R&N Partners

Elmhurst Residential Care Home

Inspection report

69-71 Pollard Lane
Undercliffe
Bradford
West Yorkshire
BD2 4RW

Tel: 01274638151

Date of inspection visit:
11 September 2017

Date of publication:
15 November 2017

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

Summary of findings

Overall summary

Our inspection of Elmhurst Residential Home took place on 11 September 2017 and was unannounced.

At the inspection carried out on 1 August 2016 we found the service was in breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to medicines management. At this inspection, although in some areas improvements had been made, further improvements were required to ensure the service was no longer in breach of regulation. A robust system of quality assurance should have been in place to prevent this occurring which meant we were unable to rate the service above 'requires improvement'.

Elmhurst Residential Home provides accommodation and personal care for up to 20 people. At the time of our inspection, there were 19 people living at the service. The service had bedrooms on all three floors and communal living space on the ground floor. The basement was for staff access only and contained the laundry, office and storage areas. The communal areas included two dining areas, a conservatory, TV lounge and a quiet lounge. Separate from the kitchen, there was also a kitchenette area where people could make their own drinks if they wished.

There was a registered manager at the home who had been in post for a number of years. 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.

People felt safe living at Elmhurst Residential Home. Safeguarding procedures were in place and staff understood how to keep people safe. Accidents and incidents were documented although further evidence needed to be recorded of the actions taken to learn from incidents. Risk assessments were in place to mitigate risk.

Improvements were required to the safe management and auditing of medicines.

The premises was clean and well maintained and people who lived at the service were consulted about changes made, such as to the downstairs carpet.

Safe staffing levels were in place. Staff were trained effectively and a system of supervision was in place.

The service was complying with the legal requirements of the Mental Capacity Act 2005 and we saw good evidence people's consent was sought. Consent had been obtained from people about the use of CCTV used within the home and signage about this was visible in the entrance hallway.

We saw people were consulted about the choice of food and there was a good variety provided on the

menu. People who had lost weight were referred to the GP and dietician.

We observed kind and caring interactions during our inspection and staff had time to spend good, quality time with people. People were able to choose when they got up, where they ate, where they sat and other aspects of their life, including their end of life wishes.

Plans of care were person centred and regular reviews took place. People were involved in the planning of their care.

A plan of activities was in place although this was dependant on the wishes of the people living at the home. We saw the service promoted one to one activities as well as group activities.

People told us they understood how to complain if required and we saw a complaints policy was clearly visible within the home. However, no complaints had been received since the last inspection.

A system of quality audits were in place with some analysis and improvements seen to take place where required as a result of these. However, the system for auditing management of medicines needed to be more robust since it had not identified the issues we found at inspection.

People's feedback was sought though regular meetings and surveys. Actions from these were clearly seen to take place.

The registered manager was a visible presence within the home and well respected by staff, people who lived at the service, relatives and health care professionals. They were committed to making the service as good as possible and clearly passionate about this.

We found the service was in breach of Regulation 12, Health and Social Care Act 2008 (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.

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.

Improvements were required to ensure the safe management and administration of medicines.

Safeguarding policies and procedures were in place and staff understood how to keep people safe.

Sufficient staff were deployed to provide safe care and support.

Is the service effective?

Good

The service was effective.

Staff received a range of training to equip them with the necessary skills for their roles.

People received a good variety of food and appropriate referrals had been made to the GP when people lost weight.

The service was acting within the legal requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was upheld and people were relaxed in staff's presence.

Staff spent quality time with people, chatting and engaging with a range of activities.

People's independence was encouraged.

Is the service responsive?

Good

The service was responsive.

Care records were individualised and up to date.

A range of activities were in place dependant on people's needs and requirements.

A complaints procedure was in place although no complaints had been logged since our last inspection.

Is the service well-led?

Requires Improvement

The service was not always well led.

Although systems to assess and monitor the service were in place, these were not always sufficiently robust.

A registered manager was in place who led the service by example and was known by staff, relatives, healthcare professionals and people who used the service.

Regular meetings were held for staff and people who used the service to involve them in the service where possible.

Elmhurst Residential 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 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.

Our inspection of Elmhurst Residential Home took place on 11 September 2017 and was unannounced.

The inspection team consisted of three adult social care inspectors.

Prior to the inspection we reviewed information about the service from a number of sources. We reviewed information received from the provider and contacted the local authority safeguarding and commissioning teams. As part of the inspection planning, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This had been returned to us in a timely manner and we took the information within the PIR into consideration when making our judgements.

During our inspection, we used a variety of methods to help us understand the experiences of the people who used the service. We spoke with ten people who used the service, three relatives, two care staff, the deputy manager, the registered manager, the provider, the cook and one visiting health care professional. We looked at five people's care records, some in detail and others to check specific information, medication records and other records which related to the management of the service such as policies and procedures and training records.

On this occasion we did not complete a Short Observational Framework (SOFI) since people were able to speak with us about their experiences of the service.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found medicines were not managed in a safe way. At this inspection concerns remained regarding some aspects of the medicines management system.

Medicines were given by trained senior care workers. We observed the administration round and saw medicines were given in a kind and patient way. The staff member asked peoples consent prior to administration and took care to ensure people were able to comfortably swallow their medicines.

Most medicines were provided in a monitored dosage system for ease of administration. We checked this system and saw these medicines were given in a safe and consistent manner. Medicine Administration Records (MAR)'s were in place and in most cases these were well completed, indicating people had received their medicines as prescribed.

However we identified one person had not been receiving the correct dose of Warfarin, an anticoagulant, prescribed on a variable dose. We checked the person's prescribing record completed by the Warfarin nurse. This stated the agreed dose was 4mg during the week and 3mg at the weekend. Records showed this arrangement had been in place for at least six months. However the deputy manager told us they had been giving the person 4mg each day for the last few months. This was confirmed by the recent MAR we looked at. Although we did not note any impact on the person as their International Normalised Ratio (INR) remained within the effective therapeutic range throughout, it was of concern that care had not been taken to give this medicine correctly, where administering the incorrect dose could put people at risk. During the inspection the registered manager took action to address this and put in new procedures to prevent an incident of this nature re-occurring. However this error had been occurring for several months and should have been identified by the provider.

Since the last inspection the registered manager had put in a stock control system for Paracetamol. However this had not been extended to other boxed medicines such as Warfarin or Laxido. This meant there was a lack of accountability for these medicines. Stock counts were in place for boxed Paracetamol. However, in two cases we identified there had been an error the day previously when the medicines administered had not been deducted which meant stock totals were incorrect. Although this appeared to be an isolated incident, in one of these cases the error had not been noticed during the next administration and stock check, demonstrating a proper count had not taken place.

We saw in most cases there were no protocols or instructions in place to support the safe and consistent administration of 'as required' medicines (PRN) such as pain relief, laxatives or creams as required by National Institute of Clinical Excellence(NICE) Guidance 'Managing Medicines in care home.' The day following the inspection, the registered manager sent us information about the protocol they had put in place for PRN medicines which included instructions on what the medicines were for and in what circumstances to give them.

One person was receiving their medicines covertly. Whilst we saw they had consulted with the GP, and a

care plan developed, the care plan did not adequately demonstrate that the decision had been made in their best interest and there was no evidence of involvement of the person, their family or representative in the decision making process. The care plan did not specify the individual medicines to be given covertly and the method by which they were to be disguised. We discussed this with the registered manager and they put plans in place immediately to address our concerns.

This was a breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored securely. We saw appropriate arrangements were in place for the storage, handling and administration of controlled drugs and these were safely followed, although when pain relief patches were applied the service did not record the site they were applied. We spoke with the senior care worker about this.

We found the premises to be a pleasant and well maintained environment. There was a homely feel, with clean and attractive decorations and furniture throughout. Bedrooms were personalised and pleasantly decorated with people encouraged to personalise their rooms. Safety features were installed on the building such as window restrictors to reduce the risk of falls and risk assessments were in place detailing how the premises would be managed safely. Key safety checks were undertaken on the building including the fire, gas and electrical systems. A maintenance worker visited the home once a week to undertake routine maintenance and checks. A visiting health care professional told us, "It is always clean; there are never any odours."

We saw at the last food standards agency inspection of the kitchen they had awarded them 5 star for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

Personal evacuation plans were in place to assist staff in the safe evacuation of people in the event of an emergency. These were stored centrally so they could be accessed quickly in an emergency, with a copy also present in people's individual bedrooms.

People told us they felt safe living at the home. One person's relative commented, "I'm very happy that (relative) is safe," and a visiting health care professional told us, "People appear to be safe living here; I've no concerns."

Safeguarding policies and procedures were in place and staff were aware of how to recognise and act upon concerns. Incidents and accidents were recorded such as falls and people's risks were assessed and reviewed with care plans formulated following these. For example, one person was unable to use the footplates on their wheelchair since they had difficulties bending their legs. We saw a risk assessment had been completed to indicate this and it was the person's choice not to use these.

We saw a low number of incidents had occurred with no concerning trends or themes identified. However accident forms did not always contain clear information on the actions taken to reduce the likelihood of a re-occurrence. We spoke with the registered manager about this, to better evidence learning from adverse incidents.

We reviewed staffing levels and saw there were enough staff deployed to provide safe care and support. The registered manager told us the service did not employ agency staff to ensure continuity. They explained they had recently introduced a new 12 hour shift pattern in response to staff requests and this appeared to be working well. The deputy manager confirmed this, saying, "The new shifts seem to be working well. Twelve

hour shifts are being trialled; seem to be positive feedback so far." During our inspection we saw staff had time to engage in quality interaction with people and did not appear rushed. A visiting health care professional told us, "There is always enough staff around and they are aware of what's going on."

Effective recruitment procedures were in place to ensure staff were suitable for the role and safe to work with vulnerable people. This included obtaining two positive written references before staff commenced work as well as a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable adults by checking their criminal background for any cautions or convictions. Our review of staff files confirmed correct procedures had been followed. We saw there was a stable staff team working at the service and turnover was low.

Good

Is the service effective?

Our findings

People told us staff were skilled in their roles. For example, comments from people included, "Staff try hard with everyone", "If I have an accident, it is dealt with in the correct manner," and, "Nothing is too much trouble."
A relative told us, "They (staff) look after (relative) well. No concerns."

The service had a training matrix in place to ensure staff updated their training when required. We saw this included subjects such as fire safety, first aid, food hygiene, moving and handling, dignity and respect and dementia. The service used a mixture of face to face and workbook training which were sent away to be independently marked. Staff new to care completed the Care Certificate which is a government recognised training certificate designed to provide staff with the required skills for the role. Staff told us the training was good and had provided them with the necessary skills for their role.

The service had a flexible approach to induction, dependant on the experience of the applicant. This included an introduction to the service, its policies and procedures, reading care records and completing a number of shadowing shifts. The registered manager or deputy manager signed new staff off after the initial probation period of three months if they had proved their competency in the role.

We saw the service had an on-going programme of supervision to assess staff competency. We saw these were held every six to eight weeks and looked at different aspects of the role. For example, staff would be asked about safeguarding during one supervision and their medicines competency checked at another. We saw these were also used as an opportunity to discuss future individual development plans, such as moving from a care to a senior care role, or completing further training such as National Vocational Qualifications (NVQs). However, although supervisions were comprehensive, we saw there had been no separate system in place for annual appraisal since the end of 2015. The registered manager said they would reinstate this immediately, making the fourth supervision an annual review and appraisal. From our discussions, we were confident this would take place.

We saw there were sufficient quantities and choice of food available to people. Cooks were employed who worked seven days a week between the hours of 8am and 2pm. They prepared breakfast, lunch and made snacks and/or the evening meal before they left at 2pm. Senior care staff also assisted in food preparation in the evening.

People had a good choice and variety of food. We saw staff asked people in the morning what they wanted to eat for their lunch from the choices on the menu and noted this down. We saw people were offered alternatives if they did not want to eat what was on the menu. People told us they enjoyed the food and found it tasty. For example, one person told us, "The food is beautiful." At breakfast time there were options which included cereals, toast, porridge, eggs and bacon. At lunchtime there was a main and an alternative option. These rotated on a daily basis giving a good variety of meals over the course of a month. In the evening a range of lighter options were available. Fresh cakes were prepared daily and biscuits and other snacks also provided.

We spoke with the cook who was aware of some people's needs such as around consistency of food. They said if people were losing weight that they would fortify people's foods for example by putting extra cream in potatoes. They stated any allergies or special dietary needs would be put on the board in the kitchen, but at the present time there was nobody who needed one. They told us they were not aware of anyone losing weight at the present time, although when we looked at people's nutritional records we saw one person had been losing weight and had been referred to the GP for review. This showed information communicated to the cook about people's weight loss needed to be more robust.

People's nutritional needs were assessed using risk screening tools. One relative told us, "They are really on the ball with weight, in fact since (relative) moved in they have gained weight." In most cases appropriate care plans were developed for eating and drinking. The care plans we reviewed reflected clear instructions in relation to the amount of fortification and snacks required, weekly weights and a food diary. We also saw care records showed people's likes and dislikes. A number of people were on nutritional supplements following referral to the GP to increase their nutritional input. We saw one person had been losing weight and this had been discussed with them and a referral had been made to the GP. Following our inspection, the service confirmed a referral had now also been made to the dietician by the GP. People were regularly weighed and reviewed during care plan review. However, there was no central collation of weights which made auditing and reviewing this information more difficult.

At mealtimes there was a pleasant atmosphere with staff offered people appropriate assistance to eat and drink. Hot and cold drinks together with snacks were available throughout the day. Jugs of juice and beakers were placed in communal areas and we saw people were encouraged to keep hydrated throughout the day.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Staff had received training in the Mental Capacity Act (MCA) and DoLS with the registered manager receiving more extensive training provided by the local authority. We found the service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager had a good understanding of DoLS and had made appropriate referrals for people who lacked capacity to consent to their care and support and who the service had assessed were being deprived of their liberty. Two DoLS authorisations were in place with others awaiting assessment by the local authority. We looked at the conditions attached and we saw evidence they had been complied with. For example one person had a condition to ensure they went out weekly to pursue their hobby. We saw evidence this was complied with.

Arrangements were in place to ensure that where relatives had a Lasting Power of Attorney (LPA) order in place such as for property and finance, a copy of the order was sought so that the registered manager had assured themselves the relative in question was authorised to deal with these people's financial affairs. This showed us they understood their responsibilities in this area.

We saw evidence that consent had been obtained from people about the CCTV used within the home and signage was visible in the entrance hallway about this.

Care records showed people had access to a range of health and social care professionals such as GP's, district nurses, dentists, social workers, dieticians and chiropodists. During the inspection we spoke with a health care professional who praised the effectiveness of the home, saying, "Since [person] has moved in they have blossomed." A relative commented, "Anytime (relative) is not feeling well I get a phone call."

Good

Is the service caring?

Our findings

People spoke positively about living in the home and said staff were kind and caring. Comments included, "This place is just right. We are looked after OK", "Life is good here; I go to bed and get up when I want. Staff are helpful and nice", "I'm looked after very well, staff are very kind, understanding and helpful" and, "Very happy here. Couldn't wish for any better."

One person's relative told us, "Everyone's mum and dad should have an Elmhurst if they need it, Elmhurst was our saviour. Staff are approachable, amazing; if there is anything we are not happy with I know I can talk to them." Another relative commented, "It's brilliant. Can't ask for a better place. They look after (relative) well. There's always someone chatting to (relative)."

One health care professional commented, "Staff are really caring and supportive," and another told us, "The atmosphere seems all right; people are chatting."

We observed staff were kind and caring and treated people with a high level of respect. We saw care staff using both verbal and non-verbal communication to make people feel relaxed and calm any anxieties. For example, we saw staff speaking clearly and maintaining good, level eye contact with people. Staff chatted to people about a range of topics which fostered a friendly and inclusive atmosphere. People appeared comfortable and relaxed in the presence of staff, with some people showing clear affection for staff by giving them hugs and kisses.

The service celebrated people's birthdays by making a cake and having a gathering to make the person feel special. We saw a number of recent birthday parties had taken place.

We saw people's wishes were respected and their choices supported. For example, people could get up when they wanted, they were asked what they wanted to eat and drink, and their permission requested prior to delivering care and support.

We saw people were encouraged to maintain links with the outside community to encourage their independence. For example, one person we spoke with was keen to go out to the bank for an appointment. We saw a staff member supported them to attend this meeting during the afternoon of our inspection. Staff were able to give examples of how they offered people the right level of support and encouraged people to do as much as possible for themselves. One person gave us an example of how staff encouraged their independence, saying, "Staff always offer me a choice of what to wear, but I am able to dress myself. Staff help me reach my feet, because I can't do that."

Staff we spoke with demonstrated good knowledge and understanding of people's care and support needs and were able to explain how they maintained an individual's dignity whilst delivering care. For example, staff explained how they closed curtains and shower room doors when assisting with personal care and washing and lowered their voices when discussing people's personal care needs.

Our review of care records showed up to date end of life plans were in place. These included information on how people wanted to be cared for at the end of their life. Where people had not wanted to discuss this, we saw this was respected and documented.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw church services were held periodically for those people that wanted to attend and arrangements were in place to support people's religious beliefs. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Care records and other confidential information was stored in the manager's office which was kept locked when not in use. This showed us the service took people's confidentiality seriously.

We saw people who visited the home were made welcome. One person had written in the user survey, "I like it that my friends and (relative) can visit anytime."

Good

Is the service responsive?

Our findings

Care records were highly individualised and person centred. We saw people's needs were assessed prior to admission to the service and a detailed care plan was formulated following this. These reflected how people's care and support needs were to be provided. For example, people's care records indicated the equipment in place to meet their needs, including wheelchairs and pressure reducing equipment. Care records contained detailed information about people's likes and dislikes and care and support needs. We saw care records covered a range of areas such as communication, oral health, death and dying, moving and handling, making choices and nutrition.

We saw information about people's care and support was reflected in staff support provided. For example, one person's care records detailed information on how to approach them in a gentle and compassionate manner and to speak clearly and at eye level. We saw this occurred during our inspection which confirmed care plans were followed by staff.

We saw care records were reviewed on a monthly basis and any changes noted. For example, we saw a person's nutritional care plan reflected a recent weight loss and subsequent review by the GP. This showed care records were maintained in a current and up to date manner.

People looked clean and well-dressed indicating their personal care needs were met by the service. We saw the service respected people's wishes to get up at different times, have meals when they wanted and sit where they wanted, whether in the room that contained the television or in the quieter lounge area.

An activities board was on display which showed people had access to a range of activities which included board games, baking and sing-alongs. We saw these were flexible and dependant on the needs and wishes of people who used the service.

We saw a flexible and person centred approach to activities within the home, dependant on what people wanted to do. The registered manager said that because of the small size of the home they were able to offer people one to one activities and support. For example, on the day of the inspection we saw one person was taken out to Bradford city centre by a member of the management team. We saw staff provided people with social interaction, companionship and played games such as dominos with them. Staff had compiled a summer memory board together with information provided by people living at the service and this was displayed in the entrance hallway. A further board was in the process of completion which displayed information about people's experiences and feelings about the autumn season. Some people we spoke with talked about this as a pastime they had enjoyed. One person told us, "We do arts and craft, board games and play your cards right." A relative told us they visited at different times and had observed activities such as pamper days, getting nails done, music and quizzes. They said, "[Relative] will have an afternoon drink, sometimes sherry; [relative] loves this."

The service had a complaints policy in place which was displayed prominently in the home. No complaints or concerns had been logged since our last inspection. People and relatives we spoke with were happy with

the service and understood how to complain if required.

Requires Improvement

Is the service well-led?

Our findings

We could not rate this domain better than requires improvement. This is because we found a breach of Regulation 12, Health and Social Care Act 2008 (Regulations) 2014 which should have been identified through a robust system of audit and governance. This was also a continued breach of regulations from the previous inspection in August 2016.

A registered manager was in place. We found they had a good knowledge of the people and topics we asked them about. They demonstrated good caring values and a commitment to ensuring people received the best possible care possible. People living at the service were aware who the registered manager was. One person commented, "(Registered manager's name) is boss, big lady in her job."

All the people we spoke with praised the registered manager. One health care professional told us, "The manager is brilliant." Staff told us the registered manager was approachable and supportive. Comments included, "I get on with (registered manager) and the owners. She always supports me. Anything I need or ask for I get. She goes above and beyond."

We found a friendly and inclusive atmosphere within the home with a settled staff team who knew people well. Care and support was person centred and focused upon meeting people's needs and preferences. People were involved in making decisions relating to the home such as food and activities and decoration.

The registered manager was hands on and people knew who they were.
This allowed them to provide oversight of the home in informal ways as well as conducting a range of audits and checks. We saw audits had been undertaken in areas which included the environment, and equipment such as the kitchen. However despite medicine management audits being conducted in June and August 2017, these had not identified the issues we identified with the medicines management system with both audits finding no issues or risks. This meant that although systems to assess and monitor the service were in place these were not always sufficiently robust.

We saw an annual provider audit was undertaken which looked at a range of areas including staff, medicines and care plans. However the 2017 audit appeared to make reference to dates in 2010 and did not seen relevant. We asked the registered manager to look into this to us and provide us with an updated audit which they did on the day following the inspection.

Regular staff meetings were held and staff told us they found them purposeful and beneficial. We saw two had been held during 2017 and included topics such as the changing shift patterns, use of mobile phones, training, dress code, laundry and care plans. This confirmed what staff had told us about the shift patterns altering according to staff wishes.

We saw three relatives meetings had been planned for 2017 but no relatives had been able to attend. Four service user meetings had been held since the start of the year which showed consultation with people about the new carpet, activities and events such as the cup cake and armed forces days held recently as well

as menu choices. This showed the service had consulted with people prior to any alterations or changes and also following the results of the satisfaction survey. This survey had been sent out and completed by people at different times of the year and some comments had been made about activity and food preferences. This showed us people were actively consulted about decisions made about the running of the service.

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 The proper and safe management of medicines; Policies and procedures regarding administration and recording of medicines was not always in line with current legislation and guidance. Regulation 12 (1)(2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014