

# Belmont Sandbanks Limited Edendale Lodge

## Inspection report

Station Road  
Crowhurst  
Battle  
East Sussex  
TN33 9DB

Tel: 01424830295

Website: [www.belmonthealthcare.co.uk](http://www.belmonthealthcare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Edendale Lodge is a residential care home that accommodates up to 35 older people who may be living with dementia. At the time of inspection, there were 25 people living at the service.

### People's experience of using this service and what we found

The culture of the home was not inclusive or empowering. We saw large periods of the day where people received little or no engagement from staff.

We observed that the majority of people were not socially stimulated. There were limited activities provided for most people in the service. After the inspection, the registered manager further confirmed that people regularly left the service for planned outings such as outing to Battles Big Weekend, where they hosted a stall.

People told us, "I love it here; they look after me" and "Yes, they always look after us." However, our observation showed there were not enough staff to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

Medicines were stored and managed safely by staff. There were policies and procedures in place for the safe administration of medicines, which staff followed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was requires improvement (published 24 February 2021) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found some improvements had been made in some areas. However, we found a new breach and the service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edendale Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Edendale Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Edendale Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Edendale Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The manager had submitted their application to be registered as a manager with the CQC.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We received feedbacks. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with five relatives and seven people who used the service about their experience of the care provided. We spoke with five members of staff including the manager, support workers and director of operations. We reviewed a range of records. This included three people's care records, and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At the last inspection in January 2021, the provider failed to provide enough staff to ensure risks were mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had not made enough improvements.

- On the day of our inspection, there were five care staff on shift for 27 people who used the service. Our observation showed five care staff was not enough to meet people's social and emotional needs. For example, in the morning, there was one person who was quite distressed and was calling out repetitively to staff. There was only one member of staff available and this was the catering assistant. They had a brief conversation with the person trying to reassure them. However, the person soon returned to their calling out state afterwards. We asked the member of staff if that was their normal behaviour as they seemed upset. The staff advised that the person was just singing, and they do this all the time. At about midday, we observed that this person had two visitors and as soon as their visitors arrived, the person sat up and their body language became more positive and connected to their visitors with their eyes open. After the visitors left, the person returned to their previous state with their eyes often closed. We sat with this person, while they were unable to communicate verbally to us, they engaged with us and made eye contact. They responded to one-to-one communication. We did not observe staff engagement with this person throughout the day. Rotas sent after the inspection showed that there were between five to seven staff rostered on shift each morning to support people, which was the service's assessed staffing levels, the deputy manager also supported staff on the floor and was above these numbers. Our observations throughout the inspection evidenced that five staff on shift was not sufficient to meet people's needs.
- We observed that staff were rushed and were unable to spend meaningful time with people throughout the day. For example, at about 10:00am, there were 15 people in the main lounge, some were eating breakfast, others were sleeping in chairs or watching TV. On several occasions, there was just one member of staff in the room with people, while other members of care staff were busy supporting people up from bed and dressed for the day. In another example, we observed one person putting their hand in their underwear, as a result they got their fingers soiled. This person was eating toast at the time and continued to eat their toast with their soiled fingers. This was not spotted by the only one staff in the room at the time. We informed the only staff in the room at the time and they supported the person to their room for a change of clothing and clean hands while other people were left unattended to. There was not another member of staff until they returned in case anyone needed support. This showed that there were not enough staff at this particular time. In another example, at around 11:30am, as people were asking for various drinks and

biscuits, the catering assistant was under pressure and shouted, "Where is everyone? I am on my own in here." This demonstrated that staff were under pressure to meet people's needs.

- We spoke with both the provider and manager about this. They told us that the deputy manager is supernumerary at times but was on leave during the inspection. They further explained that they had an exceptional day during the inspection with two staff members having to attend hospital appointments with people outside of the service. The deputy manager being on leave and two staff members having to attend appointments outside of the service had not been taken into account in staffing allocations, even though both situations were known in advance as appointments had been booked before the day. This meant that out of the six staff on rota for the day of our inspection, two went to hospital for appointments at different times of the day, one staff administered medicines throughout the morning and three were left to support 24 people.
- One person said, "The carers are always busy and rushing around." In a resident meeting dated 14 June 2022, one person had commented, "Staff are busy and rushed at times."
- Staff gave us mixed feedback about staffing levels. One staff member told us, "There's not always enough staff to keep people safe. The lounge can be unattended if we are supporting people in their rooms and people can have unwitnessed falls." Another staff member told us, "Staffing levels have increased since [manager] has been here and [deputy] always helps us on the floor in the mornings. We are just short today because of the hospital appointments."
- We observed interactions between people and staff. There were times when there was no interaction or engagement from staff. When staff were able to speak to people, they were kind, caring and engaging. However, these interactions were brief as staff did not have time to spend with people. One staff member told us, "We can't give people the attention they would like or spend time with people."
- The provider sent us a blank dependency tool (dependency tools are useful in being able to assess staff requirements based on the needs of people using the service) which they stated made allowances for those that have behaviours that may challenge and also for people living with dementia. However, our observation showed that not enough staff were deployed to meet people's needs.

Failure to deploy sufficient staff to meet people's needs is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. The provider carried out appropriate checks before people started working at the service. This included references from previous employers and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

At the last inspection in January 2021, the provider failed to follow government guidance to prevent and control the spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider is no longer in breach of Regulation 12.

- At our last inspection, we found that the provider was not admitting people safely to the service. People admitted to the service were not supported to isolate in line with current government guidance.
- During this inspection, no new person had been admitted into the service. The manager and director of operations assured us that they had strictly been following government guidance on Covid-19 regarding admission into care homes.



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. For example, we saw that improvements were needed to some aspects of the environment. A communal bathroom had stains on the wall (believed to be dry faeces due to colour and placement under toilet roll dispenser). After the inspection the registered manager said that the marks were removed straight away.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. A healthcare professional said, "We supported Edendale during an outbreak in January, they had sufficient staff and didn't require East Sussex to support, they were open and managed well."
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current guidance. We observed this practice during our inspection.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and comfortable within the home. One person said, "I am safe because the staff are nice." A relative said, "Yes, he is safe. He is okay." Another relative said, "Absolutely safe. Been living in the home for about 3 years."
- Safeguarding processes were in place. The risks of abuse were minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses. Staff understood how to report internally and externally, where appropriate. A member of staff said, "If I see anything wrong, I will report it straight to the manager."
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If I see bad practice, I will speak with the manager."
- The manager demonstrated a good understanding of their responsibilities in relation to safeguarding people.

Assessing risk, safety monitoring and management

- People were protected from environmental risks. Radiators had covers on them to ensure people were not at risk of burning themselves on the radiator. Windows had restrictors on them to reduce the risk of falls from a height.
- Some people had airflow mattresses to reduce the risk of skin damage. Staff made regular checks on people's airflow mattresses to ensure they were in good working order and on the correct setting for the person. People at risk of skin damage were supported to reposition regularly when spending time in bed. Staff supported people to reposition in line with the person's care plan and recorded the person's position.

- Some people had bedrails to keep them safe when in bed. These were assessed for each person to ensure they were safe to use. Bedrails were covered in protective bumpers to reduce the risk of entrapment.
- Cleaning products were kept securely and Control of Substances Hazardous to Health (COSHH) information was clearly displayed for staff.
- There were fiddle boards on the wall with switches and moveable parts for people to use. Fiddle boards are activity boards, that can be used by people with dementia as a way to help with fine motor skills, finger dexterity, and hand-eye coordination.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The manager kept a log to track the progress of DoLS applications.
- The manager ensured people's mental capacity assessments involved relevant health care professionals. Care plans also showed that people and their relatives were involved with decisions regarding MCA and DoLS. For example, one person who's relative had a Lasting Power of Attorney (LPA) provided a copy to the home.
- Staff had a good understanding of their responsibility regarding DoLS and MCA. Staff had training in both these areas. Staff told us about MCA and consent.
- Staff told us they gave people choices as much as possible. One staff member told us, "We help people to decide what they want, such as what they'd like to do, wear and eat. People are able to wake up whatever time they want. We try to encourage people to do whatever they can for themselves."

#### Using medicines safely

- Medicines were managed safely. There were safe arrangements for the storage, administration and disposal of medicines. Staff received training and had their competency checked before supporting people with medicines.
- A new medicine system had been recently implemented. The system was not yet fully effective in enabling staff to record when checks on medicine had been completed. During the inspection the provider contacted the medicine system provider to discuss how this could be resolved.
- Some people had medicine that had been prescribed to be taken only when needed (PRN). There were protocols in place to guide staff as to when the medicines may be needed. Some people's PRN medicine was prescribed to help them to feel calm when anxious or distressed. People's PRN protocols detailed what methods should be tried first before administering the medicine.
- Where people had covert medicine, medicine that is hidden in food or drink, staff had sought appropriate authorisations for this from the person's GP and pharmacy on how to safely covert the medicines. One person had approval for covert administration in place, but staff told us they no longer needed this as they were happy to take their medicines. The manager told us they would contact the person's GP to have this removed.

### Learning lessons when things go wrong

- Staff documented when people had accidents and incidents. The provider carried out monthly visits to the service. The provider reviewed accidents and incidents during these visits to ensure they were clearly recorded and investigated, and that people's care plans and risk assessments were updated following falls. One person's risk assessment had been updated following a fall, for staff to remind the person to use their walking frame when walking and we saw staff reminding this person to use their frame during our inspection.
- Staff meetings were used as an opportunity to discuss events that may have happened and learning taken from events. For example, a recent medication error had been discussed and staff were reminded to concentrate fully on medicines when administering them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Requires improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant people's needs were not always met.

At the last inspection in February 2019, we highlighted staff feedback about the lack of opportunity to provide meaningful activities for people, which was known but not yet acted on.

At this inspection, not enough improvement had not been made.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there was not enough for them to do. One person said, "I just sit here, there's nothing else I can do, I just keep out the way of everyone."
- There were mixed comments from relatives about activities. One said, "I have been there when they have had music on Wednesdays. But when I have been in the morning about 10:30am, nothing has happened." Another said, "Activities are brilliant, pictures of painting, drawing, cake making. However, due to pre-arranged visit, my relative does not do anything because we go to her room. We have not observed activities going on in the lounge."
- There was very minimal activity on the day. At about 11.40am, one member of staff played a bean bag throwing game with four residents for 10 minutes. Our observation showed this was a rushed activity as that member of staff had to assist with lunches immediately afterwards. In another example, we observed the following conversation with a carer and one person at around 12.15pm. "What are we doing" and the carer replied, "Nothing until 12.30pm, then it's lunchtime."
- We discussed these concerns with the manager and provider. The manager told us they were currently advertising for an activities co-ordinator. In the meantime, care staff were providing activities for people and an outside entertainer was coming in once a week, as well as a trip out arranged for once a week. The director said, 'We had already identified that we need to build upon our activities for the residents and as discussed have been trying to recruit an activity coordinator.'
- A relative said, "They regularly have a singer, ladies have their fingernails cut. There are a few different things that goes on."
- Activities were discussed in residents' meetings and trips out to Tea rooms were booked for those who were able to attend. Garden Parties and BBQ were held in the home. The provider told us that on the day of our inspection, the hairdresser visited, which we observed, and people were pleased when they finished with the hairdresser. In the afternoon there was prize winning bingo games for those who wished and were able to participate.
- External entertainers visited the home on set days of the week. For example, music on Wednesdays. The provider told us they belong to an organisation called OOMPH. This organisation has exercises, quizzes, virtual tours around the world, activity books, reminiscence items. Following our inspection, staff have designed a "What's On Edendale Lodge" poster so that people and their families can see the sort of activities

they have going on.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were individualised, with a lot of personal information about people. The important people in their life, where they had lived before, as well as their interests and hobbies were included. The things that helped to make people happy and the things that made them sad or anxious were also recorded. This meant staff had the information available to support people well.
- Daily records were kept by staff. Records included details around people's personal care and well-being.
- People's religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a place of worship. Other people did not have specific religious beliefs. One person said, "I have joined the choir here and we go to coffee mornings at the church."
- People's rooms had been personalised with items that were important to them. One person had family photographs around their bedroom and religious artefacts on their bedroom wall.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had developed a pictorial form of questionnaires for people living in the home. This survey asked people in a user-friendly format if they were happy or unhappy in the service and what they would like. Action from the survey was recorded in a pictorial form.
- Photographs of activities were on a notice board for people to see, relate with and understand.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy in place. A copy of the complaints process which told people and their relatives how to complain internally was available in the reception area. This included who to contact if people and their relatives were not happy with the outcome of the complaint, such as the local government ombudsman and the local authority.
- Staff kept a record of complaints received by the service. Complaints were investigated and responded to appropriately.

End of life care and support

- There were end of life care plans in people's care records. The end of life care plans were detailed and reflected the person's personality and wishes. The manager told us that they worked in partnership with relatives in compiling the care plan with the person.
- People were supported at the end of their life to have a pain free and dignified death.
- Staff worked closely and sensitively with involved health professionals to make sure people received the right support.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the home was not inclusive or empowering. We saw large parts of the day where people received little or no engagement from staff. People were not socially stimulated and spent much of the day asleep. Where staff played a game with people, people were only encouraged to participate for a short time. During this time, staff photographed the person engaging in the activity before quickly moving on to the next person
- Staff did not always speak about people respectfully. Staff spoke about people in front of them and other people to other members of staff when discussing how people needed to be supported. In another example, one person walked away during their meal, when they came back, they complained to staff that their meal was cold. The person was instructed by staff to finish their meal rather than providing the person with a hot meal.
- We observed lunchtime at the home. The mealtime experience was rushed and disorganised with staff having to have regular discussions with other staff in front of people about who had eaten and who had not. For example, a gentleman was asking for his lunch and a member of the care team told him he had already eaten, another member of staff interrupted and said, "no he's not eaten".
- Comments from staff included, "I will do [person] next." And "We still need to feed [person]". People sitting together were not given their meals at the same time and there was a long gap between people's lunch and people's dessert. Meals were brought to people on plates already prepared, people were not given the option to have more food if they chose. Some people told staff they had not had any lunch, instead of staff taking this as a possible cue that the person may like some more, they instead told the person that they had.
- We saw records which stated staff regularly undertook mealtime observations to assess the quality of the mealtime experience for people. The last two observations recorded that the atmosphere was relaxed, and people were supported appropriately with their meals. However, this was not the case when we visited.

Continuous learning and improving care; Working in partnership with others

- The provider had not fully improved the service after our previous inspection. For example, daily activities for people had not fully improved. Mealtime was not a positive experience for people.
- The service worked in partnership with the local authority and other health and social care professionals. Staff supported people to hospital treatment and regularly worked alongside the Diabetic Nurse team, speech and language therapists (SaLT), District Nurses, dieticians, advocates and GP's.

Manager and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management had not always ensured sufficient staff were deployed to meet people's needs. Although, the provider had assessed staffing levels for the service to be five to seven care staff this had not identified the concerns we found around staffing as reported in the 'Safe' key question. Staffing shortfall on the day we inspected had not been adequately considered or managed.
- Management staff undertook a monthly audit of medicines to check that medicines were stored and administered safely. This included counting the medicines of five people each month to monitor for errors. Where actions for improvement were identified, this was recorded on the overarching monthly audit.
- Staff were positive about the support they received from the management staff. One staff member told us, "[Manager] is approachable and always has time for us." Another staff member told us, "[Manager] is really supportive and cares about the wellbeing of staff."
- The provider and manager understood their responsibilities under the duty of candour when incidents occurred. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The manager kept families informed of any concerns and incidents within the service or with their loved one. Relatives confirmed this.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The provider and manager understood their role and responsibilities, had notified CQC about all important events that had occurred and had met their regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held regularly. Staff told us they found these meetings useful. One staff member told us, "Staff meetings are really useful to air issues and find out what we're doing and to get updates on people who live here."
- People and their relatives were invited to attend meetings with staff to give their views on the home. In a recent meeting, people's relatives had requested more feedback on activities taking place at the home. We saw that staff had taken photographs of people enjoying activities and displayed these in the entrance to the home for people's relatives to see.
- Staff had implemented a 'you said, we did' board in the reception area of the home to show how they responded to feedback. We saw that people had requested a means to tell the date and time be visible in the home. The manager showed us they had installed digital date/time displays in the lounge and dining room.

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	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to deploy sufficient staff to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 18</p>