

HC-One Oval Limited

Ridgeway Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ridgeway Lodge is a care home registered to provide care and support for up to 61 people. The service consists of two floors, with different units accommodating people with specific care needs, such as dementia and residential care. At the time of the inspection, 58 people were living at the service.

People's experience of using this service and what we found

People, relatives and staff said there were not always enough staff to support people in a timely way. People had not been harmed, but this had a potential to put people at risk because waiting, for example, to go to the toilet or to move, could impact on their dignity, health and welfare. Staff told us they could not give enough time to support people as they wished or respond to them quick enough. This was because they were too busy. Although there was an assessment in place to consider staffing numbers, this did not accurately reflect the needs of people or the actual experience of practical delivery of care.

Improvements were also required in the quality of the information in people's daily records so that these clearly reflected people's experiences and their individuality. The provider's quality monitoring processes were not always effective at ensuring that people always received truly person-centred care.

However, people said they received good care and were supported well to meet their needs. They told us staff were kind, caring and provided care in a respectful manner. Relatives were happy with how staff supported their family members.

Potential risks to people's health and wellbeing had been managed well. People were protected from abuse because staff were trained to identify and report concerns. Staff were recruited safely. People were supported to take their medicines safely. Lessons were learnt from incidents to prevent recurrence. Staff followed set processes to prevent the spread of infections.

Staff had been trained to meet people's needs. The provider reviewed if they needed to do more to support staff to learn new skills and improve on existing ones. People had enough to eat and drink, but more needed to be done to ensure there were enough staff to support people who needed help to eat. This would also improve people's dining experience. People had access to healthcare services when required, and this helped them to maintain their health and well-being.

Staff were respectful in how they interacted with people and supported them. 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.

There were plans to further improve the amount and quality of activities provided to ensure people were active and not socially isolated. Complaints were followed up and improvements made when required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 28 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to staffing levels and the provider's quality monitoring systems at this inspection. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ridgeway Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ridgeway Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information sent to us by the provider or shared with us by the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eight people, four relatives and nine staff including five care staff, a wellbeing coordinator, the acting deputy manager, the provider's quality manager, and the registered manager. We observed how staff supported people in communal areas of the service.

We reviewed a range of records. This included care records for five people. We reviewed the provider's staff recruitment, training and supervision processes. We also looked at a variety of records relating to the management of the service, including some policies and procedures, audits and surveys.

After the inspection

We contacted the local Healthwatch for feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also received feedback from a representative of the local authority.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People and relatives said there were not always enough staff to support people safely. They said this was particularly an issue on the first floor where people had higher support needs. They also said agency staff were not always helpful as they did not know people well. One person said, "The carers are very busy all the time, they need more staff. Sometimes when they are very short of staff they will bring in agency, that's not even helpful as they don't know people."
- Staff told us staffing numbers needed to increase to help them to support people quickly. One staff member said, "We should have six staff too in the afternoon on the first floor. We wouldn't have to rush so much if we had enough staff. We could also spend more time with residents, helping them with their interests." Another staff member said, "The first floor is very busy, and five staff is not enough, especially at mealtimes."
- The provider used a dependency assessment tool to calculate staff numbers in relation to people's needs. However, staff said this did not accurately reflect people's needs. One staff member said, "We have more people with declining health and they need more help."
- During lunch, we observed that there was not enough staff to support people to eat, particularly on the first floor. In one dining room, there was one staff member trying to support or prompt six people to eat their food. Some people in their bedrooms had food they had hardly eaten and it had gone cold. One staff member said they really struggled at mealtimes with the number of people who needed help to eat and they could not always provide this quickly. They told us that kitchen assistants sometimes helped when they could, but this was not daily.
- We discussed with the registered manager and the quality manager about the need to urgently review staffing numbers and how staff were deployed across the service. This was important to reduce potential harm to people's safety and wellbeing.

There were inadequate staffing arrangements which put people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out robust staff recruitment checks to ensure staff were suitable to work at the service. There was an ongoing staff recruitment programme. Interviews were carried out on the day of the inspection to employ permanent and flexible staff to work in all local services run by the provider.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe and they had no concerns about abuse. One relative said, "[Person] is very safe. There is someone here all the time and I don't have to worry about night falls."

- Staff had been trained to recognise when people were at risk of harm. They said they reported any concerns to the team leaders, deputy manager, and registered manager. They knew to report concerns to external agencies if they felt these had not been dealt with appropriately within the service. Staff named the local authority safeguarding team and the Care Quality Commission (CQC) as the two organisations they would report concerns to.
- Records showed the registered manager reported potential safeguarding incidents to the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- People had risk assessments that guided staff on how to support them safely to reduce risks to health and wellbeing. These were in areas such as supporting people to move including use of equipment, falls, nutrition, bedrails, and skin care.
- Risks to people were reviewed regularly and records updated when their needs had changed.
- Staff carried out regular health and safety checks to ensure premises had no hazards that could put people at risk of harm. The provider employed staff to carry out maintenance work. They also had external contractors who completed planned checks of equipment and premises. We saw that repairs were carried out quickly when needed.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff had been trained to manage medicines safely.
- The provider was introducing an electronic system to manage medicines. They were preparing for staff to receive training before using the system. Staff told us they were looking forward to this change as it will make it easier for them to keep track of the medicine stock levels. They said it would be also quicker to identify errors or omissions so that they could act quickly to support people.
- People were happy with how they were supported with their medicines. One person said, "I don't worry about my medicines. They bring it and it's all fine."

Preventing and controlling infection

- The service was clean. There was a team of housekeeping staff who cleaned all areas of the service daily. People and relatives said the service was always clean.
- The provider had systems to reduce the risk of the spread of infection. This included staff being trained to follow infection control measures. Staff were also provided with personal protective equipment (PPE), such as disposable gloves and aprons, and we observed these being used.
- Some areas of the service needed redecorating. We saw that the provider had agreed to a programme of refurbishing the service and this work was due to start soon.

Learning lessons when things go wrong

- Records showed that incidents and accidents were monitored. These were investigated by the registered manager so that they could put systems in place to reduce the risk of recurrence.
- Staff meeting minutes showed that learning from incidents was shared with staff. Staff told us that where necessary, these were also addressed with them during individual staff supervision to help them improve practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans detailed what support they needed to meet their assessed needs. This was in line with good practice guidance.
- Despite concerns about staffing numbers, most people felt they were well cared for. Relatives we spoke with supported this too. One person said, "They look after me really well." One relative said, "The [staff] are very good here. I wouldn't want [person] to be anywhere else." Another relative said, "We have our ups and downs, but nothing that we wouldn't get wherever [person] is."
- One relative was concerned about their family member's health condition and they felt the service did not always provide the support the person needed to get better. We discussed this with the registered manager who showed us they had been working closely with health professionals who monitored the person's condition and advised them on appropriate care.
- Staff said they worked hard to provide good care to people. One staff member said, "Residents generally get good care. On the whole, we have really good carers who have best interests of the residents."

Staff support: induction, training, skills and experience

- People said staff were skilled and they supported them well with their needs.
- Staff said they received training relevant to their roles. They said they did this mainly through e-learning and some staff said they would prefer more face to face training. One staff member said, "I don't learn well by looking at a computer. We need more face to face training." Another staff member said, "It's difficult to do training online because I sometimes don't understand." The quality manager told us the training was unlikely to change, but they were going to look at how they could support staff to learn more by having regular discussions about different subjects during team meetings.
- Staff told us they received regular supervision. Staff said they felt supported in their work and they worked well as a team to support each other. Some staff said supervisors could benefit from having protected time so that they could meet with staff more regularly. The quality manager said they would look into this.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had enough to eat and drink. They said they liked the food and relatives were happy with the quality of the food. Some people said they could do with more variety of food. One person said, "The food is okay, but a bit samey." One relative said, "The food is okay, I eat here sometimes."
- Whilst staff were busy at mealtimes, we observed that they supported people to eat in a respectful and caring manner. Staff also knew what people loved to eat and whether they needed support to eat their food.
- People's weight was monitored to identify if they were not eating enough. Where required, staff worked

closely with health professionals to ensure people ate well to maintain their health and wellbeing.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and relatives said staff supported people to access various health services if required. People were seen by GPs, community nurses, opticians, dietitians, chiropodist, and dentists when they needed treatment for specific health conditions.
- Staff told us they worked well with other agencies to provide effective care to people.
- Staff told us they provided support with oral care when needed. They supported people to clean their teeth daily and they cleaned dentures for people who had these. One relative said, "The carers are good, they do brush [person]'s teeth."

Adapting service, design, decoration to meet people's needs

- The provider worked closely with a dementia specialist to ensure all their premises were decorated in line with the guidance on dementia friendly environments. They had recently visited the service and had provided guidance on how to redecorate the service to make it more appropriate for people living with dementia. The work was due to start soon.
- People's bedroom doors in the units where most people living with dementia lived were different colours to help people remember their bedrooms.
- A 1940's style living room and bedroom helped people reminisce about that period. Staff told us of a person who liked to rest on the bed during the day. They said the person found the room relaxing.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We found these were met.

- Following a review by the local authority which found shortfalls in the quality of mental capacity assessments, we found the provider had made improvements. The records now showed if people had capacity to make decisions about specific aspects of their lives. Where people lacked capacity, there was evidence that relatives or professionals had been consulted to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff told us they always asked people for their consent before they provided care and support. This was essential to promote people's rights to accept or refuse support.
- Where required, DoLS applications had been made to the relevant local authorities. Some people had authorisations to restrict their freedom when this was necessary to keep them safe. This was reviewed in accordance with set timelines.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring and friendly. One person said, "They are very kind, and I love having my own room." Another person said, "The carers are lovely, I couldn't fault them."
- People told us staff were helpful and they supported them well when they needed help. One person said, "They are all very helpful. If you need help, you just ask."
- We observed friendly and respectful interactions between people and staff. Some staff were good at responding to the questions and requests of people who were sometimes confused. For example, when a person said, "I'm not staying here, in 15 minutes I'm going home", a staff member said, "Yes, I know that, and I will let you know as soon as the bus comes." This meant the person was not unnecessarily distressed by being told they lived at the service.
- We also saw that other staff including maintenance, housekeeping and kitchen staff engaged well with people too. Everyone seemed to do the best they could to support people and talk with them.

Supporting people to express their views and be involved in making decisions about their care

- Some people were able to make decisions about how they lived their lives at the service. They told us they made choices about when they got up and went to bed, what they wore, and how they spent their day.
- Staff supported people living with dementia to make choices about their care and support. They told us they gave people limited choices so that they could say what they wanted. Relatives told us they were involved in helping people to make choices when needed. There was information about an independent advocacy service that could also help people to make decisions.

Respecting and promoting people's privacy, dignity and independence

- Whilst staff were helpful and respectful, this inspection did identify that dignity could be compromised due to staffing numbers. This was discussed with the registered manager. However, people told us staff were good at promoting their privacy and dignity, particularly when providing personal care. Staff told us it was always important that they supported people discreetly in communal areas and they provided personal care in private. We observed that staff closed people's bedroom doors when supporting them with personal care.
- Relatives said they always found staff supported people in a respectful manner. They are respectful. Sometimes I come in when they are doing personal care and I always notice that the door is closed and then when I go in, it's obvious the curtains have been drawn."
- Staff helped people to remain as independent as possible. They told us they supported people to do as much as they could for themselves and they only provided help when required. Most people needed staff to

support them to meet all aspects of their daily activities. Staff told us they were always happy to provide this support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Inadequate staffing numbers had an impact on staff meeting people needs quickly. Some people said although they had to wait sometimes when staff were busy, overall, they received good care.
- Some relatives told us personal care was not always provided quickly. One relative said they asked staff why their family member had not been supported with personal care and the staff member said it was because they were very busy. Another relative said, "They are sometimes very short of staff. It's noticeable in the morning and early evening." Some relatives told us that staff shortages meant people cared for in their bedrooms were isolated and staff did not always go in to talk with them.
- Staff told us people's care plans contained information they needed to support people well. They said they updated these when people's needs changed. One person had no care plan about a specific health condition. However, there was guidance for staff to ensure safe care and a staff member wrote a care plan quickly when we discussed this with the registered manager.
- Staff told us as much as possible, they involved people in discussions about their care. Some relatives told us they were involved in planning and reviewing their family members' care plans. Others said they were happy that staff contacted them if they had any concerns. One relative said, "They do talk to us about how they are looking after [person], we have a review."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

- People's communication needs were assessed when they moved to the service. Some people could communicate verbally, and they understood information given to them.
- Some people's complex needs meant that they needed more support to understand information given to them. Staff said for people living with dementia, they spoke slowly and gave fewer options to make it easier for people to understand the information given to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were mixed views about whether people had enough to do to reduce the risk of isolation. Some people and relatives said there were not enough activities, while others were happy with what was available. One relative said, "They have a men's club here, [person] went on Tuesday and had a beer and played

dominoes with some help. If there are activities, then they will come and get [person]."

- There was not much for people to do on the day of the inspection because the wellbeing coordinators were not there. Staff helped a few people to watch a film in the morning and afternoon. However, there were photographs that showed people did more on other days.
- We had a discussion with a wellbeing coordinator who came to run activities in the evening. They showed evidence of a variety of activities and opportunities for people to pursue a range of interests. The provider was recruiting an additional wellbeing coordinator to increase the support people had to remain active. They also had three volunteers who helped to provide activities. Some of the themed events people took part in included cheese and wine tasting, exercise group, summer fete, Christmas party, take away nights, and pub nights. Some people also went out to places of interest, such as a Christmas meal out for 12 people last year.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. Records showed that the registered manager had acted appropriately in dealing with complaints they received.
- People and relatives who had complained said issues they raised had been dealt with. Most of them were happy with the outcome of their complaints, but one relative sent us information that showed they were dissatisfied with this. The provider assured us they would look into the issues they raised and send a timely response to them.
- Staff meeting minutes showed that the registered manager discussed issues raised by people and relatives with staff. This helped staff to improve their practice.

End of life care and support

- The service supported people at the end of their lives when this support was required. Staff had been trained on how to provide this support in a respectful manner.
- People did not have information in their care plans about how they wanted to be supported at the end of their lives. The registered manager had identified this was an area they needed to improve on. They said they would continue to speak with people and relatives to ensure care plans included people's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- At the last inspection, the provider did not always use their quality monitoring systems effectively to show that they made continuous improvements. This was because it was not always clear if shortfalls found during audits had been addressed. At this inspection, we found they had made improvements, with evidence that action plans had been completed when audits identified shortfalls in the quality of the service.
- However, more improvements were necessary to promote a person-centred culture within the service. People's daily records were not always detailed and lacked personalisation. These needed to be more reflective of people's individual experiences and personalities, not just the support they received. For example, staff did not always record about the time a person spent sitting in the office talking with them. Staff told us the person really enjoyed these moments, which made their day more varied and interesting.
- Staffing issues meant that people were not always supported quickly when they needed this. Also, the pressure on staff to meet the needs of people who needed support during mealtimes meant there were missed opportunities to create a social atmosphere for people eating in the dining areas. Because they were busy, staff did not talk much with people, apart from when giving them food and helping them to eat. The provider's quality monitoring systems had not identified these issues, even though staff told us they had raised them with the registered manager.
- Information shared with us by the local authority showed the registered manager did not always act quickly do deal with shortfalls in quality. The provider had arranged additional support and training for the registered manager, and they planned to strengthen their management arrangements at the service.

These issues meant people did not always receive safe and person-centred care. The provider's quality monitoring processes were not always effective at identifying areas for improvement so that they could make the necessary changes in a timely manner. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend that the provider consider guidance about creating a positive dining experience for people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives said they found team leaders, the deputy manager and the registered manager

approachable and helpful. They said they would speak to either of them if they needed help with anything.

- Staff understood their roles and responsibilities to provide safe and effective care to people. They said they did their best to provide good quality care to everyone living at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to ensure they met the standards of care required by the local authority and the regulation. Where necessary, the registered manager contacted the local authority or the Care Quality Commission (CQC) for advice so that they continued to operate in line with regulations. They also had the support of the provider's quality team. However, they had not acted in timely way to make improvements required to staffing levels and daily records.
- The registered manager knew about their responsibility to be open and honest when things went wrong. There was evidence they reported relevant issues to CQC and the local authority, and they investigated these when asked to do so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were meetings with people and relatives to discuss different aspects of the service. One relative said, "My [family member] comes to the meetings sometimes, they are okay." People and relatives were also sent a survey to ask for their feedback about the quality of the service. One relative confirmed this. They said, "We have a feedback form about once a year." Results of the survey in 2019 showed that comments made about improved information, cleanliness, food choices, and activities had already been acted on.
- People and relatives also told us they could provide feedback anytime about people's care.
- People, relatives and staff could also leave comments on a website managed by another organisation. The provider checked this regularly and used people's comments to improve the service.
- Staff told us they found team meetings supported good information sharing and learning. They said they were able to make comments and suggestions about improvements. However, some staff said their comments on staffing numbers had been largely ignored.

Working in partnership with others

- Feedback from people and relatives showed that staff worked well with other health and social care professionals to achieve good care outcomes for people.
- The registered manager told us they worked closely with health and social care professionals, and the commissioners of the service, which included the local authority and local clinical commissioning groups. This was important to ensure everyone checked that people consistently received the support they required and expected.
- The service was monitored regularly by the local authority and had been inspected in 2019. Shortfalls had been identified in the quality of care plans and other care records. The registered manager and staff had made improvements to the information in the care plans so that people received consistent care.

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 17 HSCA RA Regulations 2014 Good governance The provider's quality monitoring processes were not always effective at identifying areas for improvements and taking the necessary actions. 17(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were at risk of harm because there were inadequate staffing arrangements. 18(1)