Care Quality Commission

Deepdene Care Limited

Deepdene Court

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?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 2 and 4 February 2015 and was unannounced.

The home provides care and accommodation for up to 40 people who have a range of mental illnesses, including people who have complex and enduring needs as well as substance misuse needs. The service was provided in two adjoining properties: St. Catherine's and Fieldings. St Catherine's accommodates up to 18 people who may require nursing care and at the time of the inspection housed 13 people. Fieldings accommodates up to 22 people who require care and support and at the time of the inspection also housed 13 people. Each of the two properties had communal lounges and dining areas as well as gardens which people used. All bedrooms were single and all bedrooms in St Catherine's had an en-suite bathroom and four had this facility in Fieldings. The home had a staff team of 20 care staff and nine registered nurses plus additional staff for cleaning, maintenance and cooking.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff were aware of safeguarding adults procedures and their responsibilities to report any concerns they had, but mental health professionals said there were occasions when there was a delay in being notified of incidents and concerns. Details about which professionals to contact where people were subject to legal supervision were not clear for one person. The staff had not followed the admission for one person which had the potential to place people at risk. People gave us mixed views about feeling safe in the home. One relative and one person we spoke to referred to incidents of violence in the home. We also found there was a lack of clarity regarding the liaison and reporting of events and incidents to those professional who had responsibility for the formal legal supervision of people.

Care records included assessments of any risks to people and corresponding action staff should take to reduce these risks. These included details about people’s behaviour which presented a risk and for supporting people who were at risk when going out in the community.

Sufficient numbers of staff were provided to meet people‘s needs. Pre-employment checks were made on newly appointed staff so that only people who were suitable to provide care were employed.

People’s medicines were safely managed and guidelines were recorded when staff needed to support people with medicines they needed on ‘as required’ basis. However, not all nursing staff had attended recent medicines training.

People told us they were supported by staff who were well trained and competent. Staff had access to a range of relevant training courses and said they were supported in their work.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). There were policies and procedures regarding the assessment of people who may not have capacity to consent to their care and the registered manager knew when these procedures needed to be used. The registered manager and staff were also aware of when to refer someone for assessment for assessment or treatment under the Mental Health Act 1984.

People were supported to eat and drink and to have a balanced diet. There was a choice of food and people said they liked the food. Special dietary needs were catered for and nutritional assessments carried out when this was needed so people received an adequate diet.

People’s health care needs were assessed and recorded. Care records showed people’s physical health care needs were monitored and that people had regular health care checks. Community health and social care professionals said the staff made appropriate referrals when people needed an assessment of their mental health.

Whilst ongoing refurbishment of Fieldings was noted during our visit there were a number of areas where the design and decoration needed to be improved. This included poor quality flooring which posed a tripping hazard, damaged furniture, decorative defects in bathrooms and bedrooms, and, a communal sitting area which was not warm.

Staff treated people with kindness and had positive working relationships with people. People were consulted about their care and said they were listened to. Staff acknowledged people’s right to privacy and people were supported to develop independent living skills.

Care needs were reassessed and updated on a regular basis. Care plans were completed for each person and reflected how people liked to receive care. There was an activities coordinator who engaged people in activities such as going out in the community. A relative and a social worker felt the provision of activities could be further developed.

The complaints procedure was available in the home. A record was made of any complaints along with details of how the issue was looked into and resolved.

Staff were committed to a set of values which included compassion and promoting equality and respect for people. The registered manager and staff encouraged people to communicate with them regarding the running of the service, although we noted surveys were not used to obtain the views of people or relatives.

Summary of findings

A number of audit tools were used to check on the effectiveness of care plans, medicines procedures, and, the environment. These had identified issues with the maintenance of the premises but were not effective in addressing them. The registered manager had a thorough knowledge of community and hospital mental health care and the challenges and risks this entailed.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version 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 not always safe.

Staff had an awareness of the procedures for identifying and reporting suspected abuse but risks to people were increased by the admissions procedure not being followed and a lack of clear details about professionals with legal responsibility for supervising people.

Risks to people were assessed and care plans devised so people were supported to be independent.

There were sufficient numbers of staff to meet the needs of people safely. Checks were made that newly appointed staff were suitable to work with people.

People were safely supported with their medicines; however not all staff had attended training in medicines procedures.

Requires improvement

Is the service effective?
The service was not always effective.

The environment in Fieldings did not meet people's needs due to being poorly maintained.

Staff were supported with training so they had the skills and knowledge for their role.

People agreed to the care and treatment they received. Staff were aware of the policies and procedures of when they needed to follow to assess people's capacity as defined in the Mental Capacity Act 2005 Code of Practice and when assessment and treatment under the Mental Health Act 1984 may be needed .

People were supported to have a balanced and nutritious diet and the staff liaised with health care services so people's health was assessed and treatment arranged where needed.

Requires improvement

Is the service caring?
The service was caring.

People were involved in decisions about their care and staff listened and acted on what people said.

Staff were committed to promoting people's rights and treated them with compassion and respect.

People were encouraged to develop independence and their privacy was promoted.

Good

Summary of findings

Is the service responsive? The service was responsive. People received personalised care which was responsive to their changing needs. People's care needs were reviewed and changes made to the way care was provided when this was needed. People, and their relatives, had opportunities to raise comments and concerns. There was an effective complaints procedure which people, and their relatives, were aware of. Complaints were investigated and responded to.	**Good**
Is the service well-led? The service was not always well led. There were systems to communicate with people about the service and how it was run. The system of audits identified faults in the environment but these had not been addressed in a timely way especially where there were issues of safety. Staff had a set of values which promoted equality and compassion. The service worked in partnership with other organisations to ensure people's needs were met.	**Requires improvement**

Care Quality Commission

Deepdene Court

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. The 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 2 and 4 February 2015 and was unannounced.

The inspection team consisted of an inspector and a specialist advisor in complex mental health and substance misuse.

Before the inspection we reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with eight people and a relative. We also spoke with seven staff and the registered manager.

We looked at the care plans and associated records for six people. We reviewed other records, including the provider's internal checks and audits, staff training records, records of when people attended activities, staff rotas, accidents, incidents and complaints. Records for five staff were reviewed, which included checks on newly appointed staff and staff supervision records.

We spoke with a community mental health nurse from the local health trust who visited the home on a regular basis to provide advice and support to care staff. We spoke to two social services staff who had placed people at the home and had visited the home on a regular basis. These people gave us their permission to include their comments in this report.

At our last inspection on 9 April 2013 we found no concerns.

Is the service safe?

Our findings

People gave us mixed views about whether they felt safe in the home or not. For example, two people said they felt safe whereas another person referred to several incidents of violence which they said unsettled them. A relative also said they were concerned about two violent incidents in the home.

Staff were aware of the need to protect people's rights and from possible abuse and harassment, but we found examples where the staff had not always acted to ensure people were safe. The service had an admissions procedure to fully assess people's needs and to determine whether the person's needs could be safely met. This included a process of the person visiting the home to see if it met their expectations. We found for one person this had not been followed when they were admitted to the home directly from custody. Consequently, the person's behaviour needs could not be met. This had increased the risks to other people in the home.

Records and procedures for contacting those professionals with legal responsibility for supervising people were recorded but this was not clear for one person. This would be used to raise any concerns or following any incidents. There were a number of professionals listed and the registered manager told us they contacted the person's social worker or community psychiatric nurse but the records showed the person was supervised by a probation officer. Two of the health and social care professionals we spoke with said they were kept informed of any incidents in the home regarding people's safety but said there were occasions when they were not contacted in a timely way so people's safety could be reviewed. One health and social care professional commented there were times when the staff were too tolerant of violent incidents in the home, whereas two other professionals said staff supported people well with any behaviour needs.

We found that the registered person had not taken steps to consistently protect people from possible abuse and for having clear procedures for reporting incidents to community professionals who supervised people in the home. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care records included details about risks to their well-being. These included risk assessments when people went out in the community as well as risks related to people's mobility, risks of self-neglect and behaviour. There were corresponding care plans of the actions staff should take to reduce these risks so that people were safe. For example, there were assessments and care plans regarding someone who had risks linked to their ability to safely manage their money. Health and social care professionals also said the staff had a good awareness of risk and for managing risks to people. Where incidents had taken place we saw these were looked into and amendments made to care plans so staff had guidance on how to safely care for people. Staff were trained in procedures for maintaining their own safety and for managing risks to people. Staff told us there were alarm call points in the home so they could call for support if there was an incident. A health and social care professional told us they observed staff responding to these incidents.

Staff gave us mixed views regarding staffing levels. Two staff said there were enough staff to meet people's needs, but another staff member felt there should be more. The registered manager told us the staffing levels were being reviewed and that nursing staff numbers may be increased. The registered manager and staff said staffing levels were flexible and could be increased in response to people's changing needs. The three health and social care professionals we spoke with said there were enough staff to meet people's needs. People also said there were enough staff. There were two staff teams: one for Fieldings and the other for St. Catherine's. Each had its own staff roster. In St. Catherine's there was one registered nurse on duty at all times plus two care staff. In addition to this were the hours worked by the registered manager and the deputy manager. At night time there was one registered nurse and one care staff member. Two care staff worked in Fieldings plus an assistant manager. The home also employed an activities coordinator for 40 hours a week, a chef, maintenance person and administrative staff. We observed these levels of staff being provided on the days we visited when staff were available and responded to people's needs .

Pre-employment checks were carried out on newly appointed staff including a Disclosure and Barring Service (DBS) check that staff were suitable to provide care to people. These checks identify if prospective staff had a criminal record or were barred from working with children

Requires improvement

Is the service safe?

or adults at risk. Records of staff recruitment showed the provider obtained written references on newly appointed staff including references from the most recent previous employer. These records also showed newly appointed staff were interviewed before being appointed so the provider was able to check the suitability of these staff to provide care to people. Staff confirmed their recruitment involved reference checks and a job interview.

People were safely supported with their medicines and people confirmed this. A record was made each time people were supported to take their medicines. A community psychiatric nurse said the registered nurses monitored people's blood levels for certain medicines and provided a report to the mental health team so the person's blood condition was monitored. Records of these blood tests were maintained. Where people had medicines on an 'as required' (PRN) basis there was a care plan for staff to follow so they knew the signs and symptoms when the medicine was required. Not all staff who handled and administered medicines had received training in this. Three of the nine registered nurses had not completed training in medicines procedures according to the training records. One of these nurses told us they did not see the need to complete this training as they had significant experience in this area. We recommend all staff who have responsibility for handling and administering medicines receive training in this so their skills and knowledge are updated.

Requires improvement

Is the service effective?

Our findings

Fieldings was not well maintained. At the time of the inspection refurbishment was taking place and the provider had ongoing plans to upgrade the environment in recognition of its condition. Décor was in a poor state in bathrooms with cracked tiling, missing wall tiles, flaking plaster on a wall, discoloured grouting, a bath panel which was cracked and therefore posed an infection control risk. In the dining room the dinner table was marked, the walls were also marked and had a hole in the plaster plus there was no lampshade. In one bedroom we saw the linoleum flooring was rucked and posed a trip hazard. Furniture in this room was dirty and in a poor state of repair. The registered manager told us a number of bedroom doors were too narrow to allow new furniture to be taken into them. A communal sitting area was inadequately heated and was cold.

The provider had not adequately maintained the premises so that it was clean, secure and suitable for its purpose. This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In contrast, we found St. Catherine's was well maintained and laid out so that people had private and communal space. Furniture in St Catherine's was intact and clean.

People and their relatives told us the staff had the right skills to support them. Health and social care professionals gave us mixed views about the skills of staff in providing care to people. One professional described the staff as knowledgeable, skilled and supportive to people and their families. This included reference to staff having an awareness of people's needs and how to deal with behaviour that challenged. Another professional said staff had a "passion to care" and knew how to deal with behaviour needs but said the skill levels within the staff team were variable. A third professional said the staff "strive to do a good job" but also described staff as having varying skill levels.

Staff told us they had access to a range of training courses including the safeguarding of people, the Mental Capacity Act 2005, health and safety and challenging behaviour. Staff described the training as being "robust" and of a good standard. Records of training were maintained for each staff member. These showed staff had attended a number of relevant courses in subjects such as mental illnesses, first aid, substance misuse and maintaining boundaries with people. Staff also had access to nationally recognised training qualifications such as the National Vocational Qualification (NVQ) in care and the Diploma in Health and Social Care. Five staff had completed the NVQ level 2 and one a NVQ 3. One of the registered nurses told us how they attended training in order to maintain their registration with the Nursing and Midwifery Council (NMC) as a nurse.

Staff confirmed they received an induction when they started work. Records of the induction of newly appointed staff were maintained. One staff member talked about their induction portfolio and demonstrated a commitment to engaging with people, to helping people build their confidence and to supporting people in the way they preferred.

Staff told us they were supported in their work and had access to a line manager for advice and guidance. Staff meetings allowed staff to discuss the planning of work with people and any developments in care practices they needed to know. Staff said they had one to one supervision with their line manager which was supported by supervision records.

The registered manager and staff had a good awareness of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff were trained in these procedures and the service had policies regarding the assessment of those people unable to consent to their care. Application and assessment forms were available so staff could complete any assessments or make applications to the local authority where people may need their liberty restricting for their safety. At the time of the inspection there were no people subject to a DoLS authorisation by the local authority or people who were unable to consent to their care and treatment. The registered manager and staff were aware of the Mental Health Act 1983 and when it was necessary to refer people for an assessment or treatment for a mental health need.

People told us they liked the food and that there was a choice of food. People, and a relative, said support was given so they had a healthy diet and had access to health care checks and treatment.

Requires improvement

Is the service effective?

We spoke to the chef who was preparing the midday meal. There was a choice of food and special diets were catered for. There was a four week menu plan which showed varied and nutritious meals. Food stocks included fresh meat and fresh vegetables. Fresh fruit was available for people to help themselves to in the communal lounge. One person told us they were being supported to eat a healthy diet in order to control their weight. The registered manager said that where appropriate people's nutritional needs were assessed. Malnutrition universal screening tools (MUST) were used to assess people at risk of not eating and drinking enough. There were records of food intake where needed and people's weight was monitored so action could be taken if they lost or gained weight.

People were supported to access health care services. Records showed staff liaised with a number of health care professionals regarding medicines issues, physical health care and mental health needs. These included community psychiatric nurses and GPs. Care records included details of any mental health symptoms indicating people may need to be reassessed by a medical practitioner or a member of the community mental health services. Records showed people received annual health checks as well as checks with their dentist and optician. More specialist health care assessments were recorded in people's records such as health care checks at local hospitals and surgeries.

Good

Is the service caring?

Our findings

People told us they received care from staff who were kind, caring and compassionate. Comments included, "The staff are very good. They treat me with respect." People said they were listened to and were able to say how they preferred to be helped. A relative described the staff as friendly and as being consistently kind as well as being committed to the care of people. This relative also said the staff team and registered manager were supportive to both people and to their families as well as being approachable and taking time to get to know people and their families well. A health and social care professional described the staff team as always maintaining a positive view of people they cared for and provided both practical and emotional support to people and their families. This professional said of the staff team, "I can't fault them," and described the support provided as "outstanding." Another health and social care professional said staff had a "passion to provide care," were good at listening to people, and, established a good rapport with people.

Staff demonstrated a caring attitude towards people. They had a good awareness of people's needs and how people liked to be supported. One staff member said, "We give our best" and another staff member said how staff respected people and allowed people space for their privacy and independence. Staff had established good working relationships with people and told us how they got to know people and supported people to develop independent living skills, such as cooking and going out in the community. We observed staff interacting with people. Staff engaged with people by either talking to them or playing games, such as pool. Staff knew people's needs and supported people appropriately. For example, they observed people's mood and mental state and responded to this by giving the people space when they wanted this. A relative said how staff got to know people's needs and preferences by engaging them in activities. A health and social professional said how the activities coordinator had established positive and meaningful relationships with people, which made people feel valued. Staff were trained in working with people to improve motivation and in promoting people's dignity.

Care records showed people were involved in discussions and decisions about their care. Care plans were written in a person centred way which means the person's needs and preferences in how they wish to be supported was the main focus. Staff had attended training in person centred care. People's records also included a document called a 'Service Users' Guide' which gave information about what people could expect from the service, the complaints procedure and details about their rights. Regular residents' meetings took place where people could express their views and where staff could discuss any developments about the service.

There were policies and procedures regarding confidentiality which staff understood and had received training in. People had their own rooms so they could spend time in private. On the day of the visit some people preferred to use the communal areas and others to spend time in their room. Bedrooms had a lock which people used for privacy and security. Staff respected people's privacy by only going in their rooms with people's agreement and knocked on bedroom doors before entering.

A relative told us they visited the home on a regular basis and said they were always made to feel welcome. They said there were no unnecessary restrictions on when they could visit adding that staff involved them in discussions about care where this was appropriate.

Good

Is the service responsive?

Our findings

People confirmed they contributed to their assessment and to their care plan. This included people being consulted at the time of their initial assessment for possible admission to the home. The referrals and admission process involved potential residents visiting the home to see if it met their needs and expectations and for the service to assess that they could meet the person's needs. People told us they had visited the home before a decision was made about their admission.

People said they were involved in regular reassessments and reviews of their care and that their changing needs and preferences were considered by staff.

People said they had access to a range of activities, which included being supported to attend the gym, going to the cinema, plating golf, cooking and pursuing their own interests in the home.

Relatives and people said they were able to give feedback about the home to staff who were receptive to any comments. People also said they were able to raise issues at the residents' house meetings. People were aware of the complaints procedure and a relative said any complaints were dealt with and responded to.

Decisions about people moving into the home were often made as part of a multi- disciplinary meeting, called the Care Programme Approach (CPA), of community and hospital based mental health services which staff from the home took part in. Health and social care professionals confirmed staff from the home took part in these meetings and provided information so decisions could be made about the suitability of the placement. Copies of the CPA records were held with people's records so the staff at the home had the relevant information about people. Community mental health services held ongoing CPA reviews and health and social care professionals confirmed staff provided a summary report for these meetings on the person's progress so plans could be made for the person's future care. Records showed people's changing needs were monitored and responded to and referrals made for further assessments by mental health services when needed. Care records included details about people's personal background and relevant information from referring health and social services agencies. This included specific guidance from those professionals with responsibility for supervising people such as social workers and probation officers.

Health and social care professionals said staff responded to people's changing needs and they were kept informed of any incidents in the home although there were one or two occasions when this had not taken place. Health and social care professionals gave us mixed views on the service's ability to meet people's needs. One professionals described the care as being "quite good" in meeting people's care needs and a second said the staff were skilled and responsive to dealing with changing needs and incidents in the home, having observed staff responding appropriately. A third professional said the service accommodated people with complex and enduring mental health needs which at times they "struggled to manage within the home."

Care records included details about how to support people with a variety of needs ranging from people's behaviour, support with diet and supporting people in the community. These reflected people's preferences and needs. Details were recorded so staff could identify when people were experiencing physical or mental health symptoms indicating people needed additional support or assessment by health services.

The home employed an activities coordinator for 40 hours per week to provide and facilitate activities for people. These involved going out to local facilities and events. There was a vehicle available so staff could provide transport for people to activities. Whilst people were satisfied with the level of activities one relative and a health care professional felt these could be developed further whereas another health care professionals said there were plenty of activities for people to get involved in. The activities coordinator said the activities programme was based on what people preferred. The activities coordinator was observed supporting two people on an excursion to Brighton.

The complaints procedure was displayed in the home and both people and relatives said they knew what to do if they had any concerns or complaints. One relative said the home's management was receptive to any concerns and added they had made a complaint which was looked into promptly and resolved to their satisfaction. The registered

Good

Is the service responsive?

manager told us how complaints were dealt with by the provider. There was a record of any complaints made as well as a record of how they were looked into and the outcome of this.

Requires improvement

Is the service well-led?

Our findings

The home's management promoted an open culture where people and relatives could discuss and raise any concerns. People told us they were able to raise any issues or concerns they had at the residents' meetings. Staff were said to be receptive to any issues raised by people and people said they knew how to make a complaint if they needed to. The home did not use surveys to check whether people were satisfied with the standard of service provided but people said they felt able to raise any issues which they received a good response to. A relative said the home's registered manager was approachable and established good relationships with people and relatives which made it easier to raise any concerns. The home's senior staff were said by the relative to have a "personal touch" and were "amenable."

Relatives and staff reported an improved management culture since the new registered manager was in place. This had resulted in improvements in the home such as the provision of new equipment and furniture. One staff member referred to there being an "openness of management" who were eager to hear staff views and valued the opinions of staff. Another staff member said how they were able to contribute to decision making in the home. An example was given by a staff member of how the home responded to the concerns of people regarding facilities in the home and the action that was taken to address this. Staff also said they were able to discuss and contribute to decision making in the home at the regular staff meetings.

The registered manager and staff showed a commitment to the welfare of people as well as an understanding of the needs of those with mental health needs. It was evident that these values were present in how they worked with people. Whilst staff were aware of their responsibilities to report any concerns they had, by using the safeguarding or whistleblowing procedures we found examples where the arrangements for care did not ensure people were always safe.

The registered manager and staff were open to learning and reviewing incidents in the home. Training was provided to staff in current care practices. Staff had knowledge of the needs of the people they supported and the registered manager was experienced in working with people with complex needs.

The views of community and hospital mental health professionals were sought so these could be used to develop and improve the service. A health care professional said the home's registered manager and staff had a good awareness of the risks and challenges in the type of service they provided.

The provider used a number of ways for reviewing the quality of the service provided to people, which included a process for reviewing staffing levels in the home so that standard of care could be maintained as the needs and numbers of people accommodated changed. The registered manager and staff told us staffing levels could be adjusted at short notice to meet people's changing needs. The home was supported by the provider who carried out a number of audits and checks. These included audits of the environment and of health and safety in the home, including risk assessments. There was monthly audit which covered checks on the care plans, medicines procedures and environment. The system of audits identified faults in the environment but these had not been addressed in a timely way to ensure people's safety and privacy.

Health and social care professionals told us how they worked in partnership with the registered manager and staff at the home. This involved frequent discussions about people's care needs and the joint planning of people's care which the home's staff contributed to. Staff from the home attended relevant planning meetings on people's care such as the Care Programme Approach coordinated by the hospital and community mental health services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had not ensured risks to people were fully assessed and action taken to mitigate those risks. Regulation 12 (1)(2)(a)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The provider had not ensured the premises and equipment used by people were properly maintained, fit for purpose and secure. Regulation 15 (1)(b)(c)(e)**