Alhambra Care Limited

Elm Lodge Residential Care Home

Inspection report

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Tel: 01924262420

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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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Elm Lodge Residential Care Home on 20 July 2017 June 2017 and the visit was unannounced. There were 16 people living at the service at the time of our inspection.

Our last inspection took place in June 2016 when we rated the service to be 'Requires Improvement'. At that time we found four breaches of regulation. They were in relation to consent, safe care and treatment, premises and equipment and good governance. On this inspection we found the provider had achieved compliance in relation to consent and premises and equipment but there were outstanding issues in relation to safe care and treatment and good governance.

During the inspection on 20 July 2017 we checked what actions had been taken in relation to these breaches.

Elm Lodge Residential Care home provides accommodation and personal care for up to 17 older people. Respite care is also provided. The home is arranged over two floors with bedrooms on each floor. In the grounds of the home there is a car park and a patio area.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and we saw improvements in environmental safety had been made since the last inspection. This included improvements in relation to fire safety and making sure information was in place for staff to follow in the event of an emergency.

We found water temperatures were not high enough to enable people to bathe or wash safely and comfortably.

Staff knew how to recognise and report abuse.

People spoke very highly of the staff and we saw staff were recruited safely and received good training and support.

We were concerned about the availability of sufficient staff to provide people with the care and support they needed and have made a recommendation that the provider reviews staffing levels and deployment of staff.

Accidents and incidents were analysed to look at ways in which they could be avoided in the future and risks to people mitigated.

Medicines management was safe which helped ensure people received their medicines as prescribed.

We found the home was clean and people who lived there told their rooms were kept clean.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff needed further training to make sure they fully understood the process in relation to best interest decisions.

People said they enjoyed the food at the home but we found it lacked in nutritional value and found staff did not have good knowledge of people's dietary requirements or provide people with the support they needed with their meals.

People said they felt well cared for and we observed kind and caring interactions from staff.

We saw people were supported to maintain their health and had access to the full range of NHS services. Paper based care plans were in place for people to take to hospital with them if needed.

People did not always receive the support they needed to make sure their privacy and dignity needs were met.

Care plans were in place but varied in quality. Further work was needed to make sure care plans were person centred and individual to the person concerned.

People said they enjoyed the activities provided at the home and felt their families and friends were welcomed. People told us they appreciated the parties staff organised for them.

People said they could speak with staff or management about any concerns they might have. A complaints procedure was in place and was followed as necessary.

Staff, relatives and people who lived at the home all expressed confidence in the registered manager.

Improvements had been made in systems for auditing the safety and quality of the service and whilst we found the improvements were sufficient to achieve compliance with the regulation we have made a recommendation that auditing required further development to make sure all issues affecting the safety, comfort and wellbeing of people living at the home are identified and addressed.

We found the provider was in breach of three regulations. These were in relation to Regulation 10 (Dignity and respect) and Regulation 14 (Meeting nutritional and hydration needs) and there was a further breach in relation to Regulation 12 (Safe care and treatment).

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff understood how to keep people safe.

Hot water temperatures needed to be monitored closely to ensure people's comfort and safety.

Medicines were managed safely

Improvements were needed in relation to staffing arrangements to make sure there were sufficient staff available to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received the training and support they needed.

The service was working in line with the requirements of the MCA and DoLS but further understanding of the process around best interests decisions was needed.

People did not receive the support they needed to meet their nutritional needs.

Is the service caring?

Requires Improvement

The service was not consistently caring

People were complimentary about the staff who provided care and support.

We observed some interactions where staff were caring. However, we also saw practices which showed a lack of respect for people's privacy and dignity.

Staff did not take sufficient action to meet the needs of people with protected characteristics.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not always person centred and we saw little evidence of people being involved in the care planning process.

People enjoyed activities within the home.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led

People had confidence in the registered manager

Systems for auditing safety and quality had improved but further development was required.

People's opinions about the service were sought and valued.

Elm Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 June 2017 and was unannounced. One adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service, and contacted the local authority contracts and safeguarding teams. The provider completed a Provider Information Return (PIR) which 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.

At the time of our inspection there were 16 people using the service. During our visit we spoke with 10 people who used the service, one visiting relative, six members of staff, the registered manager and deputy manager. We observed how people were being cared for and looked around areas of the home, which included some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's care records.

Requires Improvement

Is the service safe?

Our findings

We asked people who lived at Elm Lodge if they felt safe, and they told us they did. One person pointed out the high wrought-iron fence around the building and said it kept people out. People also told us they trusted staff to support them safely.

We saw that where incidents which could put people at risk had occurred, this had been managed appropriately and had been reported to the local authority safeguarding team. The Care Quality Commission had also been informed.

Staff we spoke with were clear about what they would do if they had any concerns about people's safety. They gave us examples of what might indicate a person was at risk and told us they would not hesitate to report any concerns to the registered manager.

Information about keeping people safe was available for people to see in the hallway.

Systems were in place to make sure the environment was safe and action had been taken to address issues identified at the last inspection. This included the fitting of new window restrictors and a new handrail to the main staircase. We also found the standards of hygiene and infection control had improved and were good throughout the home.

However, we found that despite low water temperatures being identified at the last inspection in June 2016, this remained an issue. For example, we measured the running hot water temperature in one bath to be 30.5 degrees Celsius and in another to be 34 degrees Celsius. In the washbasins in two bedrooms the water did not run warm at all and in another the hot water measured only 32 degrees Celsius. This would not provide people with a comfortable washing or bathing experience.

We saw regular checks of water temperatures had been made but in the last six months the hot water to the baths had not exceeded 41.7 degrees Celsius with the latest recording being 39.1 degrees Celsius. The home's own information said hot water should be delivered 'at a temperature close to and not exceeding 43 degrees Celsius.

The registered manager told us heating engineers had been out to check the boiler and they made another call to them on the day of the inspection. The registered manager also developed a bathing risk assessment for staff to follow to make sure people bathed at a temperature suitable to them.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We noted the provider had made other improvements to improve people's safety since the last inspection. Fire tests had been held on a weekly basis and a minimum of four fire drills were taking place annually. The registered manager told us the fire drill was discussed at all staff meetings and some enactments of

evacuation had taken place.

We looked at certificates and service records such as gas installation, electrical wiring and safe water storage; these showed checks had been carried out to make sure the premises and equipment were safe.

Each person had a personal emergency evacuation plan (PEEP) in place which included information about how people should be evacuated. For example one PEEP said the person's mattress could be deflated to use as a transfer sheet. PEEPs also identified the nearest escape point and have details about the thirty minute efficacy of the bedroom doors which meant people would be safe to remain in their rooms until the fire service arrived.

Risks to people's personal safety were assessed and managed through the care planning process.

We checked the systems in place for the management of medicines in the home. These had improved since the last inspection with temperatures taken three times each day of the areas in which medicines were stored.

Medication administration charts (MARs) included details of the medicines received into the home with signatures indicating these had been checked by two members of staff. Whilst the service had not yet introduced protocols for medicines administered on an 'as required' (PRN) basis, there was detailed information available about each of the medicines people were taking. The registered manager told us they were working on PRN protocols for each person. We saw that countdown charts to check stock levels, were in place for all PRN medicines and Warfarin tablets.
A system was in place to make sure people received time critical medicines at the right time. For example, medicines that needed to be taken prior to food were delivered in separate blister packs so they could easily be administered separate to other medicines.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

We checked the stock levels for a sample of medicines delivered to the service in boxes rather than blister packs. This included some controlled drugs. All of the stock levels we checked corresponded with the amounts recorded as received and administered. This meant medicines were managed safely within the home.

Staff rotas showed three staff on duty between 7am and 9pm with two staff on duty between 9pm and 7am. The registered manager and deputy manager were also available between approximately 9am and 5pm on weekdays.

The registered manager told us four people living at the home needed two staff to meet their needs.

We were concerned that, on occasions there did not seem to be sufficient staff available to meet people's needs and ensure their safety. For example, at lunchtime when the senior care assistant was busy with a GP visit. This left only two staff to assist people with their meals, including delivering meals to people in their rooms. However, we noted the registered manager and deputy manager remained in the office during this time.

Domestic staff worked between 9am and 1pm on weekdays with no cover at weekends. Catering staff

worked between 7am and 3pm daily. This meant care staff were responsible for cleaning at weekends and had to serve the prepared meal at tea time and wash up. Care staff were also responsible for the laundry.

None of the people we spoke with raised concerns about staffing levels. People confirmed that bedside alarms were always answered quickly, and they felt confident the staff would be able to take care of any physical need they had.

We recommend the provider audits staffing arrangements to ensure effective deployment of staff to make sure sufficient staff are available to meet people's needs at all times.

Safe recruitment procedures were in place. We looked at the files of three members of staff. We found all the required checks had been completed before the person started work. This included getting two written references and a satisfactory DBS (Disclosure and Barring Service) check. DBS checks are done to confirm prospective employees do not have any criminal convictions which would make them unsuitable to work with vulnerable people.

We saw accidents and incidents that happened in the home were documented and investigated for any possible causes such as side effects of medicines. People assessed as at risk of falls were offered pendant type call bells.

All accidents and incidents were analysed to see if there were any emerging themes or patterns.

Requires Improvement

Is the service effective?

Our findings

People we spoke with expressed a great deal of confidence in the staff. People who lived at the home told us: "You only have to ask for anything." "Nothing is too much trouble." and "They are all really good".

A visiting relative told us staff were all consistently capable and caring, and they put this down to good management and supervision.

The registered manager told us all new staff followed an induction process and it was their intention to revisit induction with all staff through the 'Skills for Care' training in common induction standards which would lead onto staff studying toward the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe and compassionate care.

Although staff followed a thorough training programme and were up to date in areas including; safeguarding, infection control, dementia care, medication palliative care, the registered manager was committed to improve induction and training. This showed they were trying to continually improve.

Moving and handling training was delivered within the home by the registered manager who had achieved the qualification necessary to deliver this training. We witnessed an example of staff working in line with their training when a person fell. Staff managed this situation calmly and appropriately whilst also supporting another person affected by the incident.
Staff received four formal supervision sessions with their manager each year and an annual appraisal.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found the service was not compliant in issues around DoLS and consent.

We saw improvements had been made with mental capacity assessments having been completed and DoLS authorisations applied for as required.

We looked at the care plan for a person with a DoLS authorisation in place. The care plan included detail of the conditions applied to the DoLS and information about how the conditions were to be met.

Where decisions were needed for people who lacked capacity, care plans stated the best interest decision process needed to be followed. However in a care plan for a person with a DoLS authorisation, we noted this

was detailed as 'staff should make best interest decisions'. It is important that best interest decisions involve more people, for example health care professionals and the person nominated in the DoLS authorisation as representative rather than just the staff working at the home.

We saw staff had respected a person's wishes and decision about not telling their family about a medical appointment. The registered manager upheld the person's right to privacy even though the family complained they had not been informed of the appointment. This demonstrated a good understanding of people having the right to make decisions about their care and who they consented to knowing about personal issues.

Although care staff had received training in MCA and DoLS, they struggled to describe to us what this meant for people, other than saying they did not have capacity to make decisions.

Previous inspections of the service had identified a need for refurbishment and redecoration in some areas of the home.

On this inspection we saw actions had been taken and we found the refurbishment of the lounge and dining room to be of a good standard and included the fitting of safety flooring which was pleasant in appearance and appropriate for people with mobility problems. The registered manager told us in their PIR that all redecoration in the home was 'specifically mindful of people with degenerative cognitive function. The registered manager told us a refurbishment plan was in place and being followed.

People took their meals either in the dining room, the lounge, or in their own room if they preferred. The dining room was nicely set out with serviettes and condiments available on each table. The registered manager told us people were offered a choice of two main meals approximately ten minutes before the meal was served. People told us they liked the food, and qualified this by saying that if they did not, the staff would willingly get them something else. Of the six people having lunch in the lounge, three had asked for something that was not on the menu.

We found the main meal to lack nutritional value. People were served either sausages or tinned meatballs with Yorkshire pudding and mashed potato. No vegetables were available. We sampled a small amount of the meal and found the mashed potato to be lumpy and lacking in taste and the meatballs unpleasant. Pudding was ginger cake with custard, or yoghurts were available as an alternative.

We spoke with the cook who told us they fortified people's meals when this was needed. However, although we saw cream was available in the kitchen, this had not been used in the meal served. We also noted that instead of butter, a low fat spread was used and the yoghurts were also low fat.

Staff told us vegetables were not always served with the main meal and gave an example of a day earlier in the week when shepherd's pie was served without any vegetables.

The tea time meal was soup and sandwiches which were served with a small side salad.

Two care plans we looked at stated that to maintain their health, the person was to be encouraged 'to eat at least five portions of fruit and vegetables daily'.

We saw from one person's dietary needs care plan they were diabetic and staff were to 'ensure safe sugar levels' the care plan also said the person needed to have a diet with a reduced saturated and total fat content. This was not included in the information held in the kitchen about people's dietary needs and none

of the staff we spoke with were aware of this person's specific needs.

Meals were served already plated, including gravy which meant people did not have choice over what went on their plate.

People did not always receive the assistance they needed with their meals. For example we observed a person in the lounge who appeared unable to cut up their food and left most of their main course. However they ate all of their pudding which they could do with a spoon.

Staff were not always available in the dining room and we had to assist a person during a slight choking episode.

Service of the meal was disorganised with staff in and out of the dining room. We observed different staff asking people if they wanted their pudding and then leaving the room. In one instance we saw a person who had been told by two different staff they would bring their pudding waited for over half an hour at which point we brought this to staff's attention.

Because of the lack of organisation it was not possible for staff to have an awareness of how people had eaten.

Although we did not see evidence of people losing weight, we considered the lack of organisation, lack of staff knowledge of people's individual dietary needs and the poor nutritional value of the meals could put people at risk of not receiving the nutrition they needed.

This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities 2014) Regulations.

The care records showed people had input from different healthcare professionals such as GPs, district nurses, chiropodists, dentists and opticians. We saw where advice had been given by healthcare professionals; this had been included in the care plans.

Some people told us when they needed to go to hospital they were accompanied by a staff member. This was confirmed by the registered manager who told us they would always provide an escort to hospital. If this was at night, whoever was on call would accompany the person. One person said they had been provided with a special bed on the recommendation of the hospital.

Requires Improvement

Is the service caring?

Our findings

When we asked people if staff were caring, respectful and considerate, all were full of praise for the staff in this regard. One person praised the staff for explaining as well as delivering care. They also felt confident that they could speak to staff and management about anything that worried them.

We saw one person invited to sit in the office with the registered manager when they were experiencing some anxiety.

People told us their needs were being met very well. As well as food and accommodation, social activities were appreciated. People told us that relatives were involved in and helped with social events. We saw two people had weekly visits from a local clergyman, and other visitors were welcomed anytime, except for protected mealtimes. People who lived at the home and a visiting relative told us that visitors were made to feel welcome by staff.

We observed some interactions where staff demonstrated a caring approach. They knew the people who used the service well and the atmosphere was very homely.

People in the communal areas appeared to have had good support with their personal hygiene and personal care. However we noted some issues where staff had not supported people in meeting their dignity needs. For example, we saw people in bed with long dirty fingernails and one person had a sticky and dirty eye.

Another example was a person in their room who was shouting loudly, asking for somebody to come as they were fed up. When we went to see this person we found they had not been supported to put their hearing aid in and they were asking for it.

We found staff did not take sufficient action to meet the needs of people with protected characteristics. The protected characteristics set out in the Equalities Act are religion or belief, age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race.

We saw one person with very poor vision. The senior care assistant who supported the person to the dining room told us they needed to be informed of what was on their plate and where the condiments were. However we observed the person had their meal put in front of them by a member of staff stretching across the table. The plate was not near enough to the person and no explanation was given to them about what was on their plate, where their cutlery was or where the condiments were. We saw another person who lived at the home assisted the person with their cutlery and told them what was on their plate.

Another example was when a member of the inspection team who uses a wheelchair arrived at the service. Although staff had been informed the person used a wheelchair they did not go out to open the gate for the person and when they arrived at the door staff struggled to open the doors sufficiently to allow the wheelchair through. Staff then left the area and another member of the inspection had to assist the person

as their wheelchair did not fit through the hallway.

We also noted that dividing curtains were not fitted in shared bedrooms. Whilst mobile blinds were available, these would not provide people with an appropriate level of privacy.

These examples demonstrate a failure to meet people's dignity needs and are a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act (Regulated Activities) Regulations 2014

We saw a hairdresser and manicurist visited the service and a staff member told us there was a trolley shop service for small items such as sweets and toiletries. The registered manager told us the trolley shop was non-profit making.

We saw where people had 'Do not attempt Cardio-Pulmonary Resuscitation' (DNRCPR) orders in place; a related care plan had been developed to make sure staff were aware of people's needs and wishes in relation to end of life care.

Requires Improvement

Is the service responsive?

Our findings

Care plans were developed and reviewed electronically and a hard copy known as a 'Go to hospital' file was also maintained. This meant that when people had to go into hospital a copy of their care plan went with them to aid hospital staff in understanding the person's needs and how to meet them.

Care plans varied in quality. Some gave very clear details, for example the care plans for medication which detailed the medicine and how the person liked to take it and the DoLS care plan which included detail about the conditions and how they had been met.

However others lacked a person centred approach and some were generic.

For example, one person's care plan for communication needs said staff were to spend time chatting with the person as this would be a good way to find out 'the residents feeling'.
Another example was a care plan which gave very good detail about Alzheimer's disease but was not personalised to the individual stating 'Talk with the person' and 'Explore which method of communication is most comfortable for the person'.

Other care plans also contained standard statements such as the medical care plans which said people were to be encouraged to eat at least five portions of fruit and veg daily.

Care plans contained little detail of people's personal choices and preferences about how their care needs should be met. For example, neither of the care plans we looked at gave any details about people's food and drink preferences or what activities or pastimes they enjoyed.

None of the people we spoke with were aware of any formal arrangements for reviewing their care needs, however they felt they could talk to staff and management freely, and were confident that any requirements or preferences would be met.

Although we saw from one person's care plan that their family member had 'approved' their care plan we did not see any other evidence of people being involved in the development and review of their care plans.

The registered manager told us only one person had a pen picture of their life history in place. Pen pictures are important in helping staff to get to know people using the service particularly when people have difficulty in recalling or communicating information about themselves.

People told us staff supported them with activities and the registered manager told us a member of care staff was taking a lead role in this area.

On the day of our inspection we saw people engaged in a game of bingo which they appeared to enjoy thoroughly. One person was excited to show us a prize they had won and said they loved to win prizes.

We saw another person using an age appropriate art book and noticed a jig-saw set up in one person's bedroom for them to do when they wanted time alone.

A large-screen television was on in the lounge throughout our visit. It was placed above the fireplace in the middle of one wall, not visible to everyone. One person told us they liked to sit next to the television so that they did not have to see it.

We noted people sitting opposite the television would struggle to watch it continuously due to the unavoidable situation of staff and other people walking through the room.

We did not see people asked about what they would like to watch and the television stayed on the same channel throughout the day. We did note that other televisions were available in other rooms including peoples bedrooms.

People told us about parties held within the home. One person said they had been given a birthday party to which their friends and family, as well as other residents, were invited. Another two people told us they had a very good Christmas party last year. They felt this indicative of the staff's desire to make them feel happy and cared for.

People told us they were not aware of any formal complaints procedure but said they had no complaints and would feel able to make complaints and observations to staff or management if necessary.

We saw a complaints procedure was in place and saw evidence this had been followed when necessary.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place who had been registered with the Care Quality Commission since January 2014.

All of the people we spoke with, including people who lived at the home, staff and relatives expressed confidence in the management of the service.

Staff told us they really enjoyed working at the service. They told us communication was good, between staff and between staff and management, and felt confident in saying what they thought.

We saw minutes of monthly staff meetings and staff told us they were able to give their views and suggestions during these meetings. An example of this was the new stair lift and floor coverings which staff told us were a response to suggestions from staff when discussing the refurbishment plan.

At our last inspection in June 2016 we found the service was in breach of Regulation 17 Good governance because although audits of the safety and quality of the service were taking place they had not highlighted issues found during the inspection.

We found the registered manager had taken action to make sure audits of the environment were robust and we saw actions had been taken where issues had been identified. An example of this was the issue with water temperatures, which although not fully resolved, had been identified and actions taken to resolve the problem.

The registered manager told us the provider conducted six monthly quality audits with the last one having taken place in December 2016.

We found the improvements made to systems for auditing were sufficient to achieve compliance with the breach of Regulation 17 found at the inspection of June 2016. However further development is required to make sure audits are robust.

We recommend the provider further develops quality assurance processes to make sure all issues affecting the safety, comfort and wellbeing of people living at the service, are identified and addressed.

We saw good systems were in place to audit and review accidents and incidents that happened within the service. The audit looked at possible causes for the incidents and looked for any emerging themes and trends so that action could be taken to reduce the risk of reoccurrence.

Questionnaires to gain the views of people who used or were involved with the service were sent out on an annual basis. We saw these had been analysed by the registered manager and a plan for improvement based on feedback from the questionnaires had been developed. This was on display in the hallway.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Staff did not take sufficient action to make sure people's dignity needs were met.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Hot water temperatures were not appropriate to ensure people's comfort and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People did not always receive the diet they needed to meet their nutritional needs