

Ablecare (Philiphaugh) Ltd

# Philiphaugh Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out this focused unannounced inspection of Philiphaugh Manor on 7 and 8 April 2016. At this visit we checked what action the provider had taken in relation to concerns raised during our last inspection in September 2015. At that time we found breaches of legal requirements. We issued five requirement notices and told the provider to take action to address the breaches of regulation.

This report only covers our findings in relation to topics of concern identified during our previous inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Philiphaugh Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Philiphaugh Manor provides accommodation and personal care for up to 30 people who do not require nursing care. At the time of this inspection there were 22 people living at the service. Some people were living with dementia.

The service is a detached house located within its own gardens. At our previous inspection we found that people were only being accommodated on the ground floor as the first floor rooms were in the process of being redecorated. At this inspection we found that these works had been completed, areas of damaged carpet identified during our previous inspection had been replaced and rooms on the first floor were now occupied.

At this inspection we found that the service was being led by the registered manager who worked in the service on a full time basis. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since our previous inspection the provider had supplied additional managerial support to the service. The provider's area manager had visited the service. Their care planning and training lead were now working within the service three days a week. Staff reported that morale had improved and told us; "It is better now the registered manager is back", "It really has changed. It is better" and, "The atmosphere is much, much better, absolutely without a doubt." Team meetings had been held regularly, staff had received appropriate supervision and annual performance appraisals were due to be reintroduced.

In September 2015, we found the service was short staffed and staff had been working an excessive number of hours with insufficient rest periods. During this inspection we found that seven additional staff had been appointed and staff were no longer working excessive hours. The service staff rota had been redesigned and we found on our unannounced arrival at the service that the correct number of staff were available to meet people's care needs. Staff told us, "There are four of us on all the time" and, "The hours are much better. I don't feel exhausted the way I was."

However, a number of staff reported on going issues during periods of staff sickness or leave. Staff told us

they had been unable to book time off for holidays and the registered manager's attempts to recruit bank staff to provide additional cover during periods of staff sickness or holiday had so far been unsuccessful.

During our previous inspection we found there was a lack of systems for the recording of incidents and accidents that had occurred. At this inspection we found new systems had been introduced but not used to record details of a number of significant incidents that had occurred within the service.

At this inspection we again found that risk assessments within people's care plans did not provide staff with accurate information on how to protect individuals from identified areas of risk.

Significant improvements had been made since our last inspection to ensure that staff training needs had been met and staff told us, "There is a lot more training coming our way." Induction training for new staff required further improvement as the service had not yet introduced training in accordance with the requirements of the care certificate.

Where managers had identified that Deprivation of Liberty Safeguards (DOLS) applications were needed they had been made to the local authority. However, assessments had not been completed to assess people's ability to make decisions independently and managers remained unclear on their roles and responsibilities under the Mental Capacity Act 2005.

All of the care plans within the service had been reviewed and updated since our September inspection. People's care plans now more accurately reflected their care needs and all care plans now included some information about each person's background, life history and interests.

An activities coordinator had been appointed two weeks before our inspection. We observed during both days of our inspection that people were encouraged and supported to engage with a range of activities including; knitting, reminiscing and a newspaper review group. Staff told us, "There is a lady who is doing activities regularly now" and, "There are more staff so there is more time to do things with people."

Quality assurance processes had been formalised and the provider's directors had completed regular site visits and an inspection of the service. Where issues had been identified during directors' visits an action plan had been developed to identify how each issue would be resolved.

Improvements had been made in all areas since our previous inspection. However, in relation to risk management and investigation of incidents within the service the improvements made were insufficient and the concerns previously identified had not yet been fully addressed and resolved. In addition during this inspection we identified one additional breach of the regulations as the service had failed to display links to their inspection report from their website. You can see what action we told the provider to take to address these breaches at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not entirely safe. Risk assessment documents did not provide staff with sufficient detailed information to ensure the person was protected from known risks.

Accidents and incident were not consistently recorded and investigated.

Although staffing levels had increased further improvement was necessary to ensure sufficient staff were available to meet people's needs during periods of staff illness or leave.

**Requires Improvement** ●

### Is the service effective?

The service was not entirely effective. Staff had received significant additional training. However, systems for the induction training of new members of staff require further improvement.

Managers did not fully understand the requirements of the Mental Capacity Act 2005 and assessments of individual's capacity to make decisions independently had not been completed when appropriate.

**Requires Improvement** ●

### Is the service caring?

The service was caring. Staff consistently respected people's privacy and dignity.

**Good** ●

### Is the service responsive?

The service was responsive. People's care plans had been updated and now accurately reflected their care needs.

An activities coordinator had been appointed and we saw staff supporting people to engage with a variety of activities during the inspection.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

**Requires Improvement** ●

## Is the service well-led?

The service was not well led. The registered manager had returned to the service on a full time basis and significant additional leadership support had been provided.

Staff morale had improved and quality assurance systems were more robust.

Where areas that required improvement had been identified actions were being taken to address them. Not all these actions had been completed.

**Requires Improvement** 

# Philiphaugh Manor

## **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 focused unannounced inspection was conducted on 07 and 08 April 2016. The inspection team consisted of one adult social care inspector. Philiphaugh Manor provides accommodation and personal care for up to 30 people who do not require nursing care. At the time of our inspection there were 22 people using the service.

A comprehensive inspection of Philiphaugh Manor was completed in September 2015 during which five breaches of regulation were identified. This focused inspection was completed to check that improvements had been made to address these areas of concern. We inspected the service against some aspects of all five of our key questions areas where issues had been identified during the September Inspection. Prior to the inspection we reviewed all of the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with four people who used the service, one relative who was visiting, eleven members of care staff, the deputy manager and registered manager. In addition, we spoke with the provider's area manager, care planning and training lead and a director.

We also observed staff supporting people throughout the service and inspected a range of records. These included three care plans, five staff files, training records, staff duty rotas and meeting minutes.

## Is the service safe?

### Our findings

At the last inspection we had concerns that the current staffing levels were not able to meet people's needs safely at all times. We found two care staff and a team leader were on duty to meet people's care and support needs. We found care staff worked 13 hour day shifts and staff rotas demonstrated some staff had not received appropriate rest periods. In addition, there was no staff room and staff were routinely disturbed during their breaks. Staff reported they were tired and this impacted on the quality of care they provided.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we arrived for this unannounced inspection we found there were four care staff, the deputy manager and registered manager on duty to support people's care needs. The same staffing levels were also found on the second day of this inspection. This was a significant improvement on our previous inspection when only two care staff and a team leader had been on duty at the time of our arrival. Staff told us, "There are four of us on all the time", "It has got better with more staff" and, "We have taken on more staff which is absolutely great." Records showed that the service had recruited seven additional staff since our last inspection during which time two staff had resigned. This meant there had been a significant increase in staff numbers since our September inspection.

A two week rolling rota had been introduced for staff. Staff were regularly being asked to work additional shifts but they were no longer working the excessive numbers of hours identified during our previous inspection. Staff told us, "The hours are much better. I don't feel exhausted the way I was" and, "The rota is a lot more sensible and more organised." Staff again commented on the lack of a dedicated staff rest area and the service's long working hours. However, staff did report they were now getting used to the extended shift lengths.

We reviewed the new staff rota. We found that although there were now sufficient staff available to cover the rota there was no spare capacity to provide cover during periods of staff illness or planned leave. We discussed this with the registered manager who told us they had tried to recruit additional staff to provide bank cover but had so far been unsuccessful. Staff told us, "We do get adequate breaks but trying to get a holiday is a nightmare", "We are being asked, quite regularly to do extra shifts" and, "When people are on holiday we are very stretched." Although the provider's policy stated two staff should be able to take leave at the same time, staff consistently reported that they were unable to book leave at the same time as one of their colleagues.

Most people told us staff responded quickly to their requests for support. However, one person told us, "My only bug bear is getting to the [toilet], I have to wait for help as I can't get there on my own. They are not too bad but they are busy." Staff consistently reported that they were busy during care shifts. Their comments included, "It is pretty busy", "I just don't get time to read them [care plans]" and, "We are still kept busy but we are able to spend time with the clients."

Although the element of the breach of regulations in relation to staffing numbers had been addressed further improvements were required to ensure sufficient numbers of staff were available to meet people's care needs during periods of staff sickness or annual leave. This area will be reviewed during our next inspection visit to ensure that the identified improvements had been sustained.

During our September inspection we found there were no procedures in place for the documentation and investigation of significant incidents within the service. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since that inspection a new system for recording incidents had been introduced. However, when asked, the registered manager initially reported there had been no significant incidents within the service. During our conversations with staff and reviews of daily care records we identified that a number of significant incidents had occurred since our previous inspection. These incidents had not been documented using the service's incident reporting system or reported to the provider for further analysis. We discussed this issue with the registered manager during the first day of our inspection. On the second day of our inspection we found that an incident which had occurred overnight had been appropriately reported to the registered manager and documented for further investigation.

Previously we found that risk assessments within people's care plans had not been fully completed and did not provide staff with accurate guidance on the action they must take to protect people from identified risks. Risk assessments had been reviewed and updated since our last inspection. However, where people had complex care needs their risk assessments did not always accurately reflect the actions staff took to protect the person from identified risks. For example, one person's risk assessment indicated that they required support to be repositioned every two hours. Documents showed this support had not been provided during the day. When asked staff explained that the person was very mobile during the day and did not need support with repositioning but was regularly repositioned during the night. Another person's care plan indicated that staff needed to maintain line of sight observations to ensure their safety during specific situations. Staff understood why this was necessary and explained that these issues tended to occur at specific times during the day. This person's risk assessment did not include all of the detailed information about the specific risk and thus would not provide new members of staff with sufficient information to ensure the risk was appropriately managed. This meant that staff were not informed, guided or directed in how to minimise the risk from occurring so that they could approach this in a consistent manner.

Although some improvements had been made within the service's risk assessment documents the failure to adequately identify significant incidents for further investigation and the lack of detailed information within the risk assessment documents represents an ongoing breach of regulation 12(1) of The Health and Social care Act 2008 (Regulated Activity) Regulations 2014.

One person's relative told us, "[My relative] is definitely safe" and staff said; "I believe people are safe and well looked after. They all seem happy. They come first at the end of the day", "People are definitely safe and well looked after" and, "People are safe. It's better than it used to be."

Staff understood local safeguarding procedures and training records showed that since our last inspection staff had received safeguarding training. Information about the local authorities safeguarding procedures was displayed in the service reception area and staff told us, "The safeguarding number is at the front door."

We identified during our previous inspection that one person was being provided with medicine without their knowledge but in their best interests and that no specific risk assessment had been completed for this

activity. During this inspection we found this practice was no longer in use and that systems had been introduced to assess the risks of these types of activity in future.

In September 2015 we found that some lifting equipment had not been regularly serviced. During this inspection we found that all lifting equipment was now being regularly serviced and checked by an appropriate external contactor to ensure it was safe for use.

During this inspection we also noted that additional infection control equipment had been provided throughout the service. Hand washing gels were now available in all areas and additional glove and apron dispensers had been installed.

## Is the service effective?

### Our findings

During our previous inspection we found new members of staff had not received induction training and the service had not provided existing staff with appropriate refresher training. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some limited improvements had been made to the service's induction processes. However, there was a continued lack of formal induction training and supervision for newly recruited staff. New members of staff had not received training in accordance with the requirements of the Care Certificate which replaced the Common Induction Standards (CIS) in 2015. The Care Certificate training is designed to ensure staff new to care, work are provided with sufficient training to enable them to provide compassionate, safe and high quality care and support. Instead new staff had been provided with CIS training workbooks that they had begun to complete. Although the provider had arranged for the registered manager to receive additional support with the induction and training of new members of staff this had not yet been provided. The allocated member of staff had initially focused on reviewing and updating people's care plans.

At this inspection we found significant additional training had been provided. Staff files and the service's training matrix showed staff had recently received training in safeguarding adults, infection control, dementia, manual handling procedures and fire safety. Staff told us, "I have done safeguarding training and my online training is up to date" and, "There is a lot more training coming our way." The provider's nominated individual told us that in future staff would receive face to face training annually, provided by a local college.

Although significant improvements in training provision for staff had been made current systems for the induction training of new members of staff were insufficient and further improvements were required. This meant the service was still in breach of regulation 18(1) of The Health and Social care Act 2008 (Regulated Activity) Regulations 2014.

Records showed staff had regularly received supervision from managers. Staff told us, "Supervision is being done" and their performance had also been assessed by a manager form one of the provider's other services. Staff annual performance appraisals had been reintroduced and notices within staff areas indicated that staff appraisal meetings would be held in August 2016.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service's management team remained unclear about their role and responsibilities under the MCA. Where people's condition had impacted on their capacity to make decisions the service had not completed necessary assessments of the person's capacity to make specific decisions. In addition, where decision had been made in people's best interest these decision had not been appropriately documented.

However, during our observation we saw people were able to make decisions and choices within the service and that staff acted in people's best interests while providing care and support. New systems had been introduced to record details of the legal arrangements people had made in the event they were no longer able to make decision for themselves.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our previous inspection we found that some people's care plans were potentially restrictive and had not been appropriately authorised. At this inspection we found the service had made appropriate applications for potentially restrictive care plans to be authorised by the local authority.

These improvements meant that the service was no longer in breach of the requirements of regulation 11 of The Health and Social care Act 2008 (Regulated Activity) Regulations 2014. However, further improvements are necessary to ensure people's capacity to make decisions is appropriately assessed.

People told us, "The food is nice" and, "The food is very good, if you don't want something they will do you something else." Since our previous inspection a new menu with additional choices had been introduced. Staff told us, "The new menu is wonderful. People have choice which is really nice." Kitchen staff had been provided with appropriate guidance on people's likes, preferences and nutritional needs. Repairs to the kitchen flooring remained outstanding but the registered manager told us that these works were next on the list of improvement to be made to the service's environment.

Significant improvement to the service's environment had been made since our last inspection. Damaged carpets had been replaced and the redecoration of first floor rooms had been completed. Outside a fence had been constructed to screen off storage areas and, damaged trees within the gardens had been removed to ensure people's safety. A maintenance person worked part time in the service and records demonstrated reported issues were addressed and resolved promptly.

At our previous inspection we identified that there was a lack of dementia friendly signage or other orientation aids with in the service. At this inspection we again found that no additional aids to people's orientation had been provided. Many people living in the service had a diagnosis of dementia or were known to become confused. We noted that people's bedrooms were not named and that some existing signage was inaccurate and therefore confusing. For example a sign on the lounge door said dining room. Staff told us that one person who had become more confused since our previous inspection was now regularly struggling to identify their own room within the service.

We recommend that the provider seeks guidance from appropriate professionals on the use of aids to orientation for people living with a diagnosis of dementia.

## Is the service caring?

### Our findings

During our previous inspection we found that people were well cared for but that on occasion their dignity and privacy was not respected. At this inspection we observed numerous examples of staff providing care with kindness and compassion. For example, one person was clearly nervous of walking independently around the service. Staff spent time with this person explaining the benefits of walking independently and describing how they would support the person to walk to the dining room. When the person agreed to try to walk independently, staff provided clear instructions, offered their hand and provided praise and encouragement throughout the short walk. Having successfully walked to the dining room the person thanked the staff member for their support and encouragement.

At our previous inspection we found that people's privacy was not consistently respected as staff opened occupied toilet doors without knocking and laundry including personal items was left on windowsills in hallways outside people's rooms.

Throughout this inspection we observed that staff respected people's privacy and acted to preserve people's dignity. Although the lock on the ground floor toilet door had not been repaired, we saw this toilet was not used during our inspection. Instead people were supported to use another nearby toilet. Staff knocked on doors and waited for a response before entering rooms and one person told us, "I can lock the door to my room." In addition, people's laundry was now returned directly to their rooms.

People told us, "[The staff] are very nice, they really are", "The staff are nice people. They look after you well" and, "It's very good, you would have to go a long way to find any better." One person's relative told us, "[The staff] are great."

Staff knew people well and understood people's individual likes and preferences. One person told us, "They know I wake up in the night, so if I ring my bell they bring me a cup of tea."

We noted throughout our inspection that staff appeared to have more time to spend with people and responded promptly to people's requests for support. During the second day of our inspection one person was feeling upset and anxious. The registered manager provided this person with individual support and reassurance. This ensured the person's increased support needs did not impact on the availability of staff to provide support for others.

## Is the service responsive?

### Our findings

During our inspection in September 2015 we found people's care plans were of a generic nature and did not accurately reflect their individual care needs. In addition care plans did not include information about people's life history, interests and hobbies. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that everyone's care plan had been reviewed and updated by the provider's training and care planning lead since our last inspection. Generic phrases had been removed and people's care plans now more accurately reflected their current care needs. Staff recognised that people's care plans had significantly improved and told us, "The care plans are better. We are on top of those now. That's much better" and, "Care plans, that's all sorted. Everything gets documented and the info is very clear. You have a better understanding of what has happened. It is a positive that is."

All care plans now included some information about people's background and life history to help staff to understand how the person's background and experiences could influence their current care needs. Staff told us they were talking with people and their relatives where possible to gather additional information about people's specific interests.

Detailed daily records of care had been completed. These records demonstrated that people's care needs had been met and, that individual support with activities had been provided to people who were cared for in bed or preferred to spend most of their time in their rooms.

Previously we found there was a noticeable lack of activities for people to engage with. We saw that people tended to spend time in the service's lounge where the television was left on but people were not watching. During both days of this inspection we noted there were significantly more activities available for people to enjoy. Staff told us, "There is a lady who is doing activities regularly now", "Activities are brilliant now. The activities coordinator has made a dramatic improvement" and, "There are more staff so there is more time to do things with people."

The activities coordinator had been employed two weeks before our inspection and told us, "I am in the process of trying to assess people's different needs for activities." The member of domestic staff who previously had been providing support with activities had also been retained in this role. This meant that dedicated activities support within the service had significantly increased. A detailed activities schedule had been introduced and an activities notice board was used to inform people of planned events within the service. During the two days of this inspection we saw people enjoying a number of activities including; a knitting club, reminiscing activities on an individual basis, a newspaper review group and various craft activities. We also noticed that care staff spent more time in conversation with people while not directly involved in the provision of care. For example, we saw that one staff member chose to spend their break chatting with one person in the service's garden.

The improvements in the accuracy of care plans combined with increase in activities available within the

service meant the provider had met the shortfalls in relation to regulation 9(3)(b) of The Health and Social care Act 2008 (Regulated Activity) Regulations 2014.

This focused inspection showed the service was continuing to develop and improve the quality of care planning documents and availability of activities within the service. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

## Is the service well-led?

### Our findings

At our previous inspection we found the service's registered manager had been away from the service for an extended period and the arrangements made to provide staff with appropriate leadership during this period had been ineffective. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had returned to the service during our previous inspection and had been working full time in the service since that time. Staff told us, "It is better now the registered manager is back."

The provider and registered manager had recognised and accepted the concerns identified during our September inspection. A detailed action plan had been developed to address and resolve the identified concerns. The registered manager had received additional support from both the provider's area manager who had regularly visited the service and the provider's care planning and training lead who had been based in the service for up to three days per week. In addition support with the administration of staff recruitment and training records had been provided by the provider's personal assistant. This meant the service had received significant additional managerial support since our last inspection.

The increase in staffing levels within the service had also had a beneficial impact on the service's leadership. The deputy manager and team leader now had more time to focus on their leadership responsibilities as sufficient staff were normally available to meet people's care needs. The service's managers told us, "It's been busy but positive", "I think it has improved" and "I think we have come along absolutely leaps and bounds."

Staff told us they now felt well supported by the service's leadership team and that team meetings had been held regularly. A number of staff specifically praised the deputy manager's caring and supportive approach.

Staff morale had improved and staff recognised that the action taken by the provider and registered manager had led to improvements within the home. Staff commented, "On the whole it's a lovely home", "It's still not 100% but it is a lot better than it was", "It really has changed. It is better" and, "The atmosphere is much much better, absolutely without a doubt." The registered manager recognised that further improvements were needed and told us "We are not 100% yet, but we are certainly getting there."

At our previous inspection we found there had been a significant disconnect between the provider and the staff team. This issue had improved but remained of concern to some staff. In addition, staff reported that issues and concerns raised with the registered manager were not always dealt with effectively. For example, a number of staff raised concerns about a person who regularly liked to return to their room but was currently unable to do so independently due to the location of their room. Staff said they had reported this issue to the registered manager on a number of occasions including during a team meeting and had been told this issue would be addressed. However, no action had been taken to address the issue and we noted during our inspection that this person regularly asked staff for support to access their room.

More formalised quality assurance processes had been introduced within the service. Regular site visits and an inspection of the service had been completed by the provider's directors. After the inspection a report was produced highlighting any areas of improvement that had been identified. Action plans had been developed to address the issues highlighted in the reports that identified which member of staff were responsible for addressing and resolving any concerns identified. Although these systems were more robust further improvements were required as incidents and accidents that had occurred within the service had not been appropriately recorded.

The return of the registered manager, combined with the significant additional managerial support provided and the improvements to the services quality assurance processes mean that the service now complied with regulation 17(1) of The Health and Social care Act 2008 (Regulated Activity) Regulations 2014.

The service's inspection report was not displayed within the home at the time of our arrival and we noted before our visit that there was no link to the service's inspection report from the provider's website. We raised these issues with the Registered Manager and provider's Area Manager during feedback at the end of the first day of our inspection. On the second day of our inspection we saw that a summary of our previous inspection report was now displayed within the home as required. However, we found several weeks after our inspection that the service's website still did not include a link to their most recent inspection report. This is a breach of regulation 20A of The Health and Social care Act 2008 (Regulated Activity) Regulations 2014.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure care and treatment was provided in a safe way. Identified risks had not been appropriately managed and significant incidents had not been adequately investigated.
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments  The provider's website did not include a link to their most recent inspection report.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not received induction training in line with current best practice.