

## St Andrews Nursing Home

# St Andrews Nursing Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 12th and 15th December 2014 and was unannounced. St Andrews Nursing Home provides care and accommodation for up to 44 people. The home specialises in the care of people who have nursing needs including a small separate 14 bed unit for older people living with dementia. On the day of our inspection there were a total of 34 people using the service.

The home had a registered manager in place. 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 and associated Regulations about how the service is run.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff

Interacted with people in a friendly and respectful manner. One person told us, "I feel very safe living here. The staff are wonderful." One visitor said, "I have no concerns. My wife is very settled here and she receives excellent care."

# Summary of findings

Staff and visitors we spoke with described the management of the home as open and approachable.

Throughout the day we saw that people and staff appeared very comfortable and relaxed with the registered manager on duty.

Staff we spoke with said they received appropriate training. We saw records to support this. Staff had received training in how to recognise and report abuse. We spoke with six staff and all were clear about how to report any concerns. Staff said they were confident that any allegations made would be fully investigated to ensure people were protected.

Throughout the day we saw staff interacting with people in a caring and professional way. We saw a member of staff supporting one person with their mobility. They were interacting happily and laughing together. We saw another member of staff offering to assist a person to go to the toilet. The staff member was gentle and encouraging and the person happily agreed to their support. We noted that throughout the day when staff offered support to people they always respected their wishes.

People who were unable to verbally express their views appeared comfortable with the staff that supported them. We saw people smiling and happily engaging with staff when they were approached.

We saw on the dementia care unit there was a weekly activity programme and records showed an activity worker supported people to take part in activities on a one to one basis. In other parts of the home, people were more independent and activities were more personalised and we saw that people made suggestions about activities and outings at regular meetings.

People told us they were treated with respect and privacy was upheld. People received a wholesome and balanced diet in pleasant surroundings and at times convenient to them.

We saw the provider had policies and procedures for dealing with medicines and these were adhered to. The provider had an effective complaints procedure which people felt they were able to use. We saw people who used the service were supported and protected by the provider's recruitment policy and practices.

The home was very clean and well maintained, and equipment used was regularly serviced.

The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service.

Staff told us they received regular supervision. However the manager was unable to locate any of these records for the last five months. When we spoke with the area manager, they confirmed that qualified nursing staff had not received any clinical supervision. The area manager said they would rectify this immediately.

This meant staff were not receiving appropriate support, training and professional development to enable them to carry out the duties they are employed to perform. This meant there was a breach of regulation 23 (1) (a) of The Health and Social Care Act 2008 Regulated Activities Regulations 2010. You can see what action we told the provider to take at the back of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People who lived at the home were safe because there were enough skilled and

experienced staff to support them.

Staff we spoke with had a good understanding of how to recognise and report any concerns and the home responded appropriately to allegations of abuse.

There were risk management procedures in place to minimise restrictions on people's freedom, choice and control.

There were robust checks in place to make sure that staff were appropriately recruited.

People received their medicines in line with the provider's medication policies and procedures. All medicines were stored, administered and disposed of safely

The standard of cleanliness and hygiene protected people against the risk of infections.

Good



### Is the service effective?

The service was not fully effective.

Staff were not receiving regular supervision or clinical supervision which meant they were not receiving appropriate support, and professional development.

We found people received effective care and support to meet their needs.

Staff received on-going training to provide effective care to people.

We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People could see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

We found people's nutritional needs were fully met.

Requires Improvement



### Is the service caring?

The service was caring.

We found the service was caring because people were supported by caring staff who respected their privacy and dignity.

Outstanding



# Summary of findings

Staff spoke with people and supported them in a caring, respectful and friendly manner.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs. People valued their relationships with the staff team and felt that they go 'the extra mile' for them.

## Is the service responsive?

The service was responsive.

We found the service to be responsive, people received care and support which was personalised to their wishes, preferences and responsive to their individual needs.

There was a weekly activity programme for people and an activity worker was employed to support people with their interests.

There was a complaints procedure that was written in a clear format that made it easily understandable to everyone who lived at the home. Everyone we spoke with said they would be comfortable to make a complaint and were confident any issues would be addressed.

Good



## Is the service well-led?

The service was well led.

The service was well led by an open and approachable management team who worked with other professionals to make sure people received the appropriate care and support that they needed.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The provider had notified us of any incidents that occurred as required.

People had the opportunity and were able to comment on the service provided to influence service delivery.

Good



# St Andrews 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 15 December 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was led by a single Adult Social Care inspector. The inspection also included an expert by experience. This is a person who has personal experience of caring for someone who uses this type of care service. Their area of expertise is with people with dementia care needs.

Before we visited the home we checked the information that we held about this location and the service provider. We checked all safeguarding's raised and enquires received. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 18 November 2013.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people on the dementia care unit were supported during their lunch by using our Short Observational Framework for

Inspection. We used this to help us see what people's experiences were. The tool allowed us to spend time watching what was going on in the service and helped us to record whether they had positive experiences. This included looking at the support that was given to them by the staff. We also reviewed four people's care records, staff training records, and records relating to the management of the service such as audits, surveys and policies.

We spoke with fifteen people who used the service and eleven relatives of people who used the service. We also spoke with the registered manager, the area manager, two nursing staff, five care workers, a house keeper and the Cook.

Before our inspection we contacted healthcare professionals involved in caring for people who used the service, including; Healthwatch and commissioners of services.. No concerns were raised by any of these professionals. An occupational therapist told us the service provided excellent support to people.

We looked at the procedures the service had in place to deal effectively with untoward events, near misses and emergency situations in the community.

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.

# Is the service safe?

## Our findings

People told us they felt safe. During our inspection we spoke with 15 people who used the service. People told us they felt comfortable with the staff who supported them. Their comments included, “I feel very safe here”, and “If I was not treated properly I would tell them straight away, but I don’t have anything to complain about.”

When we checked the safeguarding procedures they were accessible and robust. When we spoke with staff they described how to safeguard the people they supported. In addition, they were able to describe to us the different types of abuse. All staff also said they had attended safeguarding adults training. Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

The provider had made suitable arrangements to protect people and respond appropriately to any allegation of abuse. The manager was aware of their responsibility to notify the local authority’s safeguarding team if there were any allegations that people using the service had been, or were at risk of being harmed.

We saw from our records that there had been safeguarding concerns reported appropriately to the safeguarding authority.

When people behaved in a way that challenged others, staff managed these situations in a positive way and protected people’s dignity and rights. They regularly reviewed how they did this and worked with other professionals to support them to manage their behaviour. We saw they sought to understand and reduce the causes of behaviour that distressed people or placed them at risk of harm. They made sure people were referred for professional assessment at the earliest opportunity.

All of these measures ensured there were effective arrangements in place to protect people, continually review safeguarding concerns, accidents, incidents and any adverse events.

Staffing levels and the skill mix of staff were appropriate to meet the assessed needs of people who used the service. The manager showed us records of a detailed dependency assessment they had carried out of every person's needs at

the home. This demonstrated how they had calculated there were enough experienced staff available to meet people's needs. They told us these were reviewed on a regular basis.

On the day of our inspection visit there were 34 people residing at the home. Nine people were receiving nursing care. We looked at how many staff were working on the day of our inspection. In addition to the manager, we found there was a qualified nurse, one senior carer and four care staff, catering staff, an activities coordinator, administrator, handyman, and laundry and housekeeping staff. When we checked the staffing rota, we saw there was always a nurse and three care staff on duty during the night.

We found no instances where people had to wait for unacceptable periods of time before they received assistance from staff. We saw staff responded quickly to people's requests for assistance and they were always present in those areas where people spent their day.

The manager told us there was a very low turnover of staff which helped to make sure the care was consistent. We spoke with three staff about staffing levels, they said there were enough staff employed to meet people's needs. They told us most staff had worked at the home for many years and said they received good support from the manager. The staff confirmed they covered additional shifts when needed. They said no one worked excessive hours. One person who used the service told us, “When you press the call button, you never have to wait long.”

We also spoke with four relatives; none of them said they had any problems with staffing levels affecting the care provided. One person said, “I've got no concerns in that respect, the staff are always quick to respond”. These measures demonstrated the provider had procedures in place to make sure there were enough care staff available in the home to meet the care and welfare needs of people using the service.

We saw that the provider kept a list of all registered nurses pin numbers. These were held electronically and the system automatically alerted the provider when these were due for renewal.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were

## Is the service safe?

obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We spoke with the nurse responsible for giving people their medicines that day. They clearly understood about the different types of medicines they were responsible for and when and how they had to be given. They described in detail the procedures they followed; to make sure they had an accurate and up-to-date record of people's prescribed medication. We saw all prescribed creams and ointments were also recorded on the medication charts. We saw the staff monitored the temperature of the medication room to make sure medicines were stored at the right temperature. We saw there was a small fridge in which to store medicines which needed to be kept cool. We checked the medication administration records and found there were

no gaps on this indicating people had been given their medicines appropriately. We saw a staff specimen signature list was kept, this meant if any errors were identified the manager could identify who had been responsible. Some medicines called controlled drugs, needed to be stored securely. We found the storage was secure and the records matched the stock levels. Staff we spoke with knew how the controlled drugs should be stored; they knew records needed to be kept of the receipt and use of them. We saw daily audits were carried out to identify any loss or discrepancy quickly.

All of these measures meant people were protected by safe medication procedures.

The service was safe, this was because there were effective systems in place to reduce the risk and spread of infection.

We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were very clean, pleasant and odour-free.

Staff confirmed they had received training in infection control.



# Is the service effective?

## Our findings

Staff told us they received regular supervisions however the manager was unable to locate any of these records for the last five months. When we spoke with the area manager, they confirmed that qualified nursing staff had not received any clinical supervision. The area manager said they would rectify this immediately.

This meant staff were not receiving appropriate support, training and professional development to enable them to carry out the duties they are employed to perform.

This meant there was a breach of regulation 23 (1) (a) of The Health and Social Care Act 2008 Regulated Activities Regulations 2014.

Staff received an appropriate induction. All of the staff we spoke with had received an induction which they felt prepared them for their role, including appropriate training, opportunities to shadow more experienced staff, time going through the provider's policies and procedures and learning about individual's care and support needs.

The provider had implemented an on-going training programme including mandatory training such as an introduction to dementia, basic food hygiene, people handling, basic life support and safeguarding vulnerable adults (SOVA). We found all of the staff had completed mandatory training courses, including, Mental Capacity Act (2005), deprivation of liberty, equality and diversity, end of life care, medication up-dates, mental health awareness, diabetes and infection control. We saw that all staff had completed NVQ level 2 or 3 in care.

We found the majority of staff were trained in the prevention and management of violence and aggression (PMVA). This meant staff were appropriately trained in techniques to manage and safeguard people should this occur. We saw that the provider was aware of which staff required additional training and we saw confirmation that dates had been booked to ensure all staff received appropriate training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way

that does not inappropriately restrict their freedom. The manager told us that she had identified those people who required their applications to be submitted. Two applications had been previously submitted and approved by the supervisory body.

We saw a copy of the "service user guide" booklet, which described advocacy, how the provider could assist with choosing an advocate and details of the local advocacy service. It also provided information on decision making for people who lacked the capacity to make their own decisions and provided information about assistance and support from other professionals.

We saw the small dementia care unit had lots of pictures, signs and symbols to help people find their way around the unit.

Some people with dementia were unable to tell us their views and about their experiences of living at the home. Therefore, we spent time observing people having their lunch. We saw the dining tables were pleasantly presented with napkins, table cloths and condiments so people could help themselves. The food was delivered to the dining room in a hot trolley. We saw the food served was hot and looked appetising. People were offered a choice of main meal and pudding. The atmosphere was relaxed, calm and quiet. We watched as staff supported people with their food at a pace which was comfortable to them. Staff encouraged people to eat independently, offering assistance sensitively and discretely where this was needed. We watched how staff supported one person with more advanced dementia with their meal. The member of staff talked with this person throughout the meal time experience offering encouragement and support. We also saw people were allowed the time they needed to finish their meal comfortably.

Everyone we spoke with complimented the food. One person said "The food is superb." Another said "The food is very good. There are always plenty of choices." People confirmed there was a different menu every day.

We asked staff how they made sure everyone was having enough to eat and drink. Staff told us, for those people who were assessed as at risk, they kept a record each day of what they had to eat and drink. Staff also described how they involved the community dietician and monitored people's daily intake closely. They also told us people's weight was recorded weekly.



## Is the service effective?

We looked at the care records for four people. All four files contained a nutritional assessment called 'malnutrition universal screening tool' (MUST). We saw people's nutritional needs were regularly monitored and reviewed. The assessment included risk factors associated with low weight, obesity, and any other eating and drinking disorders. For those at risk of poor nutrition, the care plans included the person's likes and dislikes. There were also clear plans in place to fortify meals, by encouraging a high protein diet, including high calorie drinks and providing finger snacks between meals where appropriate.

We spoke with the catering staff about the dietary needs of people. They told us the care staff provided them with

written information about each person's needs. For example, if they required a diabetic, low fat, pureed or a soft diet. They told us they cooked all meals from fresh ingredients. We saw snacks and refreshments were available to people throughout the day and early evening.

The manager showed us a copy of the appraisals plan for 2014. Staff appraisals were carried out at different times of the year and for those that had been completed we saw they included comments by the member of staff and the supervisor on what had been achieved since their previous appraisal, what should be done next and a training needs analysis.



# Is the service caring?

## Our findings

We spoke with 15 people, they told us they were always treated with respect and their dignity was always preserved. They told us they were able to express their views as to what was important to them in relation to their care and treatment. They said they were fully involved in making decisions about their support needs, and were encouraged by staff to remain as independent as possible.

People who used the service, those that mattered to them and other people who had contact with the service, were consistently positive about the caring attitude of the staff. One person said, "The staff really care and they treat my wife with respect. My wife receives excellent care. I know this is the case because I am here twice every day."

The manager told us the home's philosophy of care was based on treating people with respect, respecting people's diversity and beliefs, ensuring their dignity and privacy was preserved at all times. The manager told us, no person moved into the home without having had their needs fully assessed and had been assured that these would be met.

Three relatives told us their husband and father had been admitted to the home a week ago. They said, "We can see a big difference already and he is looking well and socialising with others. We think the staff are doing a great job." "One man who had visited the Home every day over the past two years, said, "I am over the moon with the care the staff give in here. They are nice people." A daughter who was visiting her mother said "The staff treat her lovingly. If she is ill or needs extra attention, they inform us immediately. We cannot complain."

A male resident said, "This is a great place. The staff are also great". A lady said, "If you need anything, you only need to tell the staff. They get it for you in an instant". "We are all treated the same".

People received care and support from staff who knew and understood their history, likes, preferences, needs, hopes and goals. The relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. We saw staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. People

described their care as, "First class." "Exceptional." and "Wonderful caring staff." People valued their relationships with the staff team and felt that they go 'the extra mile' for them.

People were proactively supported to express their views and staff were skilled at giving people the information and explanations they needed and the time to make decisions. We saw how staff communicated effectively with every person using the service, no matter how complex their needs.

People said they were supported to live the life they chose with full regard to their gender, age, race, religion or belief, and disability. They were able to take risks and were not limited by assumptions and beliefs about their diversity. People told us their rights as citizens were recognised and promoted, including fairness, equality, dignity, respect and autonomy over their chosen way of life. One person told us, "I still do what is best for me. I get up and go to bed when I wish and I see my friends and family whenever I like." Another person said, "I prefer my own company and like to spend most of my time in my room and staff respect my wishes." They described their bedroom as being "Very grand."

We observed the relationships between staff and people who used the service. We saw staff consistently treated people with dignity and respect at all times. We saw staff knocked on doors before they entered rooms. They spoke with people respectfully and addressed them by their preferred name.

People were given support when making decisions about their preferences for end of life care. When people were nearing the end of their life they received compassionate and supportive care. These people, those who mattered to them and appropriate professionals contributed to their plan of care so that staff knew their wishes and to make sure the person had their dignity, comfort and respect at the end of their life. Staff also cared for and supported the people that mattered to the person who was dying with empathy and understanding.

On the day of our inspection, there was a funeral being held for a person who had died the week before. We saw several staff attended the funeral and then following the funeral service, the home provided refreshments for this person's



## Is the service caring?

family and friends. One of the catering staff had volunteered to prepare all the catering, despite it being her day off. She told us, "The person had been very special, and it was a privilege to support the family during this time."

# Is the service responsive?

## Our findings

People's feedback about the responsiveness of the service described it as consistently good.

We found people received consistent, care, treatment and support that was person centred. People told us they were involved in making their needs, choices and preferences known and how they wanted these to be met. We looked at four people's care records. We found each person's care, treatment and support was written in a plan that clearly described the interactions staff needed to do to make sure people's care was provided in the way they wanted.

We saw people were involved in developing their support plans. We also saw that other people that mattered to them, where necessary, also involved. We saw each person had a key worker and they spent time with people to review their plans on a monthly basis. All of these measures helped people to be in control of their lives and lead purposeful and fulfilling lives as independently as possible. We found that people made their own informed decisions that included the right to take risks in their daily lives. We found the service had a 'can do' attitude, risks were managed positively to help people to lead the life they wanted. Any limitations on freedom and choice were always in the person's best interests.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. The service enabled people to carry out person-centred activities within the service and in the community and actively encouraged people to maintain hobbies and interests. We saw that the provider enabled people to achieve their goals, follow their interests and be fully integrated into the community life and leisure activities. We found staff were proactive, and made sure that people were able to maintain relationships that mattered to them, such as family, community and other social links. On the day of our inspection there was a lady priest and a helper who came in to have a short service for those residents who wished to take part. They told us they visited the home once a month to give Communion and to have a short service. The helper said, "It is so peaceful here, it is a lovely home."

When we checked the staff training records, we found staff had the specialised training and skills to engage and support people to be fully involved. These demonstrated that people were supported by staff that were competent and had the skills to assess and support people appropriately. When we spoke with staff they told us they made every effort to make sure people were in control and empowered to make decisions and express their choices about their care needs. The manager said they always involved relatives or advocates in decisions about the care provided; this was important as it helped to make sure that the views of people receiving care were known by all concerned, respected and acted on.

When people used or moved between different services this was properly planned. For example each person had a personal health profile completed that was unique to them. We saw people were involved in these decisions and their preferences and choices were recorded. This contributed to ensure people maintained continuity of care in the way that people wanted and preferred.

The service had a contract with the local authority to provide spot purchase rehabilitation beds. This is a pilot scheme, which had been running since the beginning of the year. The scheme is currently being evaluated and the care provided is being closely monitored to ensure the effectiveness of the service.

We saw the provider used a range of ways for people and their representatives to feedback their experience of the care they received and raise any issues or concerns they may have. We saw lots of information was displayed and surveys and regular meetings were ways that helped people to express their feeling to raise concerns or issues. The registered manager said that every last Tuesday of the month she held a late surgery for people to discuss any concerns or complaints. They said these were always taken seriously, thoroughly investigated and responded to in good time. The records that we looked at demonstrated that this happened. The manager said the service learned from mistakes and used complaints and concerns as an opportunity for learning.

# Is the service well-led?

## Our findings

The registered manager was qualified, competent and experienced to manage the service.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered.

For example, the service had a quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the service. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. There was an annual development plan, based on a systematic cycle of planning, action and review that reflected the outcomes for people who used the service. For example the service had an action plan displayed that reflected the views of people who used the service. We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses. We saw there was emphasis on consulting people about their health, personal care, interests and preferences.

People who used the service told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement.

The service had policies and procedures in place that had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect,

equality and safety. The manager said these were regularly discussed during staff meetings and observations to ensure staff understood and consistently put these into practice. They said service had a positive culture that was person-centred, open, inclusive and empowering. When we spoke with staff they had a well-developed understanding of equality, diversity and people's human rights. All of these were confirmed by people who used the service and their representatives.

Staff told us they were motivated and supported by the way the service was managed and that they were very happy in their job. They said the manager lead by example and was always available if they needed support.

The service worked in partnership with other organisations to make sure they were following current practice and providing a quality service. This was done through consultation, research and reflective practice. We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, local health authorities, specialist professional organisations and other professionals. This showed us how the service sustained improvements over time.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.

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 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff  Staff were not receiving appropriate support, training and professional development to enable them to carry out the duties they are employed to perform.