

The Fremantle Trust

Fremantle Court

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 7 and 8 February and was unannounced.

We previously inspected the service on 5 and 6 September 2016. The service was not meeting the requirements of the regulations at that time. We found breaches of regulations in relation to meeting people's nutritional and hydration needs, not submitting notifications regarding outcomes to deprive people of their liberty and not ensuring recruitment procedures were operated effectively. During this inspection we found the provider was in continued breach of one of these regulations. However, recruitment procedures and submitting notifications had improved and the provider was now meeting these regulations.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in safe, effective and well led to at least good.

We found during this inspection the provider did not have systems in place to manage medicines effectively and people at risk of dehydration, did not receive adequate fluids.

There was a registered manager in post at the time of our inspection. 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.'

Fremantle Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 90 people in one adapted building. At the time of our inspection there were 85 people using the service.

The care home accommodates 15 people in six separate units, each of which have separate adapted facilities. Two of the units specialises in providing care to people living with dementia. The service referred to the units as 'wings'.

On arrival at the service we were 'let in' by a member of staff who did not ask us who we were or who we had come to see. The member of staff opened the door for us and walked off leaving us standing in the main foyer for several minutes until a senior member of staff arrived and asked us who we were. We pointed this out to the registered manager who said they will investigate this.

In general people reported that they felt safe and reasonably well cared for living at the service. We received comments such as, "Overall there is not a problem living here, the staff are caring." "Oh yes, I feel safe here and I know my [family member] is living just up the road, not far away." "They are trained, but not on attitude and respect." Relatives we spoke with reported they felt their family member was well cared for, we

received comments such as. "[Relative] is happy, they (staff) are all helpful and it certainly saves me the hassle."

Medicines were not managed effectively. Some people did not receive their medicines as the prescriber intended. We saw occasions where stock was not available and people did not receive their medicines. We saw on one occasion staff signed medicine records without administering the medicine.

Risk assessments had been completed for people with an identified risk. However, we found some records relating to the risks were not always completed.

We could not be sure people who had been identified as at risk of dehydration did not always receive sufficient fluids, due to poor recording of fluid intake. Air flow mattress checks were not always completed to ensure the mattress was at the correct setting.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; policies and systems in the service did not support this practice.

Safeguarding adults' procedures were in place and staff understood how to protect people from the risk of abuse. There was a whistle blowing procedure available and staff said they would use it if necessary.

There were sufficient numbers of suitably qualified staff employed at the service. Staff had completed an induction programme when they started work and they were up to date with the provider's mandatory training.

We received some negative feedback about the staffing levels at the service. People and relatives told us staff were often stretched. Staff told us staffing was a problem. However, during our inspection we saw that there were sufficient staffing levels to meet people's needs.

The provider's recruitment process ensured only suitable staff deemed suitable to work with people in a care setting were recruited.

Staff sought consent from people in line with the relevant legislation. The registered manager was knowledgeable about when a request for a DoLS application would be required. Applications had been submitted to the relevant local authority.

The service ensured people had access to healthcare professionals when required. The GP carried out routine visits and advice was sought from other professionals such as speech and language therapists when necessary.

The service had a complaints procedure which was available for people and their families to use as necessary. The registered manager took action and responded to people's concerns within a specified timeframe.

The provider's internal quality monitoring system was not effective and did not identify issues we found during our inspection.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the management of medicines and meeting people's hydration

requirements. 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 always safe.

Medicines were not always managed safely, people did not always receive their medicines as intended by the prescriber.

Recruitment procedures ensured staff were suitable for the role.

Risk assessments were not always followed to ensure people were protected

Is the service effective?

Requires Improvement ●

The service was not always effective.

The recording of fluids given to people was poor, which meant it was difficult to monitor the hydration of people.

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were involved about their care and treatment plans.

People were encouraged to personalise their rooms with personal furnishings from home.

Is the service responsive?

Good ●

The service was responsive.

People had a range of activities they could be involved in to prevent social isolation.

People were supported at the end of their life. End of life wishes were documented in care plans.

People and their relatives knew how to make a complaint. There were procedures for people to follow if they wanted to make a complaint about the service.

Is the service well-led?

The service was not always well led.

Internal audits did not identify what we found during our inspection.

The service had a clear vision about how it should support people.

Requires Improvement 

Fremantle Court

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.

The inspection took place on 7 and 8 February and was unannounced.

The inspection was carried out by two inspectors and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The second day of the inspection was carried out by one inspector.

Before the inspection the provider completed 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 any improvements they plan to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with the area director, the registered manager, the clinical lead, and six members of care staff. We also spoke with the administrator and the activity coordinators.

In addition we were able to speak with fourteen people who use the service and eight relatives.

We requested feedback from professionals who regularly visited the service. However, we have not received feedback at the time of writing this report.

We looked at records relating to the service which included six Medication Administration Records (MAR) these contained records of prescribed medicines for each person on the services wings. Seven care plans, four staff recruitment files, the supervision matrix, training records, quality audits, accident and incident records and other documentation relating to the way the service was run.

We observed practice throughout the service and used the Short Observational Framework for Inspection

(SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to communicate with us.

After the inspection we asked the registered manager to send us some further information in relation to supervisions and DoLS authorisations. This was promptly received.

Is the service safe?

Our findings

During our previous inspection we found medicines were not managed safely, the provider was in breach of regulations as medicines were not always available for people. During this inspection we found the provider was still in breach of the regulation. We found stock was not always available for people and staff had signed the medicine records when they had not administered medicine. We also observed medicine was left unattended in the main lounge area. Our previous inspection found the provider did not always use robust recruitment procedures to ensure people were supported by suitable staff. During this inspection we found the provider had made improvements and was now meeting the regulation.

One person's medicine record we viewed showed the person had not received their analgesia for a total of eight days. The same person also did not receive their cream for a skin condition for two days. Another person had not received their medicine for two days. We viewed another medicine record and carried out a stock check of the medicine. We noted that the stock was incorrect as it showed the medicine was still in the box and staff had signed that it had been given. The medicines were used to treat epilepsy, allergies and control pain. We also noted a container with medicine for one person was left on the lounge table unattended. We pointed this out to the registered manager and clinical lead during our inspection. They said they will investigate this as a matter of urgency.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems for the safe management of medicines did not contribute to people receiving safe care and treatment.

The provider had a system in place to assess the suitability and character of staff before they commenced employment. During the inspection four staff files were reviewed. We saw that documentation was being reviewed by the provider. We were told following our inspection. The service had transferred from local to central level it's recruitment procedures and now had a robust recruitment process, part of which is the signing off of any new colleague by Human Resources. This includes completion of a recruitment pack which consisted of application, interview notes, references, Disclosure and Barring Service checks, occupational health review and three days Trust induction training.

In general people reported that they felt safe and reasonably well cared for living at the service. We received comments such as, "Overall there is not a problem living here, the staff are caring." "Oh yes, I feel safe here and I know my [relative] is living just up the road, not far away." "They are trained but not on attitude and respect." The person was referring to staff intervening when the person was able to be independent albeit slowly.

Risk assessments had been carried out for people's nursing and care needs. These included nutrition and hydration, skin integrity, mobility and falls. People who were at risk of pressure damage had air flow mattresses in place to ensure skin was protected. Most of the records of mattress checks had been completed on a daily basis. However, one we viewed was not set at the correct setting for the person's weight. The mattress was set at 96kg and we noted the person's weight to be 35kg. We noted that this

person's mattress had no record of being checked. This means we could not be sure how long the mattress was at the incorrect setting. We discussed this with the clinical lead who said they will look into this as a priority. A mattress that is too hard and at the wrong setting could cause the person to suffer pressure damage.

Incidents and accidents were recorded at the service. These were reviewed and investigated to prevent re occurrences.

Personal emergency evacuation plans (PEEPs) were in place for each person living in the service to ensure they received appropriate assistance in the event of an emergency. We saw completed records of safety checks such as water temperature and fire safety. This demonstrated the provider ensured the service was a safe place to live and work in.

Staff we spoke with had a good understanding of their roles and responsibilities in the safeguarding of adults. They told us they would report any concerns to their manager or to external agencies such as the local safeguarding authority. Staff had undertaken training in the safeguarding of adults, and were able to tell us the indicators of abuse.

We received mixed views regarding staffing levels at the service. Comments we received included, "They are understaffed, but I forgive the carers." "Yes I am safe here but there are not enough people." "Suddenly, there are a lot of carers here today." One member of staff told us, "The frustration is the low staff levels; there are too few staff all the time." However, another member of staff said, "We have enough staff now." During our visit we observed there was sufficient staff available to support people. We noted call bells were answered promptly. The provider used a dependency assessment tool for each person to ensure there were sufficient staff levels at all times. We saw that one person was receiving one to one care and this was provided by an agency member of staff which was in addition to staff on duty.

The premises were cleaned to high standards. We observed that hand sanitizer gel was available throughout the premises. We saw that staff used personal protective equipment, for example disposable plastic aprons when serving food and drinks. Gloves, aprons and wipes were available in bathrooms.

Is the service effective?

Our findings

During our previous inspection we found the provider was in breach of regulations in relation to meeting people's nutrition and hydration needs. During this inspection we saw people who were at risk of malnutrition had their food intake monitored and we saw they had sufficient calories to maintain their weight. However, we found the provider was not meeting regulations in relation to people receiving adequate fluids.

We saw that some people were on fluid charts as they had been assessed as at risk of dehydration. One person's fluid chart had a target fluid intake of 1800 mls in 24 hours. Which had been calculated by the person's GP. We noted that over a five day period from 1 February 2018 until 6 February 2018 the person did not receive adequate fluids to prevent dehydration. The range they received was from 450ml to 700ml. In addition we observed the person's fluid chart on the first day of our inspection and saw it had no entries from 08.00 when the person consumed 50mls of fluid until 14.40. We noted the person was asleep in their bed throughout the morning and was still asleep at 14.40. However, when we came back the second day we saw the fluid chart recorded the person to have consumed 200mls of fluid at 13.00 even though we observed the person to be sleeping at that time until 14.40. We discussed this with the clinical lead and the registered manager during feedback. They said they will look into this.

We looked at one person's treatment plan for fluid intake dated 20/06/2015 which indicated the person should consume 1500mls of fluid in 24 hours. The review of the treatment plan dated 03/02/2018 said 'no changes'. However when we looked at the persons fluid chart it documented they should be having a total of 2400 mls of fluid in 24 hours. We discussed this with the senior registered nurse and they told us they were in the process of reviewing and updating people's assessments.

We could not be sure that people identified at risk of dehydration were receiving adequate fluids because records were not always completed accurately. Information for staff to support people with fluid intake was not updated or accurate to enable staff to provide the correct level of care.

This was a continued breach of regulation 14 of the Health and Social Care Act 2008 (Regulated activities) 2014.

We received mixed comments relating to the competency and training staff received. One person commented, "Well I think the carers are doing an important job but I certainly don't like their attitude to me as a resident. They need to be trained in how to put the patient first attitude. I get tablets, I get fed, I do what I'm told." Another person told us, "I wouldn't change a thing here; eventually it all washes over you. Occasionally I have a small moan but it is generally alright here."

Relatives commented, "Overall I am happy with everything here. Something's worry me a bit; I do see buzzers lying around out of reach." "The staff are fine but there is a very large turnover of them and I'm never sure how many agency staff are here."

Newly appointed staff completed a corporate induction which included safeguarding and moving and handling training. This was followed by a period of shadowing experienced staff and the completion of the care certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working lives. It is the minimum standards that should be covered as part of induction process training for new care workers. Nurses were required to complete required clinical training and revalidation. Staff told us the training enabled them to support people to high standards. One member of staff told us they had recently achieved a Business and Technology Education Council (BTEC) qualification in caring for people with a learning disability. BTEC is a further educational qualification and vocational qualification.

Staff told us they were supported in their role and had regular supervisions. Qualified nurses received supervisions from clinical staff. One member of the clinical team told us, "[Name of staff] supports me she is more than okay." Another member of staff told us, "We are a close knit team; we all help each other out." Records we saw confirmed staff received regular supervisions to enable them to be effective in their role.

People were mainly complimentary about the food they were offered. Comments included, "It is okay, not brilliant but okay. "I have what I want here food wise, occasionally odd things appear." "Potato wedges are commonly on the menu...I have never heard of them before." "The food is still good here." We observed lunch time in one lounge; the tables were laid well with cloth napkins available. Staff wore aprons and assisted people who required this. We saw that two people were eating in their room and was assisted by staff in a helpful manner.

We saw that some people had been assessed using the Malnutrition Universal Screening Tool (MUST). MUST is a five step screening tool to identify adults who are malnourished and at risk of malnutrition. It also includes management guidelines which can be used to develop a care plan. A member of staff told us that everyone's nutritional needs were assessed and "quite a lot of people were on supplements." Some people with swallowing difficulties were on thickened fluids following an assessment by the speech and language therapist (SALT). We saw the product was kept secure in the clinical room.

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. The clinical lead told us the GPs attended the service three days weekly. Professionals involved included physiotherapists and podiatrists. We saw evidence that professionals such as dieticians and speech and language therapists (SALT) were involved in assessing people's needs. One relative told us, "My [family member] has been in hospital" and that a member of staff "always goes with him."

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 at least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

Staff showed a good understanding of consent. We heard staff explaining care to be provided. For example, "I'm going to lower the bed position-is that alright?" The service used a mental capacity tool. We saw completed mental capacity assessments for particular decisions, for example, whether a person was able to operate their call bell. We also saw that best interest meetings were recorded. A member of staff referred to acting in people's best interest if they (people) were not able to make a particular decision.

Staff told us they had completed training in Mental Capacity Act 2005 (MCA). Staff we spoke with were aware

of the Deprivation of Liberty Safeguards (DoLS) accompanying the Mental Capacity Act 2005. A nurse told us, "We must always assume people have capacity." If the person lacked the capacity to make a particular decision "We have to complete a best interest."

We saw standard DoLS authorisations in people's care plans. In one instance, we saw that the service had contacted the supervisory body (local authority) regarding variation of a condition that had been applied previously by the supervisory body because the person was 'no longer able to understand and use the call bell system in her room'. Staff 'regularly check' the person.

We saw that Lasting Power of Attorney (LPA) had been registered for health and welfare and property and financial affairs for a person.

The service provided a comfortable environment which promoted people's independence. A variety of spacious communal areas were located throughout the premises. Including a garden lounge, coffee shop, cinema and activity room. Access to both floors was via lift or stairs.

Is the service caring?

Our findings

We asked people and their relatives if they felt the service was caring. We received comments such as, "Overall there is not a problem living here, the staff are caring", "The carers are all very polite", "Life is okay here", "The girls here help us." Relatives we spoke with reported they felt their family member was well cared for, we received comments such as. "[Family member] is happy, they are all helpful and it certainly saves me the hassle. It is a nice home and I know they [family member] are looked after well despite their mood changes."

We observed good caring approaches with people; staff provided reassurance and explanations in clear slow voices. We found that people were treated with dignity and respect. Staff were able to spend time with people without rushing. Staff described the methods they used to ensure people's privacy and dignity were respected such as covering people up when delivering personal care. We noted that staff knocked on people's doors before entering.

We saw that not all people's expressed preferences were always met. One person told us, "They (staff) often ask me if I want help to shave. I reply no, that I will do it myself. Then blow me down, they come and ask me again the next day." The person went on to say that they could manage at their own pace. They told us, "They often come in and help when I don't want them to, I find that annoying. They are always watching me closely I'll give them that." Another person told us, "The nurses sometimes force medicine on you when you are in the middle of lunch."

The service enabled people and their families to be involved in decisions about their care and support. Regular reviews were held with people and their families to discuss any changes or additions to care needs. Records we viewed confirmed this.

Family members we spoke with told us they were always informed of any changes to their family member's condition. One relative told us, "Right from the start it was positive. Staff respect his knowledge. He is so well looked after. My brother and I come every day at all times. We always know what's going on." They added, "You are treated like a member of the family. It's always lovely." The relative told us their family member "makes choices" whether to get up or remain in bed. They added, "We fill in a book of what we talk about. Communication is good. I have phone calls regularly."

We observed that a housekeeper was speaking with a person who had chosen to remain in bed. The housekeeper was assisting the person to select a film to watch. We saw the person appreciated this.

The service enabled people to have access to information they needed in a way they could understand. The service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We saw notices displayed throughout the premises which enabled people to have access to information such as community events, recent meetings and activities that were taking place.

People were encouraged to personalise their rooms with personal furnishings from home. The service enabled people to continue to care for their pets whilst living at the service.

Advocacy services were available for people who required this. Records were kept confidentially in offices located on each floor.

Is the service responsive?

Our findings

An assessment of people's needs was carried out before they came to live at the home. The assessments enabled a care plan to be formulated. Records showed that people and their relatives were involved in this process. People's preferences, personal history and any specific health needs were documented.

We saw that care plans were in the process of being updated. One member of staff told us, "I'm in the middle of re writing and trying to review every month. They're being updated. It's a work in progress at the moment. I'll be honest we're blitzing the care plans. Key workers, and named nurses are not allocated yet. We need to get a stabilised team. We are still building up the skill mix."

We saw evidence of monthly care plan review meetings with family involvement. Care plans we saw included specific individual needs such as nutrition and hydration and re positional records. We did not see any advanced care plans. The care plans we reviewed two 'do not attempt cardiopulmonary resuscitation (DNACPR/DNR) orders were in place which had been signed by the GP.

The service offered a range of activities for people to partake in. We saw a list of activities displayed in the lounge. We saw a morning coffee event which was well attended by people and visitors and had a distinct buzz. We attended and observed the afternoon bingo/tombola session. People from other wings in the service attended. We observed the session to be lengthy only interrupted for tea and cakes. Some people engaged but the majority did not, despite some low key encouragement from staff. One person commented, "Activities, there is a list of them somewhere, there are some funny things on it. I tend not to go to the activities." Other comments we received were, "The newspapers and being able to read are my life really. The papers are my lifebuoy. I am not lonely" and "Activities I find some of them very childish."

In the summer months, pitch and putt and croquet were held in the outside area. We noted that some of the bedrooms had access to their own private patio and garden area. In addition, people were encouraged to participate in potting and planting in the raised bed area.

There was a complaints process and system people and their families received when they first joined the service. People told us they knew how to make a complaint and commented, "I would complain yes", "I don't rock the boat unless something really upsets me." Complaints received had been resolved in accordance with the services policy and procedure. We saw complaints had been made in relation to the menu and one wing being too hot in the summer. The service had responded by having air conditioning installed and by changing the menu.

People and their families were encouraged to use the feedback process to raise complaints or issues that require attention and improvement. Annual questionnaires were sent to families, health professionals, staff and people to gain an overview of the service and areas for improvement.

The service supported people at the end of their life. The service was supported by the GP and palliative care nurses during this time. Nursing staff at the service had received training in end of life care. We were told that

there was no one receiving end of life support at the time of our inspection.

Is the service well-led?

Our findings

During our previous inspection the provider had not notified us about the outcomes of applications made to the local authority to deprive people of their liberty. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of the provision of care and support to people. There are required timescales for making these notifications. This includes the notification about the outcome of applications made to deprive people of their liberty. We found during this inspection the provider was now meeting this regulation. The PIR stated there were seven people subject to deprivation of liberty authorisations. The service had notified us of the outcomes appropriately.

The present registered manager registered with the service on 6 December 2017. They told us they were 'overwhelmed with issues' when they joined the service. We were aware there had been three changes of registered managers within the last two years. One member of staff said, "There had been so many changes of the organisation" and added that "We're very transitional." The clinical lead joined the service at the same time as the registered manager and told us, "We're still in the process of fixing things. I have got a fairly new team."

We received positive feedback from people staff and relatives about the registered manager. One relative told us, "[My family member] knows the registered manager well; he was brilliant and had pulled me (relative) to one side to discuss my [family members] mood swings." Other comments we received were, "[Registered manager] has improved things and we see him around" "[Registered manager] is out to please everyone." However, one relative told us they did not know who was in charge.

Staff told us they felt supported by the registered manager. "He is brilliant", "Very hands on", "He helps on the floor." We saw that the registered manager was visible and observing staff and offering assistance throughout our inspection. The area director told us "The introduction of the clinical lead has been phenomenal. Staff morale is an all-time high."

Staff told us they were aware of the providers whistle blowing policy and procedure. They told us they would not hesitate to report any concerns via this route.

Communication was shared through a variety of systems such as handovers, team meetings and on a daily face to face basis. One member of staff told us, "Communication is vital if you share it, it gets solved a lot quicker."

The service had a statement about the vision and values for the service. These included choice, social interaction, autonomy and privacy. We could see they were displayed in the entrance area of the service.

Quality audits were in place to monitor the service and the way care was delivered. Visits by senior managers enabled the assessment of care practice. However, the internal audit system did not highlight issues we found during our visit. For example, inaccurate and inconsistent recording of fluid charts, current up to date information in care plans and the effective management of medicines. However, we were aware and were

told the service had 'more work to complete' to achieve quality care and provision.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was aware of the requirement and when it should be utilised.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. People did not always received their medicines as the prescriber intended.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The recording of fluids made it difficult to see if people always received adequate fluids to prevent dehydration.