Leonard Cheshire Disability

Heatherley

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

Heatherley is a home providing a range of services (including nursing care). The home is registered for up to 39 adults with physical disabilities, of which 30 people can live in the home and six in self-contained bungalows within the grounds. People who live in the bungalows use the facilities in the main building during the day. At the time of the inspection 36 people lived at the service. People living at Heatherley have an acquired brain injury, stroke, cerebral palsy or multiple sclerosis. All people living in the home are wheelchair users and the majority require a hoist to assist in moving them.

The home is run by a registered manager, who was present on the day of the inspection. 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.

This was an unannounced inspection which took place on 22 December 2014 and 3 February 2015.

People were looked after by staff who knew them. Staff were kind and caring people and care plans were personalised. They reflected people's individual assessed needs. However, care plans were not always up to date or

Summary of findings

did not contain the correct information. We have made a recommendation to the provider in relation to a couple of incidents when we felt staff had not treated people with dignity.

Improvement was required in relation to cleanliness and maintenance. Staff did not follow good infection control processes.

There were not always enough staff to look after people which affected when they were able to get up and go to bed. Staff felt rushed and people told us they had to wait to go to bed or to get up in the morning.

Although the registered manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) we found some best interest decisions had been made but not recorded in an easily accessible way. We have made a recommendation to the provider.

Staff were supported and received training to enable them to meet people's individual requirements. However, staff did not receive training specific to the medical conditions of the people who lived at Heatherley which may have assisted staff to understand people's changing health needs.

Staff had a good understanding of the various forms of abuse and knew what to do if they suspected anyone was at risk. Risk assessments were in place to keep people safe.

There was an emergency plan in place should the home have to be evacuated. This included guidance for staff to follow.

Medicines were managed safely and staff made sure people received the medicines they required in the correct dosage.

People were supported to take part in a range of activities of their choice and maintain their own friendships and relationships.

Staff had been safely recruited by appropriate checks being carried out before they commenced employment.

People had access to healthcare professionals. This included a GP, district nurses, dietician and chiropodist. Healthcare professionals told us staff referred people in a timely way when their health needs changed. There was a physiotherapist, occupational therapist and speech and language therapist based at the home.

People had a choice of food and drink throughout the day. Staff monitored people's nutritional needs and responded to them appropriately.

The provider had undertaken a satisfaction survey and the results of this were used to make improvements in the home. There was evidence of quality assurance checks carried out by staff to help ensure the environment was a safe place for people to live. Complaint procedures were accessible to people.

During the inspection we found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have also made a recommendation about people's dignity. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not consistently safe.

There were insufficient staffing levels to meet the needs of people.

Infection control practices were poor and equipment was not maintained to ensure its safety.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

There was a robust recruitment procedure that was followed to ensure only staff that were suitable were employed.

Medicines were stored and administered safely by staff.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, but did not always record them appropriately.

Staff training was not specific to the medical conditions of people who lived in the home.

People had access to external healthcare professionals.

People were supported to eat and drink a balanced diet.

Is the service caring?

Good

The service was caring.

Staff knew people well and provided kind, attentive care, however we have made a recommendation in relation to ensuring people's dignity was upheld at all times.

People were involved in making decisions about what they did during the day and how they liked to be looked after.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised.

People were supported to take part in activities that met individual interests.

People were made aware of how to make a complaint and any complaints were responded to.

Summary of findings

Is the service well-led?

The service was not always well-led.

Staff did not receive the support they needed through appraisal or supervision.

People were able to be involved in the running of the home.

There were systems in place to assess the quality of the service provided.

The registered manager sought the views of people, families and staff about the standard of care provided.

Requires Improvement

Heatherley

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 was an unannounced inspection by two inspectors and one specialist. A specialist is a person who has clinical experience or knowledge of people and their needs when living in a home such as Heatherley. The inspection took place over two days, on 22 December 2014 and 3 February 2015. There was a gap between the inspection days as the first day of inspection was in response to some concerning information we had received.

Prior to the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During the inspection 18 people told us about the care they received. We spoke with 22 members of staff which included the registered manager. Following the inspection we received feedback from two health care professionals.

We looked around the home and observed how people interacted with staff and each other. We looked at individual care records and associated risk assessments for 12 people. We viewed other records including audits, maintenance records and policies related to the running of the home.

We observed the administration of the lunchtime medicines and inspected the medicine administration records (MAR). We observed how people were supported during their lunch.

We last carried out an inspection at Heatherley in July 2014 when we had no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us they were well looked after at the home and felt safe. One person said, "I feel safe as I know most staff and I love my room."

People were not always cared for by a sufficient number of staff to meet their individual needs. Staff work lists we looked at showed staff were expected to provide full care and support to people, which included bathing and supporting to eat, as well as bed making, assisting with activities, putting laundry away and general housekeeping duties during their seven-hour shift. However, as the majority of people required two staff to support them with either hoisting or a bath, this meant staff only had half an hour per person to carry out all their required needs. Staff told us they felt rushed and people were not always provided with the personal care they required. One person told us, "The breakfast time is okay now but the change in shift times has had a knock on effect. Quite often I have to wait to get to bed, the worst was 10:30pm and I would like to go to bed around 8:00pm." They added, "Sometimes in the morning I am not assisted out of bed until 9:30am – too late and I don't like it. I have to rush and at times will miss breakfast." They told us they would miss their personal care at the weekend in order to get to an appointment on time. A further person said, "I have to wait to be helped because there are not enough staff." One person who spent most of their time in their room told us they were only checked every two hours by staff and would like to get up more. Another said they would like to go to the pub if staff were available. One person said they used to get up at 8:00/ 8:30am but it was now generally an hour later before staff came to them. This was the same in the evening as at times they had to wait for an hour longer before being assisted to bed. They added there were times they had to wait half an hour before staff responded to their call. Other people said, "Staff are very busy," and "Sometimes I have to wait a long time." One staff said, "One person didn't get up until 10:40am because of lack of staff and on one occasion a nurse was still putting people to bed at 01:00am in morning. Other staff told us that regularly at the weekends there was only one nurse, rather than two on duty to care for up to 38 people.

Staff felt time constraints meant the opportunities for supporting people were limited in the morning. Staff said, "It's a rush, people don't get quality time."

The registered manager had introduced breakfast staff to support with breakfast and lunch to ensure people were supported to eat in timely way. However, staff said breakfast staff were often waiting as there were not enough care staff to get people up in time. Staff told us that evening meals start at 5:30pm, but could still be taking place until 7:00pm. Staff said people were having to wait longer and got frustrated. Peoples' preferences for the gender of staff to support was recorded and met when possible as staff told us certain people liked to have male carers. Staff said at times they could not meet this need because there were not enough male staff on duty, due to unexpected staff absences, for example. One person told us they weren't given a choice of male or female staff.

The lack of an appropriate level of staff to meet people's needs is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did receive some positive feedback on staffing levels. One person said they got help when they needed it. A further said, "Enough staff - don't have to wait. Staff come when I need them." One healthcare professional told us they never had difficulty locating a nurse or carer when they needed them. One staff member told us they felt staffing numbers were fine and they didn't feel people missed out, however they said on occasions there were not enough staff. Although we saw a good number of staff during the two days of our inspection we saw they were very busy and rushed.

People were moved safely to keep them from harm although this is an area that needs to be improved upon. There were a large number of rooms with ceiling hoists for people. In the event these were unusable, mobile hoists were available. People had their own slings. Each person's sling was kept on the back of their bedroom door and a moving and handling list of which sling to use for which task (i.e. for the bath) and what loops to use. Most people had a sling suitable for sitting on in their wheelchairs. One person's sling could not be identified and staff told us there were in the process of changing the sling charts. Tags were put on the slings when they were inspected along with the hoists. Staff told us, "Slings and hoists should be inspected before use by staff each time they are used." The

Requires Improvement

Is the service safe?

wheelchair weighing scales had not been serviced or calibrated for some time which meant people's weight may not be accurate and staff may not be able to monitor a change in a person's weight effectively.

Staff did not ensure people lived in an environment that was clean or well maintained. The home was not well-maintained meaning people could be at risk of infection. There were stained toilets and stains on the floors in the bathrooms. The corridors had a wooden rail running down either side which we saw people use to propel or guide themselves with. However, the varnish had worn away in a lot of places meaning it would be difficult for staff to keep the rail free from bacteria. Protective bumpers on bed rails were worn through meaning they could not be kept appropriately clean. The majority of light bulb pulls had no pull on the end and cords were dirty. We found the door to one sluice room left open and no tap on the sink of the hand basin, meaning staff would not be able to wash their hands appropriately. The surface of some of bed pans had worn away meaning they could not be cleaned thoroughly. There were chunks out of walls and wooden door frames were chipped and the paint peeling. We saw one member of staff without gloves carry a bag of soiled waste. Following disposal of the bag, they did not wash their hands meaning there could be a risk of cross infection.

The lack of good infection control processes and cleanliness is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place to help keep people safe. Care plans included risk assessments in relation to people's mobility, nutrition and skin integrity and contained guidance for staff. Although risk assessments were in place they did not prevent people who chose to from taking risks. For example, one person preferred not to wear warm clothes in the cold weather and another liked to eat chocolate even though they were diabetic. This meant staff allowed people to remain independent when they had the capacity to do so and make their own decisions.

People were protected from the risks of abuse and harm. Staff received safeguarding training and there was information about safeguarding displayed throughout the home for both staff and people. This included the local authorities safeguarding procedure and local contact telephone numbers. Staff were able to tell us about abuse and knew how to report it in and outside the home. One staff member said, "I would check someone for bruises or any unusual marks as well as monitor their mood." There was information available to people on the noticeboard which included a 'Making Sure You're Safe' leaflet.

There was a safe system to store and administer people's medicines. Medicine administration records (MAR) were up to date with no omissions or errors and medicines had been administered as prescribed. We looked at the latest pharmacy audit of medicines had not highlighted any concerning areas for action. Medicines were stored in a safe way and the clinical room and trolley were clean and hygienic. We observed staff did not leave unattended medicines on display or issue medicines to more than one person at a time. Staff said people got their medicines on time and this was confirmed by people we spoke with.

Staff told us they had been asked to provide references, complete an application form and undertake a criminal records check (DBS) as well as provide evidence of their clinical qualifications and registration to help ensure they were suitable to work in the home. We saw evidence of this in staff files.

People were kept safe in the event of an emergency. Staff showed us emergency evacuation guidance for each person living at Heatherley. This would be used in the event the home had to be evacuated or closed, meaning the disruption to peoples care and welfare would be minimised.

Requires Improvement

Is the service effective?

Our findings

People told us they enjoyed the food, the portion sizes were sufficient and they had a choice. One person said, "The food is great, there is always plenty to eat." Another told us they thought the food was fine. A further person said, "Excellent food. Triple 'A' star." Another said, "The food is good. I've never been served anything not good."

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and we found they followed the correct legal procedures. DoLS safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. One member of staff said, "Mental capacity and DoLS relate to having people's best interest at heart whilst giving them freedom of choice." The registered manager told us they had submitted 13 applications to the local authority for DoLS. These related to people who had to ask to be supported to leave the home.

Most care plans did not state whether or not a person had capacity and there was little information which related to best interest meetings. Generic bed rail assessments were in care plans. Most stated, 'need to have bed rails' but no detail of who made the decision or why this decision was reached. One person had a 'Do not resuscitate' (DNAR) form authorised by their husband but it was not clear whether their husband had power of attorney for health and welfare. Later on in the care plan, we read, 'I would like to be resuscitated if the need arises'. There was also information which indicated this person was able to make informed decisions. Another bed rail decision had been signed by a person's mother; again there was no indication whether or not they were authorised to do this. One person had bed rails in place. We asked them if the bed rails were their choice and were told, "The staff put them up. I've been here years; it's the way it is." Although some information was not clear, detail was clarified to us by the registered manager at the end of the inspection and the provider has since given us an explanation as to where this information is located.

We recommend the provider reviews how information in relation to consent in stored to ensure it is easily available and clear.

Staff received an induction to ensure they were suitably confident to carry out their role unsupervised, however we were not provided with evidence to show staff received regular appraisals. Training included e-learning, hands-on training and shadowing other staff. Induction training worked towards a recognised certificate; Certificate in Care. One member of staff said they had shadowed someone for two weeks and the team leaders decided when they were competent. Another member of staff told us they started their role by shadowing night staff. However staff told us they did not receive regular supervision and it was some while since they had an appraisal. One staff member who had worked at the service for over a year had yet to have an appraisal. Another had not had an appraisal or supervision for about 4 years, meaning they had no opportunity to sit and discuss their work, progress, concerns or training requirements in a confidential one to one meeting with their line manager. The registered manager told us staff received appraisals but was unable to provide us with this information during or after the inspection.

Staff received on-going training and were encouraged to develop their knowledge and skills through national vocational training, as well as by becoming manual handling skills instructors, risk assessors and staff representatives. An in-house occupational therapist oversaw all the manual handling training.

Staff did not receive training specific to meet the needs of the people living at Heatherley: for example, training in medical conditions such as multiple sclerosis which would help staff recognise a person's changing health. Staff told us often refresher training was, "Lumped together", so it was not as comprehensive as it could be. We did not feel staff always understood their training. For example, one member of staff told us the mobile hoists were for, "Picking people up from the floor." The registered manager told us the training records were not up to date as information included staff who had left the home. They said they would update the records, but we did not receive this information.

The lack of consistent training, supervision and support for staff is a Breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff used alternative methods in order to communicate with people. For example, communication aids especially designed to meet the needs of people with

Requires Improvement

Is the service effective?

speech loss. One person spelt out words to staff to express their needs. Staff said people had spelling boards, picture cards or blinked their eyes in response to a question. One member of staff said, "Some staff are 'tuned' in to individuals" which meant they could understand a particular person's requirements or requests. We saw staff communicate with people in different ways throughout our inspection.

People told us they had enough to eat and drink throughout the day. Information about people's dietary likes, dislikes and allergies was available for staff. Staff said food was available for them to make snacks during the night for people, for example, a sandwich. People were also allowed to purchase and keep their own personal food in a fridge in the dining room.

Staff had information to support people's nutrition. Folders were kept on the tables in the dining room. These contained written assessments and guidance to staff on people's dietary requirements as well as the type of utensil or crockery to use and the support they required. People's plates were adapted to assist people putting food on their forks and spoons. People had records in their care plans to assess their dietary requirements and monitor their food.

Staff responded to people's health care needs. Everyone living at Heatherley was a wheelchair user and in order to prevent people developing pressure sores people were encouraged to have bed rest in the afternoon. Staff told us those who did not wish bed rest had their wheelchairs reclined. We saw this happen. Physiotherapy staff said care staff were very good at encouraging people to have bed rest.

Staff provided effective care. Staff told us, one person had recently returned home following an improvement in their mobility. Another person struggled to go out, but staff had encouraged them and they had since managed a few trips out. A further person, with continued physiotherapy input, was now able to walk some steps. A healthcare professional told us staff followed their advice when given and cared for people in an appropriate way.

People were supported to access healthcare professionals to help maintain good health. People had regular access to a GP, chiropodist and dietician as well as other care professionals. People had physiotherapy support at least once a week. This took place in a dedicated 'gym' area within the home. This helped maintain a person's mobility.

Good

Is the service caring?

Our findings

One person told us, “Staff always do things very well.” Another said, “It’s nice here.” A further person commented, “Very kind, marvellous.” Another, “Like it here, staff caring and they treat me nicely.” A healthcare professional told us they felt staff acted in a kind, caring and dignified way with people.

Despite these comments, through our observations and conversations with people we did not feel people were consistently shown respect or dignity. People could not have a choice of a bath or a shower as only baths were available. We saw a member of staff sitting on a table to support one person in eating their lunch which was not dignified or appropriate.

We observed staff speaking to people in a caring and pleasant way. They took time to talk to people, listen to what they said and respond appropriately. However, staff were not consistently caring. One person had hurt their mouth and staff had not provided adequate soft food for them to be able to eat. We spoke with the catering staff about this at the time.

We recommend that the registered manager remind staff of the need to ensure people are provided with the dignity they should expect.

Staff said they would always carry out personal care behind closed doors and used towels to cover someone up. Staff knocked on people’s doors before entering. One person did not like staff to knock and staff respected this by following this person’s preferred method of entering their room. One member of staff told us, “I always give people a choice and engage in conversation. I will tell them what I am doing.”

People had an allocated key worker who spent dedicated time with a person to get to know them, their preferences, likes and dislikes. A key worker is a person who co-ordinates all aspects of a person’s care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. One person told us, “I go out with my keyworker.”

Staff had an understanding of the people they supported. One member of staff was playing a game with people in the lounge area when we arrived. We heard the member of staff address each person by their individual name and support people appropriately to play the game. When the staff member moved people in order to participate in the game, they told them they were going to do this before moving them. The member of staff supported each person in a gentle way in order to take part in the game. One person told us staff had taken them into the local town to buy some new clothes when they had asked if this could be arranged.

People were able to make their own decisions about their care. We heard one person was not ready to get out of bed when staff knocked, so staff told them to ‘buzz’ when they were ready. Another person stated in their care plan they liked to stay in bed until late.

People and their families received regular information about the service by the way of a monthly newsletter. Information included activities taking place, past events, people’s birthdays and written contributions from people who lived at Heatherley.

Good

Is the service responsive?

Our findings

One person told us, “There is always something going on. I can go into Crawley if I want.”

We read in the care plans people had been involved in developing their care package. We read people’s life history had been recorded and people expressed their wishes in how they wanted to be looked after during the day and night. For example, what their preferred morning routine was or whether they wished to be checked when they were asleep. People’s individual preferences were recorded in relation to the food they liked, how they wished to spend their time and if they were unable to communicate verbally any particular characteristic’s which indicated they needed assistance.

People could maintain relationships with people who mattered to them. Staff told us visitors and families could come into the home at any time. One person had visitors who were going to take her for lunch. Another person told us they went out with their family.

People were supported to follow their interests and were not socially isolated. There was a weekly activity programme and staff supported people to take part in these and other activities during the week as they wished. One person said they had a voice activated laptop which they used a lot. They went to physiotherapy regularly throughout the week and liked to play Scrabble and do quizzes. Another person was out shopping and came back at lunch time. They appeared to have enjoyed their trip. Staff showed an interest in what they had bought. There was a computer suite in the home which had a dedicated member of staff. We saw people in the suite throughout the inspection. We read in the monthly newsletter that the Royal London Philharmonic Orchestra had recently run four workshops, which people had enjoyed. School groups visited the home and were involved in activities, such as singing, and there were a number of volunteers who offered a variety of supporting roles including counselling, driving, photography and gardening.

The home contained a large activities area which included a kitchen and art room. People had displayed their paintings and art work around the home as well as in the activities room. One person told us they loved to paint and their paintings had improved since living in the home.

People had information to ensure they knew how to make a complaint should they wish to. Complaints information was displayed on the noticeboard at the main entrance and people were reminded on how to make complaints in a recent residents meeting. People told us they would have no concerns in speaking to staff should they have a complaint. One person said they had made a complaint and this had been dealt with. The registered manager said they had received one formal complaint in the last 12 months which had been resolved.

Requires Improvement

Is the service well-led?

Our findings

One person said the (registered) manager was very good and another told us they saw her around the home. Staff said the registered manager was, "Alright" and, "Knew the residents well." They said she was approachable and gave them support. Another staff member said, "Very good boss. She's hands on and will come and help us hoist someone or support someone to eat."

Although person centred care plans were available for each person, we found the records were not always up to date or had been reviewed regularly. This meant staff would not have most up to date information about a person. One person had written they would like the door left open and the light off at night. However later in the care plan it stated, 'make sure door to my room is locked at night'. In another person's care plan an entry in October 2014 stated, 'weigh weekly', however from the records we saw this did not always happen. Three other care plans had not had a person's Barthel score (an index used to measure performance in activities of daily living) updated, although this should have been done a month ago. One care plan contained a wound assessment document showing bruising on this person in October 2014, but there was no further mention of this. One person, who should have been weighed weekly, last had their weight recorded mid-January.

The lack of proper records is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff meetings were held. Staff felt comfortable speaking up in these meetings, but did not always feel their feedback, comments or suggestions were listened to. For example, staff had repeatedly requested additional staff in the morning to assist with getting people up. We read in the minutes of the last meeting that staff morale was low and staff did not feel management understood how hard the care staff job was.

During the inspection we observed staff interacting with the registered manager in a positive way. Staff told us they knew the ethos of the home, which was to give people the freedom, opportunity and support to live independently. They said team leaders and the registered manager checked standards of care were maintained and that staff followed best practice. This was done through supervision and observation.

People were involved in the running of the home. Regular residents meetings were held. The registered manager told us a food meeting had been held where people were given the opportunity to discuss the food and what changes, if any, they wished. The discussion resulted in a comments and suggestions book being introduced. Kitchen staff completed this book daily and noted people's comments. There was collective agreement by the residents to purchase a new greenhouse, to buy and keep chickens and which new vehicle to have. People were included on staff interview panels and formed part of the health and safety committee.

There were systems in place to gather people's feedback. Annual satisfaction surveys were carried out and from the last survey responses most people were either 'happy' or 'very happy' with the care they received, how staff treated them and the activities that took place. Any comments received from people were fed back to staff and an action plan developed to address them.

Regular audits were carried out to review the safety of the home, these included auditing of the fire alarm, water temperatures, lighting, medicines and cleaning. A health and safety plan identified areas around the home that required work, what actions were required and when they would be completed. The last action plan included details of the hoist replacement programme, action relating to new flooring in some rooms, an automatic door closure in one room and a note the dishwasher needed replacing. The registered manager told us the dishwasher had been ordered.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected from the risk of cross infection due to poor infection control practices.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **People were not protected from the risk of inappropriate care because accurate records were not maintained.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18(1) The provider had not ensured there were a sufficient number of suitably skilled and qualified staff on duty.** **Regulation 18(2) Staff were not provided with the training and support they required.**