

Shaw Healthcare (Ledbury) Limited

Ledbury Nursing Home

Inspection report

Ledbury Community Health & Care Centre
Market Street
Ledbury
Herefordshire
HR8 2AQ

Tel: 01531637600
Website: www.shaw.co.uk

Date of inspection visit:
03 May 2016
04 May 2016

Date of publication:
30 June 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 3 and 4 May 2016 and was unannounced.

Ledbury Nursing Home provides accommodation for older people who need nursing or personal care. This service provides nursing and personal care for up to 36 people. On the day of our inspection there were 33 people living at the home.

There was manager at this home who was in the process of registering with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 did not always receive care that was personal to them and responsive to their needs. For example, people were not supported with enough specialist equipment to ensure they could get up in the morning as they wanted to. People we spoke with that needed this equipment told us they had to wait for their turn with the equipment. Also specialist equipment identified in their risk assessments was not always available for staff to provide the support they needed in the most comfortable way.

On many occasions staff were seen to be kind and caring, and thoughtful towards people. However: people we spoke with said their needs were not met in a consistent way. Relatives said that sometimes staff were excellent and were caring and promoted people's independence, however at other times there was a lack of consistency in how people's needs were met. Staff we spoke with said that there were changes depending on how the shift was lead. The manager recognised this and was taking steps to include staff in how they could improve care delivery. The manager told us they were actively recruiting new staff to improve continuity.

People told us they felt safe and there were enough staff available to support them. We saw the manager provided information to staff and agency staff to support people safely. People said call bells were answered quickly and there were sufficient staff on duty to meet people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. Staff knew people well, and took people's preferences into account and respected them. Staff had the knowledge and training to support people they provided care for. Staff ensured people agreed to the support they received. The manager explained they were in the process of reviewing people's ability to make decisions and the support they needed to do this. People had access to health professionals as they needed them. We saw people had food and drink they enjoyed and had choices available to them, to maintain a healthy diet.

People said they were able to maintain important relationships with family and friends. They were included in meetings to ensure they had a say in the choices available to them. We saw staff treated people with dignity and respect whilst supporting their needs. We saw people's personal records were not always kept securely. We spoke with the manager and they said they would take action straight away.

People and their relatives knew how to raise complaints. There was a new management team with the manager and the deputy new to the service. People and their relatives said they were approachable and they would raise concerns if they needed to. We saw there was a process in place to ensure complaints were investigated and action taken to resolve them.

People and their relatives were encouraged to be involved in regular meetings to share their views. The management team were reviewing how they sought feedback to improve the service provided and encourage relatives to be involved in their meetings.

We found the provider had not ensured improvements to the quality of the service were actioned despite regular visits to monitor the service provided. The new management team had identified areas for improvement and had a plan in place to ensure these actions were completed. Improvements to the quality of the service needed to be completed and established to ensure people received consistent quality care.

You can see what action we told the provider to take at the back 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?

Good ●

The service was safe

People were supported by staff who understood how to meet their individual care needs safely. People benefitted from sufficient staff to support them. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

People's needs were met by staff who were well trained. People enjoyed the meals and maintained a healthy, balanced diet. People were supported by staff who had contacted health care professionals when they needed to.

Is the service caring?

Requires Improvement ●

The service was not consistently caring

People living at the home did not benefit from a consistent approach from all staff to ensure their needs were fully met. People's confidential records were not always kept securely. People were involved with how their care was provided, and relatives felt welcome to visit.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

People were not always provided with the equipment they needed to be supported in a way that was personal to them. The management team sought feedback about the service and were acting on concerns appropriately.

Is the service well-led?

Requires Improvement ●

The service not consistently well-led

People had not benefitted from a consistent management approach that was led by the provider. The new management team had identified areas for improvement and were working

towards completing them. People and their relatives said the management team were approachable.

Ledbury Nursing 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.

We made an unannounced inspection on 3 and 4 May 2016. The inspection team consisted of one inspector and an expert by experience.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

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 improvements they plan to make.

We spoke with 12 people who lived at the home and three relatives.

We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, the operations manager and the deputy. We also spoke with seven staff. We looked at four records about people's care. We also looked at complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "Of course I feel safe, there is no such thing as bullying here." Relatives we spoke with said their family member was safe. One relative told us, "They (staff) are very good; [person] is safer than they have ever been." Another relative said, "They keep people safe, [person's] bed has padding to protect them." We saw people were confident and relaxed with staff and their visitors throughout our inspection.

Staff we spoke with said people were safe. They understood what actions were needed to ensure people were protected from abuse. They explained that they would report any concerns to the manager and take further action if needed. Staff were aware that incidents of potential abuse or neglect should be reported to the local authority and the Care Quality Commission. The manager was aware of their responsibilities, and we saw they had reported any concerns to the correct authority in a timely way. Staff said they knew people well and would be aware if anyone had a concern. There were procedures in place to support staff to appropriately report any concerns about people's safety.

Staff we spoke with said that they were aware of any current concerns about each person's health and well-being. This information was shared with them during handover. Staff said sharing information supported them to provide safe care. Staff told us immediate concerns would be discussed and they would take action straight away. We saw there was information recorded about each person living at the home to support agency workers with their knowledge. The manager said they used regular agency staff to provide continuity to people living at the home. We spoke with one agency nurse and they worked at the home on a regular basis and had a good knowledge of all the people there. They explained that they were given an induction and felt confident they had the knowledge they needed to support people living at the home.

People had their needs assessed and risks identified. Staff were aware of these risks. For example we saw one person was identified as at risk of sore skin, this was as a conclusion from their assessment. We saw that records were in place to monitor the effectiveness of the risk assessment; however these were not always completed correctly. We spoke with the manager and they said they were reviewing the paperwork staff completed to ensure it supported staff to provide effective care. We spoke with people and their relatives and they were confident that people with a risk of sore skin had their risks well managed. One relative explained how pleased they were that their family member did not have sore skin because of the care they received.

People told us there were sufficient staff on duty to meet their needs. One person we spoke with said, "I ring the bell, they come and help me, they are very good." Another person told us, "I don't know if they have enough staff, we have to wait our turn." Relatives we spoke with said there were generally sufficient staff on duty. Staff told us there were enough staff on duty to meet the needs of people living at the home. Whilst people sometimes waited their turn because of the lack of equipment available, this was communicated to people and our observations illustrated people had adequate access to staff during our visit. Call bells were not left unanswered for any length of time. The manager said when staff were unavailable they used regular agency staff to ensure they had enough staff on duty. The manager said they were reviewing dependency

assessments to ensure they were up to date and current for people living at the home. They told us they used these assessments to ensure there was sufficient staff on duty.

We spoke with new members of staff and they said they were supported through their induction by the management team. They had read the care plans for people living at the home, and were introduced to them and shadowed experienced staff. This was to give people time to get to know them and for them to know about the people living at the home. Staff told us the appropriate pre-employment checks had been completed. These checks helped the manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. People and their relatives told us they were confident that people living at the home received their medicines as prescribed. One person told us, "When I am in pain, they give me tablets." We saw the home had an electronic medicine record system, which supported safe practice when administering medicines. All medicines checked showed people received their medicines as prescribed by their doctor. We saw staff supported people to take their medicines; they explained what they were taking and sought consent before they administered them. Staff were trained and assessed to be able to administer medicines. Staff were aware of what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage of medicines. There were suitable disposal arrangements for medicines in place. There was clear guidance for staff to administer medicines that were prescribed as "when needed." The agency nurse we spoke with explained they had received training to ensure they were able to operate the system. We saw when an error was made this was identified quickly and appropriate action taken.

Is the service effective?

Our findings

People said their needs were met by staff with the knowledge, experience and skills to support them. One person told us about staff, "I am confident the nurses know what they are doing." Relatives we spoke with said staff knew how to support their family member. One relative said, "They know what they need to do to help my (family member)."

The staff we spoke with explained how their training increased their knowledge about how to support people living at the home. For example, a member of staff told us they had completed training about fire safety and they were able to explain what this meant in terms of their practice with supporting people if they had to act in an emergency situation. Staff told us their working practices were assessed to ensure they were competent to provide effective care, for example supporting people to mobilise. Staff we spoke with said their training was up to date, and they had the skills to support people who lived at the home. The manager had identified that nursing staff needed additional support with training about the Mental Capacity Act (MCA) to support them with their practice.

The 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.

We looked at how the MCA was being implemented. We spoke with the manager about their understanding of the act. They told us they had identified that some people's assessments needed to be reviewed. They were in the process of reviewing them for everybody at the home. They were working with the nursing team to ensure that the assessments were an accurate reflection for each person. They explained who required support with decisions and were aware that some people required best interest decisions to be in place. The manager had a good knowledge of what needed to be updated and was working on an action plan to ensure these were completed in a timely way. Staff explained they understood the importance of ensuring people agreed to the support they provided. One person we spoke with said, "They always explain first." A relative told us about staff, "They talk to her, they always ask first." Another relative said about staff, "They come close and check if it's ok." All staff we spoke with had an understanding of the MCA, and how that impacted to their work practice.

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

The manager told us there were DoL applications applied for at the home and some had been agreed by the local authority. They had identified there could be other people living at the home who would need an application, however they were in the process of reviewing the capacity assessments which would then enable them to complete the DoL application. Staff we spoke with understood the legal requirements for

restricting people's freedom and care was delivered in the least restrictive

People we spoke with said the food was good and they had plenty of choice. One person said, "There is variety, we get three menu choices." Another person told us, "The food is good." We saw when extra support was needed that staff did this in a discreet way, promoting people's independence as much as possible. Staff had access to specialist equipment which supported people to eat independently. We saw there was a lot of friendly chatter exchanged while people were enjoying their meal, between staff and people living at the home. Staff explained they were aware of who needed extra support. Relatives we spoke with said the food was good. One relative said, "(family member's) diet has changed, they accommodate that and give them what they need." Another relative told us about the food, "They do get to make choices." We spent time with kitchen staff and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs and how they needed to meet them.

People told us they had access to their GP, and their dentist and optician when they needed to. One person said, "I see my doctor if I need to." They said there was involvement from other health professional's staff as appropriate. For example, the speech and language team. Relatives we spoke with said their family members received support with their health and wellbeing when they needed it. One relative said, "We always know what's going on with our (family member)." Staff we spoke with told us they monitored people's health and wellbeing. They said they knew people living at the home well, and made appropriate referrals for extra health support when they needed to.

Is the service caring?

Our findings

People we spoke with said they did not receive consistent care from staff. One person said about staff, "They care, but sometimes you feel there is a lapse on occasion." Relatives we spoke with said sometimes their family members care was better than at other times. For example one relative told us they had seen their family member left with drinks out of their reach on more than one occasion. This relative explained that there was a lack of consistent approach to how their family member was supported. They told us on some days it was excellent whilst on other days some aspects of care provision were not as good. We spoke with nursing staff over the two days of our inspection and they showed different approaches to how they managed their staff team to ensure people were cared for and all their needs met. For example, one permanent member of nursing staff said they took the responsibility of ensuring people had regular drinks themselves and we saw them clearly lead the shift to ensure people had their needs met. Other agency nursing staff said they had a different focus. Care staff we spoke with were not always clear what responsibilities were allocated to them. For example, who was responsible for monitoring people's drinks where risks had been identified. We spoke with the manager and they explained they were recruiting new staff and would work with the nursing team to improve continuity with how people's needs were met.

However people we spoke with said that staff were caring and patient. One person said about staff, "Some of them are absolutely wonderful." Another person also told us about staff, "They do really care, it's the way they speak." We saw staff supporting people in a caring way. Relatives told us they were usually happy with their family members care. One relative said about staff, "They are very patient." Another relative told us, "They (staff) are very nice, they sometimes stroke (person's) arm and chat to them." They told us they felt involved and included in the care for their family member and felt welcome to visit the home.

We saw confidential information was not always kept securely. We saw in both of the offices confidential records about people living at the home were left available for people other than staff to access. For example, we saw a time period of ten minutes when the office door was left open, confidential files were left out on the desks and no staff were present. We saw this was repeated on several occasions throughout the two days of our inspection. People's personal information was available for other people to access therefore their confidentiality was not maintained. We spoke with the manager and they explained that information should have been locked away in the cabinets provided; however they agreed that this was not always the case. The manager said they would source a key pad for the offices to ensure people's records were kept securely.

People told us they had access to religious services when they wanted them. People told us they were supported to attend these services arranged at the home.

People we spoke with said their dignity was respected. One person told us, "They treat me with dignity and respect." Another person said about staff, "Some are really good, they don't rush me, and they treat you with respect." Relatives we spoke with said their family member was treated with dignity and respect. One relative told us about staff, "I think on the whole they are caring, and treat everyone with dignity and respect." We saw staff offering support discreetly to maintain people's dignity. For example, we saw staff

bend down to talk closely with someone so they did not need to shout. We also saw staff writing things down for one person to support their understanding of their communication and maintain their dignity. Staff told us ensuring people were treated with dignity was important to them.

People we spoke with said they could ask for what they wanted support with. They said staff knew them well. One person told us, "I ask for the help I need, I will not let them do anything I don't like."

We saw staff promote people's independence, and one person told us, "I am able to do things for myself; they help me with what I can't do." People told us they were supported with their choices in how they looked and called by the names they preferred. We saw that people's rooms reflected their individual choices. People had a choice of different communal rooms to spend time in, and outdoor space. We saw people chose to spend time in their own environment and staff supported them to do this.

Is the service responsive?

Our findings

People we spoke with told us they sometimes had to wait for the support they needed. This was because staff did not have enough equipment and some people waited until equipment was available. One person said, "They get me up when it's convenient for them." Another person told us, "Sometimes you have to wait your turn." A further person explained that they sometimes had to wait until lunchtime, to get out of bed in the morning because there was not enough specialist equipment available. We saw people had to wait until staff could support them with specialist equipment to get out of bed. For example we saw one person was not supported out of their bed until 11.30 am because staff only had access to one piece of specialist equipment on their floor of the nursing home. We spoke with the manager and they explained there were ten people on that floor who needed to be supported with this piece of equipment which meant some people had to wait until the equipment became available. One person told us they were not happy with this arrangement as they wished to be out of bed at a more reasonable time. People who required specialist equipment were unable to get up at a time they wished. Staff we spoke with told us some people had to wait to get up because the specialist equipment was in use for other people. This meant sometimes people living at the home did not get up at the time they would like.

Staff told us people who used specialist equipment did not always have personal use of the relevant supportive equipment, (slings). We saw for one person staff could not find the relevant supportive equipment stated in the risk assessment for that person. Staff used another sling which was less comfortable than the one stated in the risk assessment. However they explained what they were doing and were careful to minimise the risk to the person receiving the support. We spoke with this person and they explained this happened occasionally when the specific sling they used was being used by someone else. They explained they worried when the correct sling was unavailable because of their health condition. Staff told us they shared slings with people because there were not enough for all the people requiring this support. We spoke with the manager and operations manager and they said their policy was that people should have their own slings to prevent cross contamination and to ensure people could be supported safely. We saw people were put at risk because the relevant equipment was not available when they required support.

We saw there had been a complaint raised in April 2016 and one of the concerns raised was about the delay in getting people out of bed because the lack of equipment. The manager explained whilst the complaint had been investigated and some action was completed. They said they were looking at increasing the equipment available; however this part of the complaint had not been resolved at the time of the inspection.

The provider had not ensured that people received personalised care and treatment to meet their needs. This was a breach in Regulation 9 of the Health and Social Care act 2008 (Regulated activities) Regulations 2014.

People told us staff knew their like and dislikes and they had been involved in how they were supported. For example, one person said about staff, "They are very helpful, and listen to me." Another person told us, "Yes they (staff) are good to me and bring me coffee, which is my favourite."

Relatives said they had shared information with staff when their family member first arrived which assisted staff with their knowledge of the person. The manager told us that all the care records were in the process of being reviewed because they were changing the paper work for recording information. A member of nursing staff explained this took time to update people's records. Staff we spoke with knew about people's likes and dislikes and how they wished to be supported. For example, we saw one member of staff discussing an interest with one person. They spoke with knowledge of the person and we saw the person enjoyed the lively exchange and was smiling and laughing with the member of staff.

People said they could choose where to spend their day, in their room, or the communal areas, wherever they liked. One person said, "I read a lot, there is a little library and one of the carers (staff) brings me books." People told us there were organised events such quizzes, and pamper sessions which they enjoyed. One person told us, "We watch interesting things on television; I really enjoy watching television with my friends." People said how much they enjoyed speaking with the activities co-ordinator. They told us they spent time doing group activities and having one to one conversations. We did see organised activities during our inspection, which people chose to be involved in. We saw a volunteer that regularly supported people at the home by providing hot drinks and chatting with people who stayed in their rooms. Relatives told us their family members had some interesting things to do. One relative explained that their family member enjoyed chats with the activity co-ordinator and having their nails done. We saw that some people were too unwell to join in organised activities. The activities co-ordinator told us they spent time with people in their own rooms. For example, providing pampering sessions or reminiscing about the past. One relative said their family member enjoyed their one to one time with the activities co-ordinator. The manager told us they had good links with the community. People told us about trips out in the mini bus and to the local theatre which they really enjoyed.

People said there were meetings to discuss what was happening at the home, menu choices and activities. Relatives we spoke with explained they could attend meetings with the manager to discuss any concerns with what was happening at the home. One relative said, "In the past things were disorganised but there was a relative's meeting recently and we are hopeful for improvements." We spoke with the manager and they explained that they had recently restarted these meetings and were using the feedback to inform their action plan to ensure they drove up the quality of the care provided.

The manager used questionnaires to gain feedback from people living at the home. We saw this had been completed in March 2015 and the responses were positive at that time. The manager was arranging new questionnaires to be sent to people living at the home, relatives and relevant professionals.

People said they would speak to staff or the management team about any concerns. One person said, "I have no need to complain." Another person told us, "I have never complained, I could speak to the manager if there was a problem." A further person said, "I have never complained, they (staff) are all so good."

Relatives told us they knew how to raise a concern with the management team or staff. One relative said, "I had some issues and spoke with the manager, some things have improved." We saw there were complaints procedures available for people and their relatives. We saw complaints had been investigated and action taken when needed. For example, one recent complaint had been investigated and some actions completed however there were some outstanding outcomes at the time of our inspection. The manager said they were working on their action plan to complete the improvements in a timely way. People and their relatives said they were hopeful that improvements would take place under the new manager.

Is the service well-led?

Our findings

The provider had not actioned the improvements needed to improve the quality of care provided to people living at the home. The provider regularly visited the service to review the quality of the care provided. However the improvements identified by the new management team had not been actioned prior to the new management team's arrival at the service. For example, staff told us about the lack of specialist equipment to support people at the home to mobilise safely at times when people wanted to. The new manager and nursing staff were aware that people had to wait for their turn to get up in the morning. The provider of the service had not actioned as a priority to ensure people could get up as they wanted. People were not receiving personalised care when they needed it. The new management team told us they would increase the availability of the specialist equipment as soon as possible.

There was a new manager who had started in February 2016. The manager was in the process of registering with the care quality commission at the time of our inspection. There was also a new deputy in post who had very recently started at the home. The staff team had also experienced the loss of several core staff which had increased the use of agency staff whilst the management team recruited to the vacancies. During this period of instability people living at the home had experienced inconsistent quality of the care provided to them. People had not always had a positive experience of the support they received at the time of our inspection. The culture of the home was not established to provide consistent quality care for people living at the home at the time of our inspection. The culture of the home was evolving as the new management team spent time becoming established. The improvements identified had not been completed and sustained at the time of our inspection.

Care staff told us that communication between the different staff groups had not always been consistent. One member of care staff explained they experienced different leadership from permanent nursing staff and agency nursing staff. We spoke with the new manager and they explained that where possible they tried to ensure there was at least one permanent member of nursing staff on duty to lead the staff team and any agency staff. However on the first day of our inspection there were two agency nurses on duty leading the shift. The new manager assured us they were actively recruiting more staff to reduce the need for agency staff. They also said they would meet with their nursing team and work on how they could improve continuity with how people's needs were met. People did not always receive consistent quality care.

The new management team also identified the need to review the applications to the local authority to ensure people were not deprived of their liberty unlawfully and best interest decisions. The new manager had identified reviews were needed to be completed for some people living at the home. The manager had an action plan and had identified where reviews needed completing. These reviews had not been completed at the time of our visit. The new management team had also identified that care plans and risk assessments needed reviewing and updating. The new manager told us they were looking at resources to ensure this was completed in a timely way.

Care staff we spoke with said were not involved with care planning, one member of care staff said they were looking forward to feeling more included by the new deputy. Nursing staff told us they had regular meetings with the new manager and felt like they were working together to improve the standard of care at the home.

They were confident that if they had concerns the new manager would action them. Staff told us that compliments were shared with them and helped them feel valued.

People we spoke with knew the management team. One person said, "They have introduced themselves to me, they seem alright." Relatives told us it was early days with the manager and they were waiting to see how improvements were made. One relative said about the manager and staff "They are all warm and friendly." The manager said they were familiarising themselves with people living at the home. They were getting to know the manager and the manager getting to know them. We saw the manager was approachable to people living at the home, and she took time to speak with people as they moved around the home.

Staff told us there were staff meetings and regular one to one time with the management team. This ensured that all staff received the information they needed and were given an opportunity to voice their opinions. Staff we spoke with said the meetings were useful and gave them an opportunity to raise concerns and share best practice discussions. They were aware of the whistle blowing policy, which gave guidance about who they could report concerns to outside of the management team at the home. Staff said they would be confident to use it if they needed to.

The management team had an overview of accidents and incidents to ensure that concerns were identified and investigated. For example, we saw that when an incident had happened there was a review by the management team and they instigated a GP review to manage the person's risk of falls. The management team had a system in place to review the effectiveness of steps taken.

The management team shared their plans for refurbishment across the home. They were updating flooring to improve people's access to all areas of the home. There were plans in place with support for staff during these improvements to ensure people were not put at risk.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider had not ensured that people received personalised care and treatment to meet their needs.