist them in taking their medicines. The staff member stayed with people to ensure they had taken their medicines before returning to complete the Medicine Administration Records (MAR).

We found some photographs were missing from some of the MARs which increased the chances of someone being given the incorrect medication. We also found several unaccounted for gaps in administration

records. In addition stocks of boxed paracetamols could not be reconciled. These items were highlighted to senior care staff and the registered manager so they could be resolved promptly.

Gaps in record keeping, poor stock control for boxed medicines and inadequacies in the storage of topical medicines meant some aspects of medicine administration were not consistently well managed.
This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report such concerns if they arose. A staff member told us, "I wouldn't think twice about raising issues. I'd raise it with a senior, a manager or contact you (CQC)." They expressed confidence that the registered manager and unit managers would respond to and address any concerns promptly and appropriately. A support worker we spoke with said, "I've had no concerns, but I have the confidence that issues would be dealt with." Another staff member confirmed they had attended relevant training, and in addition said, "We get regular training on safeguarding."

Where concerns were apparent about a person's behaviour, welfare, or there was the risk of them being harmed, staff had developed plans of care and risk assessments. These were designed to inform staff of the area of concern and to ensure a consistent approach was taken to minimise risks. The registered manager and other senior staff were aware of when they needed to report concerns to the local safeguarding adult's team and where appropriate other agencies. We reviewed records and saw that concerns had been reported appropriately so steps could be taken to protect people from the risk of further harm.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Needs assessments, support plans and risk assessments were all regularly reviewed and kept up to date to ensure they accurately reflected people's level of need, and the associated level of risk. Examples included risk associated with behaviour described as challenging, falls and pressure area care.

Staff took practical steps to keep people safe. For example, where staff supported people to bathe the temperature of the water was checked to ensure this was at a safe and comfortable temperature, with records kept to confirm this. Staff were able to explain what a safe water temperature was and other steps they took to ensure people remained safe. A thermometer was difficult for staff to locate, and when tested we found the hot water was in excess of 50C for two baths. This was highlighted to the manager who arranged for immediate action to address this and assured us they would purchase additional thermometers to enable the easy monitoring of hot water.

The home was in a good state of repair and decorative order and suitable equipment was available to ensure people's health and safety. The registered manager kept copies of service records; including electricity, gas and water system checks carried out by external contractors. There were no sharp or hard fixed furnishings which could cause injury and doors to the units had key pads to keep people safe from leaving by wandering from the unit and coming to harm. A fixed hoist had a floor bolt with its protective plastic cap missing. We highlighted this to the registered manager to address to minimise the risk of accidental foot injuries occurring. Corridor, bathroom and lounge areas were free from other obvious hazards. Shared areas of the home were free from unpleasant odours and appeared clean. A relative commented to us, "It always smells nice and it's clean. My relative's room is spotless."

Staff were vetted for their suitability to work with vulnerable adults before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks were carried out by the registered manager and included ensuring the receipt of employment references and a

Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. We looked at the recruitment records for the most recently recruited staff member, who commenced work over a year ago. This was because levels of staff turnover were very low. Appropriate documentation and checks were in place for them. They had not been confirmed in post before a DBS check and references had been received.

The registered manager assessed the levels of support needed by each person to determine individual dependency using a range of assessment tools. These included personal care, nutritional and manual handling assessments, from which people's support needs were graded from low to high. Individual need levels were aggregated to formulate an overall figure from which staffing levels were determined. This enabled the registered manager to determine a baseline figure from which to determine suitable staffing levels. A staffing rota was in place to plan on-going staff cover. Staff we spoke with confirmed staffing levels were appropriate, and we observed a calm and unhurried atmosphere throughout the home.

Good

Is the service effective?

Our findings

People who used the service made positive remarks about the staff team and their ability to do their job effectively. Two people both said, "The staff know what they're doing." Another person said to us, "The staff are really very nice." We heard several similar comments to this. People told us the food was good and they had enough to eat and drink. Comments included, "The food's very good. The dinners are lovely and the breakfasts are really nice too." "The food's alright. Yes, I get enough." "I get plenty to eat and drink." People using the service confirmed they were supported to access healthcare. One person said, "I get to see the doctor. My health's alright." Another told us, "Oh aye, they sort out the appointments for you; the GP, the hospital."

Staff made positive comments about the training and support they received. One staff member said "I've had a lot of training since I've been here. It's certainly been useful." Another told us, "The challenging behaviour training was really good; really interesting." Staff told us they enjoyed working at the home and felt well supported by senior staff and the registered manager. One staff member told us, "The atmosphere and the staff are great. The minute I came here I knew I'd done the right thing. I look forward to coming to work." Another said, "I'm really happy here. It's 110% better than the last place."

Staff we spoke with said they received supervision with their managers. Records confirmed staff attended regular individual supervisions and group meetings. Staff we spoke with felt the supervision they received was helpful. One said, "I get regular supervisions. It helps you find out where you are and to identify training needs." Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles and their general welfare.

Records showed staff had received safety-related training on topics such as first aid, moving and handling theory and food hygiene. Topics and learning opportunities relevant to the health and care needs of people using the service was also offered. Further training was planned, including refresher training once training was deemed to be out of date. Staff also had access to additional information and learning material relevant to the needs of people living at Garden Lodge.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

People's capacity to make decisions for themselves was considered as part of a formal assessment. Those people living with dementia had their capacity to make decisions assessed. Where they lacked capacity and decisions were taken in their best interests, a DoLS had been applied for. A copy of the authorisation was retained on file so staff were aware of any relevant conditions attached to the authorisation.

The people we spoke with told us they liked the food provided. Staff undertook nutritional assessments and if necessary drew up a plan of care. This was reviewed periodically; either monthly or weekly depending on people's needs. People's weight was regularly monitored to ensure care was effective and to identify the need for additional advice and support from the GP or dietitian. We saw this support and advice had been arranged where a person was at risk of malnutrition and supplementary food products had been prescribed for them. Catering staff told us they were fully informed about people's dietary needs and choices and fortified food with full fat milk and butter where appropriate. We observed at lunch time that staff were kind and caring. The meal was served in a clean and homely environment. Table settings along with the food itself were well presented. The support offered by staff was done with regard to people's dignity; with staff sitting alongside people and engaging with them.

People using the service and their relatives confirmed that health care from health professionals, such as the General Practitioner (GP) or dentist could be accessed as and when required by making a request via staff or the registered manager. Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. Links with other health care professionals and specialists to help make sure people received appropriate healthcare had been made. For example, the input of the local challenging behaviour team was documented and their advice was incorporated into care plans. Care plans relating to healthcare needs were up to date and completed appropriately. Medical history information was gathered and was available in a way that could easily be communicated with other services, for example when someone needed to be admitted to hospital at short notice.

Good

Is the service caring?

Our findings

People using the service told us they were happy living at the home. One person said, "It's just like a home." Another remarked, "We're all friends." People confirmed staff were caring and that they were treated kindly. A person said of the staff, "Oh yes, they're polite." Another commented, "The staff have been good with me." People told us they were involved in decisions about their care and stated if they had any worries they could approach the staff and they would help. A relative we spoke with also made positive comments about the caring approach of staff. They said, "The staff are very good. They have a good banter with [my relative]." They continued, "I've nothing but praise for the staff. I've no complaints about them."

We observed staff members interacted in a caring and respectful manner with people using the service. They acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. For example staff closed bedroom and bathroom doors when they provided personal care and knocked on doors before entering people's rooms. We observed appropriate humour and warmth from staff towards people using the service. The atmosphere in the home appeared calm, friendly, warm and welcoming. We frequently heard laughter and appropriate humour.

People said their privacy and dignity were respected. We saw people being spoken with considerately and staff were seen to be polite. We observed the people using the service to be relaxed when in the presence of staff. Staff were clear about the need to ensure people's privacy; ensuring personal matters were not discussed openly and records were stored securely. One staff member told us, "Were expected to look after people in the right way; deal with things privately and respect confidentiality." People were able to spend time in the privacy of their own rooms and in different areas of the home. Practical steps had been taken to preserve people's privacy, such as door locks fitted to toilets and bathrooms.

There was evidence that people using the service were involved in aspects of planning their care and treatment. One person said to us, "I've been involved in my care plan." People told us they were aware of their care plan and involved in planning their care. Care records evidenced that consent had been obtained to share information and people using the service, along with people important to them, were involved in care review meetings. A relative confirmed to us, "As a family we're involved in reviews." Staff saw their role as including support for people's relatives. One staff member said to us, "I think we have a good awareness of people's needs. We have empathy with families too." People were also encouraged to express their views as part of daily conversations. We observed people being asked for their opinions on various matters, and we observed staff to be discussing and encouraging participation in day to day activities.

Staff encouraged people to maintain their independence. Care plans outlined activities people were involved in, including using community and leisure facilities. People were encouraged, and if necessary supported by staff to access such community facilities. For example a staff member and people using the service told us about a local community based day centre that was regularly accessed.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs and they were listened to. One person said to us, "If I was unhappy about something I could definitely speak to someone." Another person told us, "If I was unhappy I'd speak to one of the manager's." A further comment made to us was, "I'd speak to the manager if I wasn't happy. She's good." A relative said, "If there's an issue we can approach [registered manager] or anyone else." They continued, "We've not had to raise anything, but I'm confident things would be looked at." People also told us about activities they took part in. A person told us, "I go out to the centre on Tuesday and Friday and this Monday." A relative said, "They [staff] encourage my relative to get up and mingle." Staff told us they saw offering activities as an important aspect of their work. One said, "Communication is good. We have hand overs and made aware of what's going on."

The people living at Garden Lodge Care Home accessed a variety of activities; both away from the service and in house. Examples included attending a local day centre, art and craft activities, sing-a-longs, games, entertainments and gentle exercises.

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. When people had moved to Garden Lodge Care Home an initial assessment of their needs had been undertaken. Their needs had been reviewed and re-assessed since that time. From these re-assessments a number of areas of support had been identified by staff and care plans developed to outline the care needed from staff. There was evidence to show that people's care and treatment was reviewed and re-assessed in response to changes. For example, staff acted on feedback from people, or instances where people's needs had changed or risks increased. Areas included changes in people's behaviour, nutritional risks and personal care needs.

Staff developed care plans with a focus on maintaining people's skills and independence. They covered a range of areas including; physical health, psychological health, leisure activities, and relationships that were important to people. We saw that care plans were reviewed periodically and if new areas of support were identified, or changes had occurred, then they were modified to address these changes. Care plans were evaluated regularly and included updates on the progress made in achieving identified goals. They were sufficiently detailed to guide staffs' care practice. Staff detailed the advice and input of other care professionals within individual care plans so that their guidance could be incorporated into care practice.

Progress records were available for each person. These were individual to each person and written with brief details to record people's daily routine and note significant events. Such records also helped monitor people's health and well-being. We discussed additional monitoring records that could help evidence care and support provided, for example with fluid intake and positional changes. The registered manager acknowledged our feedback and undertook to implement additional monitoring charts where these were needed for individual people. Entries made in care records by staff were factual and respectful. Areas of concern were recorded and these were escalated appropriately, for example to the GP, or to other mental health and community healthcare professionals, such as the District Nurse or dietitian.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided support that was important to each person. Staff were readily able to explain people's preferences, such as those relating to health needs, behaviour described as challenging and leisure pastimes.

People using the service told us they were aware of who to complain to and felt issues would be resolved. Most said they would speak to a member of staff and the registered manager if they had any concerns. People were aware of external agencies and organisations they could contact should they be unsatisfied with the registered manager's or provider's response. Information about making a complaint was available throughout the service. There were no complaints recorded within the service or received by CQC during the twelve months prior to the inspection.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. They had been registered in respect of this service prior to October 2010. People we spoke with told us they were happy at the home and with the leadership there. They told us that staff interacted well with people using the service and that they were caring, supportive and helpful. One person told us, "The manager's lovely. She asks how things are." Another person said, "The manager asks how things are going. The manager's nice … they're all nice." A relative told us, "The manager's always about, always there if you need them. They're always visible."

Staff were complimentary about the leadership of the service. One staff member said, "[Name] is an excellent boss. She knows the residents and she knows the staff." Another commented, "The manager is spot on." Staff also told us about how they were involved in the operation of the service and that events and incidents were discussed openly. For example one said, "The manager draws everyone together and treats everyone how she wants to be treated." Another staff member commented, "There are arrangements in place to discuss incidents. We [staff] feel part of the whole package. My opinion is valued."

The registered manager was present and assisted us with the inspection. They appeared to know the people using the service and the staff well and had a visible presence within the service. A staff member informed us, "The manager works on the floor; she's hands on. She's the best manager I've had." Paper records we requested were produced for us promptly and we were able to access care records. The registered manager was able to highlight their priorities for the future of the service and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send CQC notifications for certain events and had done so. The registered manager told us about the underlying values they saw as important, including ensuring people were treated with dignity and respect. Care staff were also clear about expected standards of work and the registered manager's ethos. One told us, "The residents are the priority for [manager's name]."

To ensure a continued awareness of current good practice the registered manager attended ongoing training, networked with other managers within the provider group and more widely. They had supported the learning and development of colleagues. They sought the advice and input of relevant professionals, including in relation to people's general medical and mental health needs.

We saw the registered manager and senior staff carried out a range of checks and audits at the home. A representative from the provider organisation also visited to carry out a quality check on care and staffing issues, and staff confirmed senior managers attended the service periodically, seeking their views and those of the people living at Garden Lodge Care Home. Annual questionnaire surveys were carried out and those received from people using the service, their relatives and care professionals contained positive feedback. Comments included; "[Name of staff] gives activities both one to one and in group, e.g. singing, helping them [people] draw pictures and keep fit. They are an asset to your care home." "The Christmas party was lovely, my relative enjoyed it very much." "I believe there is nothing else you could do as you are doing a fantastic job already." "… all the carers are very good." "This home is well run and the staff work very hard at all times. They give me a lot of confidence that my relative is in a safe and happy environment. The staff at

Garden Lodge deserve a big recognition for their hard work." "I have found in my experience that care plans are followed and requests are also carried out."

The registered manager told us there were staff meetings and meetings for people living in the home. Records confirmed this was the case. There was a broad range of topics discussed with good attendance apparent. The team meetings included discussions of care related, safety and personnel issues. This gave people using the service and staff the opportunity to be involved in the running of the home and to be consulted on subjects important to them.

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured the proper and safe management of medicines. Regulation 12(2)(g).