

M N P Complete Care Group

Burnham

Inspection report

19 Julian Road,
Folkestone, Kent, CT19 5HW
Tel: Tel: 01303 221335
Website: www.mnp-group.com

Date of inspection visit: 6 January 2015
Date of publication: 20/04/2015

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?

Good



Is the service well-led?

Requires Improvement



Overall summary

We undertook an unannounced inspection of this service on 6 January 2015. We last inspected this home in December 2013 and found no concerns.

Burnham is registered to provide accommodation and personal care for up to five people with physical disabilities. In the main part of the house accommodation is arranged over two floors for four people in single rooms which are large and spacious, a fifth person occupies a small bedsit attached to the house with a separate entrance.

The premises were well maintained and people were provided with the necessary aids and adaptations to suit their individual requirements. There is a lounge and dining area for people to use and relax in. There is a large garden to the rear of the home that is accessible.

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

Summary of findings

People told us that living in the home for them was ok and they were happy. Relatives we contacted said they were made welcome and spoke positively about the delivery of care, the attitude of staff, their professionalism and the overall culture of the home. A social care professional told us that they found the home to be safe and caring, they said the home was responsive to their clients' needs and open to any suggestions for improvement around this.

Quality assurance systems were in place but these did not adequately monitor the delivery of care to ensure this was provided to a consistently high standard. Good staff practice was not always supported by accurate records or appropriate guidance.

Individual evacuation plans were in place for each person that took account of their specific needs and how this would affect their evacuation. One person's plan did not address how staff would evacuate them in the event of a fire from an upstairs room without appropriate evacuation equipment to help and in accordance with their responsibilities under the Regulatory Reform (Fire Safety) Order 2005. An emergency plan was in place that made clear to staff in what circumstances the plan would be used and directed staff to a safe meeting place, staff knew where to assemble but this information was incorrectly recorded in the emergency procedure, and staff were unclear what arrangements were in place in the event that people could not return to the home.

We checked the arrangements for the receipt, storage, administration and recording of medicines which were appropriate. Staff worked to an agreed process for disposal of medicines that were opened but which people refused to take or had been dropped, but the process was not made clear in the medicines policy, and this could pose a risk of medicines not being disposed of appropriately if there was a change in staff.

We saw that there were systems and processes in place to protect people from the risk of harm, or unlawful or excessive restraint. This was because the provider had ensured staff had the appropriate knowledge and skills to respond appropriately to people who communicated through their behaviour and actions.

The Registered Manager had a good understanding of mental capacity, had been trained to understand when applications for deprivation of Liberty should be made, and how to submit one. This meant that people were safeguarded and their human rights respected. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were cared for and supported by sufficient numbers of suitably qualified, skilled and experienced staff. Safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. Appropriate arrangements were in place for the management of medicines.

People's needs were assessed and care and support was tailored to meet their individual needs ensuring their privacy and dignity was maintained. Risks were identified and strategies implemented to reduce the level of risk. Staff knew people well and had good relationships with them and their relatives; the atmosphere was calm and relaxed.

People were encouraged to make use of the community either independently or with staff support to do activities or visit places that interested them, rather than have structured activities in the home.

Relatives and staff spoke positively about the openness and leadership of the home. Staff told us that they felt well supported by their manager and were provided with opportunities to express their views and raise issues. They understood their responsibilities for reporting concerns they might have and felt confident of doing this.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Emergency procedure information was inaccurate. Emergency equipment for evacuations was not available. Improvement was needed to the process for disposal of medicines to ensure staff worked to the same guidance.

There were enough staff to meet people's needs. Equipment and the environment were well maintained to ensure people were not placed at risk.

Staff were recruited safely and trained to meet the needs of people who lived in the home. Staff knew how to recognise and report abuse. Accidents, incidents and risks were managed appropriately.

Requires Improvement



Is the service effective?

The service was effective

There were appropriate arrangements in place for the induction, training and supervision of staff.

Staff understood and implemented the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to access appropriate health and medical support when issues arose.

Good



Is the service caring?

The service was caring

People told us that they were well cared and this was confirmed by relatives who visited often. We saw that staff were caring and treated people in a kind, discreet and respectful way.

Staff promoted people's independence and ensured they upheld people's privacy and dignity. They were knowledgeable about people's individual needs and how they preferred to be supported.

People and their families were included in making decisions about their care.

Good



Is the service responsive?

The service was responsive

People had lived at the service a long time and staff knew them well. Care was delivered in line with people's preferences and their agreed care plans.

From our observations and talking with people who use the service, staff and relatives, we found that people made choices about their lives and were encouraged to access the community to participate in activities and visit places that interested them.

Good



Summary of findings

Complaints information was in a suitable format and people we spoke with and their relatives told us that they felt confident of raising any concerns they might have.

Is the service well-led?

The service was not always well led

Quality assurance audits to assess areas of the service did not adequately monitor the delivery of care to ensure this was provided to a consistently high standard. Records were not always maintained.

Staff felt supported and listened to. People and relatives were asked to give their views, and were consulted about changes; they said they felt able to influence practices.

Requires Improvement



Burnham

Detailed findings

Background to this inspection

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

This inspection took place on 6 January 2015 and was unannounced. During the inspection we focused on speaking to the people who lived in the home, speaking with staff and observing how people were cared for. We met and spoke with all the people who lived in the home. We undertook a 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 the registered manager and three staff; we also contacted two relatives following the inspection to gain their feedback regarding the quality of care. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed and this included two staff recruitment files and associated training and supervision records, medicine records, accident and incident recording, and quality audits.

We reviewed the information we held about the home, which included previous inspection reports, notifications of incidents that the provider had sent us since the last inspection and any other feedback we had received about the service since the last inspection. We also contacted local commissioners of the service, the district nursing team, care managers, and a physiotherapist to obtain their views about the service.

Is the service safe?

Our findings

People told us that they were satisfied with the care they received, and told us that there were always staff available to help them. Their relatives also spoke positively and from long experience and knowledge of the home told us that they thought people were safe and well cared for.

Individual evacuation plans were in place for each person, these took account of their specific needs and how this would affect their evacuation. Four out of five plans were appropriate but one did not take into account the homes responsibility under the Fire Reform Order 2005 to have a plan of evacuation for those above the ground floor who would need staff support, and to ensure that evacuation equipment was available to help with this. The emergency plan that would be implemented in the event of a fire or other event made clear to staff in what circumstances the plan would be used and directed staff to a safe meeting place, however this did not make clear what arrangements were in place in the event people could not return to the home and the assembly point was incorrectly recorded for this service. This is a breach of Regulation 9 (1) (b) (ii) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(1)(2)(a)(b)(d) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We checked the arrangements for the receipt, storage and disposal of medicines which were appropriate. Staff told us that administration of medicines was only undertaken by staff trained to do so. A previous concern that medicine temperatures were not being recorded had been addressed, and these were now recorded weekly. A drug fridge was in place and the temperature of this was also recorded to ensure medicines were kept at the right temperature and their effectiveness was maintained. There was a low level of stock and the manager ensured there was good stock rotation. We checked the Medicine administration Record (MAR) sheets and these were completed appropriately.

A medicines policy was in place and was kept under review but did not refer to how staff should dispose safely of medicines that were open but unused. When we spoke with administering staff they all understood the agreed manner for disposing of medicines, or returning those that were unopened to the pharmacist, but there was a risk that staff would not all work to the same procedures. This is a

breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed staff received regular safeguarding training and when we spoke with them they demonstrated an understanding and awareness of how to protect people from risk of harm or abuse and understood their own reporting responsibilities around this. Staff said they felt confident about raising concerns through the whistleblowing procedure if they needed to with their manager, and felt that their manager would handle this confidentially and would protect them. Staff were aware that if their concerns were not dealt with appropriately they could express their concerns to other agencies outside of the organisation and were able to name the agencies concerned.

Staff said they felt that two care staff on duty each shift was right for the size of the home and the dependency of the people. Relatives, who visited frequently, raised no concerns regarding staff levels when we asked them about the quality of the care delivered to their relative.

Staff rotas showed that shifts comprised a senior carer and a carer on shift, with the registered manager as supernumerary on daytime shifts Monday to Friday. At night there was one waking night staff. In an emergency an off duty staff member nearby could be called to help. An additional staff member could also be called on if necessary from an associated home close by.

Accident books viewed showed a low level of accidents and incidents occurring, and no specific frequency or pattern that was discernible. There was evidence that as a result of a hospital admission for one person with a recurrent problem the registered manager had acquired with the full support of medical professionals medicines for earlier intervention to try and prevent the necessity for further hospital admission. Incidents of behaviour that challenged were shown to have been dealt with appropriately and calmly and in line with guidance in people's care plans.

The premises were well maintained and all relevant annual checks and servicing had been undertaken including the gas, electrical and fire alarm installations to ensure people were living in a safe environment. Staff told us that any repairs were reported to a maintenance team who

Is the service safe?

responded quickly on a priority basis but this did not usually take long. People had access to a large rear garden and there was a fish pond for their enjoyment which had a grille over it to protect people from falling in.

Appropriate fire arrangements were in place to ensure testing of fire equipment and fire drills were undertaken by staff. Water temperatures were checked each day to ensure people were not placed at risk from water that was too hot.

Staff had access to out of hours emergency contact numbers, and a criterion of what constituted an emergency was made clear in guidance.

A sensible approach to risk management was in place which was not overly restrictive and allowed people to take everyday risks such as going out independently. Records showed that each person had risks assessed for specific areas of their support. These highlighted the measures

implemented to reduce risk of harm occurring to them, and were kept under regular review. A range of environmental risk assessments were developed that also highlighted potential risks to everyone in the home, and what measures had been implemented to reduce this.

There were appropriate systems in place to ensure that staff were only employed if they were suitable and safe to work in a care environment. Staff told us there was a low staff turnover because staff tended to stay because it was a nice friendly environment to work in. We looked at the records around staff recruitment. We saw that all the checks and information required by law had been obtained before new staff were offered employment in the home. Records showed that additional references were sought in some circumstances to satisfy enquiries about staff conduct in other employments.

Is the service effective?

Our findings

People told us they were satisfied with the support staff provided them with. Relatives told us that they were satisfied staff were monitoring the health needs of their relatives. One relative told us that staff had identified an equipment need to aid their relative getting in and out of the bath and this had been provided. Another told us that they felt their relatives physical care needs were well attended to. One person told us that they could take their meals where they wanted and was consulted about what they wanted to eat.

We met a new staff member who was in the process of induction; she understood the induction process and had an induction booklet that needed to be completed within the six week induction period. She attended induction days each week where she received direct teaching from trainers. The registered manager told us that training was delivered by the registered managers in the organisation who were trained trainers, and herself delivered several units of the induction programme. Competency in each unit was assessed before it could be signed off, once the staff member completed all the relevant units and was assessed as having passed, a certificate of induction was issued.

A rolling programme of essential and one off specialist training was provided to staff. The quality of this was kept under review with managers increasingly supportive of directly delivered class room based training over use of on line training courses. Staff also welcomed class room based training and felt they learned more in an interactive setting. Staff spoken with told us their training was currently in date. They said that they were reminded when training was due by the manager and handover records showed where reminders were made to staff. Other records such as the staff rota showed where staff were attending training updates. Discussion with staff showed that they were encouraged and supported to participate in training that provided them with a qualification over and above their essential training programme.

Staff confirmed they received supervision from the manager and the frequency of these was every quarter. Staff valued these meetings; felt supported by manager

and enabled to share personal problems as well training and development issues. They had trust in the manager to keep the content of their supervision meetings confidential.

Care records showed that communication passports had been established for everyone. These provided information about how people communicated and what gestures, facial expressions or some behaviour might mean. People's different communication methods were well documented and provided good information for staff to reference when they were working with people.

The manager showed that she had developed a good understanding of the Mental Capacity Act (MCA)2005 (this is a flexible framework to enable and empower people who lack capacity to make decisions about their own care and treatment) and the need to complete capacity assessments to support decision making. She also understood when Deprivation of Liberty Safeguards (DoLS) (this is a part of the MCA 2005 and aims to ensure people are looked after in ways that do not inappropriately restrict their freedom) authorisations need to be applied for.

She showed an awareness that the recent supreme court ruling would possibly change the status of some people in the home who might now require a DoLS application and was already speaking with some people's care managers about how she should proceed with this. Relatives of two people with limited or variable capacity to make decisions told us that they were consulted and involved when important decisions needed to be made on their behalf.

There was evidence of input from health professionals in regard to behaviour management including the consent of people to take medicines to calm their anxieties when required. Staff understood how to support people when they were experiencing anxiety. Care records showed that people were supported to access routine and specialist healthcare appointments and check-ups. Records of vaccinations people or their relatives had consented to were maintained and up to date.

Staff showed a good understanding of people's individual likes and dislikes and what their dietary needs might mean in practice. Photographs of what meals should look like for some people who needed specialist dietary input were available for staff. Meal photographs also differentiated between what meal consistency should look like if people

Is the service effective?

ate in bed or at the dining table, this was an aid to inform staff and ensure people received meals in a presentable manner and that the consistency did not place them at risk of choking.

Some people were identified as nutritionally at risk, and supplements were provided for them. Staff monitored and recorded their food and fluid intake to ensure they were

eating and drinking enough. A relative told us that they were satisfied that their relative's nutritional needs were being attended to appropriately. People's weights were recorded; the frequency of how often these were taken was dependent on whether there were concerns about weight gain or weight loss.

Is the service caring?

Our findings

People we spoke to about their experience of living in the home, told us they were happy. One person said that he had visited prior to moving in to check that the accommodation and what was offered was something he would like, he said he felt this was the 'perfect set up for him'. None of the people who lived in the home, their visitors or the staff we spoke with raised any concerns about the quality of the care delivered. One visitor to the home told us "I have no problem with it, a brilliant small home that reflects quality over quantity."

We spoke with two relatives following the inspection, one told us "I have been visiting for a long time and feel like part of the furniture, I get on well with staff and we have good open and friendly relationships."

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people to ensure their privacy and dignity was maintained. We saw that all the staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing. One person needed assistance with their meal and we saw that they received dedicated unrestricted staff support throughout their mealtime.

We observed one person who could not tell us about their experience of care and their interactions with staff. Staff showed them affection and kindness, always acknowledging them whenever they were in the vicinity, and talking to them about what was planned for the day or asking them what they wanted to eat, or if they wanted a drink.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. Relatives confirmed that the staff knew the support people needed and their preferences about their care.

Throughout our inspection we saw that the staff in the home were able to communicate with the people who lived there. The staff gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made.

People had been supported to personalise their own bedrooms and we saw that people had been enabled to express their own personal tastes and interests through the pictures, photographs and possessions that filled their rooms. Families we spoke with told us that they were able to visit their relatives whenever they wanted, and that there were no restrictions on the times they could visit the home.

Is the service responsive?

Our findings

People told us that if they were unhappy with something they would tell staff. One person said that they felt confident about raising issues if they needed to and knew who to contact, they pointed out a copy of the complaints procedure in their room and were familiar with its contents. A relative told us “I speak openly with staff about things, they are more like friends, but I would speak up if felt there were issues with care and have done so in the past.”

We heard staff discussing with people what they would be doing on the day of inspection. A pantomime visit to be held at another home was offered and people were asked if they wanted to go, three people decided to go. Activities were not provided at home but rather people were encouraged to access the community. People seemed happy with this arrangement and two people attended day centre several times per week. Records showed that people had gone out to several events in the community recently. One person had their own allocation of care hours for accessing the community and had a dedicated personal carer to provide support with this.

People had an assessment of their needs prior to admission to ensure these could be supported. One person told us they had been involved in arrangements for their admission and had visited the placement before they moved in and was satisfied with the decision they had made and the admission process

Staff showed that they listened to and respected the choices and decisions people made. Routines were relaxed and people got up when they were ready. Throughout our inspection staff gave people the time they needed to communicate their wishes.

We looked at the care records for three people. We saw that each person's needs had been assessed and this was reviewed regularly to make sure they were up to date. Care plans had been developed from these and this provided staff with information about how to support the individual to meet their needs in their preferred manner. People, their families and staff had been included in developing the care plans, and these included information about the person's history, important people or events in their life, their likes and dislikes. This showed that staff had information about the person, not just their care needs.

A relative told us “I feel so lucky that he has such a personalised service.” Another relative speaking about their relatives current support needs said that they felt the staff had tried lots of things to support the person, and although deterioration in health prevented them from doing many things now staff still spent time with them each day and visited them for little chats. One person told us that staff provided the right level of support they needed to enable them to be independent in most areas.

A complaints procedure was in place that was suited to the needs of the majority of people living there. People for whom it was not suitable had regular visits from relatives who advocated on their behalf. The relatives experience was of any concerns being taken seriously and dealt with immediately, they showed confidence about raising any concerns in the knowledge this would be acted upon.

Is the service well-led?

Our findings

There was a registered manager in post. People, staff and relatives spoke positively about how supportive, open and friendly the registered manager was. One relative who visited frequently said “You get to know the value of staff; the manager is absolutely second to none.” They went on to say “Through the years you get the odd staff member who is not so good, but you find they don’t last, the manager is like a second mother to my relative and I could not ask for better care”. Another relative who had visited over many years told us they had confidence in the manager and their relative’s care they said “it’s better managed now.”

People were not always protected against the risks of unsafe or inappropriate care and treatment because good practice was not always supported by appropriate or accurate record keeping, for example, minor concerns and complaints were not recorded to show that these issues were addressed to everyone’s satisfaction or to highlight patterns or trends in the type of concern raised. Similarly some guidance was absent or inaccurate, for example guidance for disposal of medicines, or emergency evacuation procedures. This is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was a visible presence in the home throughout the week and knew the operation of home thoroughly, and had oversight over much of the day to day running of shifts. She undertook a number of audits to assess, monitor and identify shortfalls in some areas of service delivery, however, audits conducted by the registered manager and the provider were not sufficiently in depth to ensure that all aspects of the areas monitored were covered. For example the audit for medicines only focused on the amounts of medicines held and administered to ensure that people were not administered too much or too little of their medicine.

This audit did not look at the wider issues that may affect the ordering, receipt administration storage and disposal processes to provide the registered manager with the assurance that these were all managed safely. Visits by the provider although welcomed by staff were infrequent and records showed them to be premises focused providing

little assurance to the provider that a consistently good standard of care was being delivered. The lack of a satisfactory system for monitoring the quality of the service is a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were developed and sent from the organisations head office. A sample of policies viewed showed that whilst a number were still in date or showed recent review others were overdue review. This meant that information staff may wish to reference may not reflect the most up to date information or current best practice.

The registered manager told us that her aim was to have staff meetings between 2-3 times annually. Staff we spoke with confirmed they had attended staff meetings and felt able to raise issues or ideas there. Night staff also attended staff meetings so were party to any discussions or decision making. Minutes of the meetings were available for any staff that could not attend. Staff told us that communication between staff and the registered manager was very good and her availability and accessibility to staff meant that any issues were not left to wait for the staff meeting and could be talked through quickly.

The manager ensured there was a structure to the work of day time staff by using a diary to allocate tasks to staff, for example when medical or other appointments were booked in and people need to be supported to attend them. Night staff were also provided with a list of tasks to complete during the night shift. The shift handover folder showed reminders from the registered manager to staff for specific tasks to be completed. Staff told us that they were key workers for specific people, but when we spoke with staff about what being a key worker meant we found the role was not well defined and focused more around key work staff responsibility to maintain people’s bedrooms to a specific standard of cleanliness, maintenance and safety. Staff felt that because the service was so small, all staff were required to have a good knowledge and understanding of each person they supported, this ensured all staff understood and worked to the same quality of care delivery.

The registered manager told us that resident meetings had been held but these had not worked well, although staff spent one to one time with people where they could give

Is the service well-led?

their views about aspects of their care and support, these were informal meetings and not recorded. The registered manager was now looking to formalise these meetings. Relatives told us that they were asked to give their views through survey questionnaires. Relatives did not feel constrained to give feedback only when asked. One relative said they felt they were listened to at any time and could influence change in the care delivered to their relative, or where they felt it was needed.

The registered manager herself received peer support from attendance at monthly registered manager meetings; she also received one to one supervision from a senior manager on a regular basis and found this helpful.

The atmosphere in the home was open and inclusive. Staff spoke to people in a kind and friendly way and we saw many positive interactions between the staff on duty and people who lived in the home. All the staff we spoke with told us that they enjoyed working in the home and felt that the low staff turnover and the stability within the staff team was due to the leadership of the registered manager.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not taken the proper steps to ensure the risks to the welfare and safety of service users on the first floor who needed to be evacuated had been properly assessed and that suitable evacuation equipment was available.</p> <p>The procedure for dealing with the assembly of service users and a place of safety in the event of an emergency were not clearly stated either in documentation or to staff. 12(1)(2)(a)(b)(d)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People who use services and others were not protected against the risks of inappropriate or unsafe care because of inadequate audit and monitoring systems to provide assurance. Regulation 17(2)(a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People were not protected against the risks of unsafe care and treatment by means of the maintenance of accurate records in regard to individual service users and the management of the regulated activity. 17(2)(c)(d)</p>
Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the disposal of medicines used for the purposes of the regulated activity. 12(2)(g)