

Springfield Healthcare (The Grange) Limited

Seacroft Grange Care Village

Inspection report

The Green
Seacroft
Leeds
West Yorkshire
LS14 6JL

Tel: 01133452300
Website: www.seacroftgrange.com

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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 

Summary of findings

Overall summary

Our inspection took place on 30 March 2016 and was unannounced. At our last full inspection carried out on 15 December 2014, 5 January 2015 and 3 March 2015 we found the provider was in breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. People's care plans did not always contain enough information to ensure people received safe, effective care. We returned in July 2015 to look at whether the provider had taken action to improve in this area. We concluded they had not and issued a warning notice. At this inspection we found the provider had followed their action plan and were meeting the legal requirements in this area.

Seacroft Grange Care Village is a purpose built facility which provides residential, rehabilitation and nursing care for up to 95 people. The accommodation is set over three floors across two buildings, with a central facility which contains a coffee shop, spa, hair salon, therapy room and cinema. It is situated in a residential area of Leeds with good access to local facilities.

The manager of the day of our inspection had been in post for five weeks. They were not registered with the Care Quality Commission but had submitted an application for registration. 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.

We found information about accidents and incidents in the home had not always been reported appropriately. The manager told us they had already identified the reporting systems did not work. We asked the manager to undertake a review of reports, and they updated us with their findings after the inspection.

We looked at the management of people's medicines. The provider had systems and processes in place to manage people's medicines, and though these were safe overall we did identify some inconsistencies which we brought to the attention of the manager on the day of the inspection.

Some people who used the service and some staff told us there were not always enough staff to meet people's support and care needs, though other people told us there were. We did not observe people being kept waiting for assistance on the day of the inspection.

Care plans contained risk assessments where these were needed to help keep people safe, and we saw these were kept up to date.

The provider carried out a range of checks to ensure that recruitment was safe.

We found staff had not been supported with regular supervision meetings for an extended period of time.

The operations director confirmed this, and showed us they had put a programme in place to ensure supervisions were carried out in future.

Care plans contained details of a range of consents including consent to treatment, medication and photography. We observed staff asking people before providing assistance. We found few staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We saw improvement in the dining experience. People told us they enjoyed the food served in the home, and we saw evidence people were asked for their opinions about the menus on a regular basis.

People and their relatives told us staff were caring, and gave a variety of positive feedback about their experiences. We observed staff were attentive to people and spoke to them with kindness.

We found the quality of information in people's care plans had improved, and staff told us they found them easier to understand. We saw evidence care plan reviews had been carried out and people and their relatives could tell us how they had been involved in the writing or review of care plans.

We looked at the management of complaints and found there was information about how to raise concerns available throughout the home. Records we looked at showed these were dealt with appropriately.

A new quality assurance framework had been introduced and the provider was working towards this being fully implemented. We found that the leadership structure within the home was not always clear or well understood.

Resident and relative meetings had recently been re-introduced, meaning people were being given an opportunity to contribute to the running of the home. We found staff meetings had not been regularly taking place, and saw the manager had already planned to address this.

During this inspection we identified 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 the report.

Breaches of the Care Quality Commission (Registration) Regulations 2009 were found. The Care Quality Commission will deal with this outside of the inspection process.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

We found systems for reporting and investigating accidents and incidents were inconsistent and not sufficiently robust. Some incidents which should have been reported to the CQC had not been sent to us or the local authority.

We looked at the systems and process for the safe management of people's medicines. Whilst these mainly worked well, we identified some inconsistencies which were brought to the attention of the manager during the inspection.

People who used the service, relatives and staff told us they felt there were not always enough staff, although we did not observe people having to wait for care or support. The manager and provider told us they would review rotas to ensure staff were deployed in sufficient numbers to meet people's needs safely. We found staff recruitment was carried out safely.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff had not had regular opportunities to discuss their performance with their line manager because supervision meetings had not been taking place.

The provider had not ensured staff working with people who may lack capacity had received training in the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We saw consents were well documented in people's care plans, and observed staff asking permission from people before providing assistance or support.

Is the service caring?

Good 

The service was caring.

People and their relatives spoke highly about staff and told us they had a caring nature. Staff could tell us in detail about

people they supported.

We saw people looked well cared for, and staff were mindful of people's privacy and dignity as they provided care and support.

Care plans were person-centred and contained information which would help staff form meaningful and caring relationships with people.

Is the service responsive?

Good 

The service was responsive.

We found the provider had followed their action plan and improved the detail in people's care plans. These evidenced reviews were taking place that involved people and their relatives.

People understood how to make a complaint, and we saw the provider made information about raising concerns available in the home. Records we looked at showed complaints were well managed.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

We found the leadership structure in the home was not always clear. Staff in senior roles were not always clear about any additional responsibilities they had been given.

A new quality assurance framework was being introduced to monitor the quality of the service. We found some systems used did not always result in action being taken when needed.

Staff and people who used the service had not always had opportunity to contribute to the running of the home by attending meetings.

Seacroft Grange Care Village

Detailed findings

Background to this inspection

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

Our inspection took place on 30 March 2016 and was unannounced. The inspection team consisted of five adult social care inspectors, a specialist pharmacist advisor and a specialist advisor in governance.

Before the inspection we reviewed all the information we held about the service, including previous inspection reports and notifications received from the provider. We received a provider information return (PIR) from the provider and reviewed the information they sent us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority and Healthwatch to ask about any information they wished to share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern.

During the inspection we looked at records relating to people's care and information relating to the running of the service. We looked at eight care plans, a range of medication records, eight staff files and other documentation relating to quality assurance monitoring, maintenance and the management of the home. We spoke with 15 members of the care staff, the manager, operations director, residential manager, catering manager and training manager. In addition we spoke with 18 people who used the service and seven visiting relatives. We spent time looking around the home including all communal areas and some people's bedrooms.

Is the service safe?

Our findings

We looked at the reporting of and actions taken in relation to accidents and incidents. Staff we spoke with said they received training in safeguarding and demonstrated understanding of their responsibilities in this area. They were able to identify types of abuse and how to report any concerns, and told us they had been made aware of the provider's whistleblowing policy. Records we looked at confirmed staff had received recent training in the safeguarding of vulnerable adults and there was a plan in place to refresh this at appropriate intervals.

We found two systems were being used to record accidents and incidents, and the information in each did not always match. For example we looked at six written incident records, only two of which had been entered onto an electronic record. The manager told us they had found systems for reporting accidents and incidents was not working, and they had already identified this as an area for improvement. For example there was no system in place to enable them to ensure accidents and incidents were reviewed and reported to safeguarding where necessary. We asked the manager to review all accident and incident reports to ensure appropriate action had been taken, and received a summary of their findings after the inspection. We reviewed these and saw some incidents had been investigated by provider but not reported outside the service. For example, one person had fallen from their bed because staff had not put their bed rails in place, as required in their falls care plan. This had not been raised with safeguarding authorities

We concluded there were insufficient controls in place to ensure potential evidence of abuse were properly investigated and reported as required. This constituted a breach of Regulation 13 (3) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had policies and procedures in place for staff to follow to manage people's medicines, and although these generally kept people safe, we did note some inconsistencies which we brought to the attention of the manager on the day of the inspection. Medicines were stored securely and at appropriate temperatures. We checked stocks of 15 medicines against the relevant Medicines Administration Records (MAR) and found these to be correct.

We observed a member of staff during the medicines round. We saw they checked the medicines they dispensed against the person's MAR chart before giving them to the person. They offered people drinks and waited patiently to observe the person taking the medicine before signing the MAR chart.

We reviewed a range of MARs. We found in most cases they were complete we found a number of instances where signatures on the MAR had been missed; this meant there was no record of whether the person had received their medicines. We saw the majority of these were being picked up and addressed through the medicines audit processes.

We found two examples of people not receiving medicines in line with the prescription. For example we saw

two people were prescribed a medicine that needed to be given at evenly spaced intervals and on an empty stomach. This instruction was not always being followed, meaning the people may not have received the maximum benefit from their medicine. We brought this to the attention of staff during the inspection and they contacted the person's GP for advice.

People who used the service and their relatives gave variable feedback when we asked if they felt there were enough staff to meet people's needs. One person told us, "There is plenty of staff." Another said, "We need more staff, it depends on how many are on if I have to wait. In the morning there are often only three carers and one has to do the food, they are taken away from dressing people and some people need feeding. There should be at least four people on I think. I do get impatient but I also understand." One visiting relative told us they thought there were enough staff but said, "There are times when there are no staff in the lounge, but that's because they are helping people in their rooms."

Staff we spoke with told us they felt there were not always enough staff to meet people's care and support needs. . One member of staff told us staffing was 'adequate', but sickness and holidays had an impact on their ability to provide the standard of one-to-one care they wanted to. We found the feedback from staff varied depending on which part of the home they worked in. We saw staff in one unit had to wash up and clean in the dining area after meals, meaning they were not always immediately available to provide personal care and support. We made observations throughout the inspection and did not see people having to wait for assistance when they asked for or needed it.

The manager told us staffing levels were responsive to changes such as outbreaks of illness and increases in people's care and support needs. We saw each person's level of dependency was measured in their care plan, but there was no system in place to determine whether the numbers of staff reflected the level of dependency in the home as a whole. The manager and operations director told us during the inspection that they would review the tools they used to plan staffing levels to ensure they were always able to meet people's care and support needs safely.

We looked at the care plans of eight people. We saw these contained a number of risk assessments which were kept up to date to minimise the risk of harm to people who used the service. These included risks related to falls, moving and handling, pressure care, bed safety rails and infection.

We reviewed processes for recruitment and selection of staff and found appropriate checks had been made to establish the suitability of each candidate. We looked at the files of eight members of staff and saw the provider had made appropriate background checks before people had started work at the home. These included receipt of references and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about criminal records and people who are barred from working with vulnerable people. Checks made with the DBS help employers make safer recruitment decisions.

Is the service effective?

Our findings

Staff we spoke with gave variable responses about the support they received through supervision. One member of staff told us, "I have a one-to-one with my line manager about every three months. They always ask me if I am ok." Another said, "I started in September 2015 and have never had a supervision." Most staff told us they had not had a regular supervision.

Staff files lacked evidence of a robust programme of supervision, and the provider was transparent about the failure to carry these out. In one file of a staff member recruited in March 2015 we saw a supervision had been planned for April 2016, but there was no date for or record of any previous supervision. Another contained only a record of group supervision in January 2015, and did not evidence individual support. The record stated five members of staff had attended, however none had signed the group supervision record to confirm their attendance. Feedback from staff was that annual appraisals had been kept up to date, and records we looked at confirmed this.

In the PIR the provider told us, 'We need to improve our planning and execution of the staff supervision programme and this will be underway during February onwards.' We saw evidence the provider had begun to take action, however staff had been without adequate support for an extended period of time.

We looked at training records for DoLS and the MCA and saw only seven staff had received training related to DoLS, and six had completed MCA training. None of the training had been undertaken in the past year. Although staff we spoke with had knowledge of the principles of the MCA, and we saw some examples of good practice, we concluded the provider had not ensured staff training had been kept up to date.

We concluded the above evidence constituted a breach of Regulation 18 (2) (a) (Staffing) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The application procedures for this in care homes are 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 were being met.

During the inspection we observed staff asking for people's consent before providing care and support. We saw evidence in care plans people or their relatives had given a range of consents including consent to treatment, medication and photography. People's care plans contained mental capacity assessments, but we found the level of detail in these variable. We brought this to the attention of the manager during the

inspection, and they told us they would take action to improve consistency in this area.

Information relating to DoLS applications and approvals was held on each unit, and the manager told us they did not have this information collated for the home as a whole. They told us this was something which they identified but not yet rectified. The manager sent this information to us after the inspection.

Staff told us they received training which enabled them to provide effective care and support to people. Staff we spoke with told us they had recently completed training in various areas including health and safety, dementia care, epilepsy and Huntington's Disease. We saw evidence in staff files of regular training having been completed, and where learning had been checked by means of a test – for example, with medication training – the results of these tests had been added to the file. This meant we were able to see how the provider had assessed people's competence before undertaking certain tasks.

People who used the service told us their healthcare needs were well met, referring to regular visits to opticians and GPs. We saw records in care plans which showed people were supported to access healthcare professionals when needed. We noted a range of inputs including visits by GPs and multi-disciplinary teams relevant to people's care and support needs.

People we spoke with were broadly positive about the food served at mealtimes. One person told us, "The food is gorgeous." A relative said, "[Name of person] gets good food and plenty of it." Staff we spoke with told us that people had not liked one of the meals which had been on the menu and said it had not been served again. The manager told us people's individual feedback about meals was being sought monthly as part of the 'Resident of the day' programme.

We observed the lunchtime meal service in a number of dining rooms. We saw people were free to choose whether to eat in the dining area, their rooms or in the lounge. One person was having lunch with a family member who told us, "I come daily and we do this all the time. It's nice we can sit together." We saw people ate their meal in a well-presented and pleasant environment and observed staff chatting with people and providing patient assistance where this was required.

Is the service caring?

Our findings

In the PIR the provider told us, 'Residents and their families are always treated with kindness and dignity with due respect for their privacy and individuality. This approach runs through our management team and care and support teams to ensure we strive to achieve high quality, person centred care and support. Kind care is something that can be seen and felt as part of management daily walk rounds observing staff interaction with residents and seeing staff being fully engaged with residents as opposed to undertaking discussions amongst themselves. Staff are observed as part of our competency programme delivering care and support to residents with feedback on their approach to people as individuals and their knowledge of each of their residents nuances and preferences. Residents choices for example as to their time of rising and wishing to have breakfast are explored as part of their care planning ensuring that the daily routines on the units run around the residents and not organisational or staff objectives.'

People and their relatives were complimentary about the caring nature in the home. One person said, "[name of staff member] is very kind and [name of another member of staff] is amazing." Another person told us, "I have lived here for one month now, and I can't complain. It is better than the last home I lived in. It's more homely." Comments from visiting relatives included, "I see staff being kind and caring when I visit each week," and, "The carers here have been superb, it's like a four star hotel with care, the rooms are clean," and, "I'm always able to talk to someone, they always listen to you, I've recommended it [the home] to lots of people."

We observed staff were attentive to people's needs and spoke to them with kindness. Staff used people's names when speaking with them, and could tell us in detail how individual people preferred to be supported. People who used the service were observed to be relaxed around members of staff. On one occasions we saw a person who was upset being reassured by a member of staff. The member of staff liaised with their colleagues to make sure the person had additional support. On another occasion we observed a person's reaction when a member of staff came into their room. The person was clearly pleased to see the member of staff, and told us how well they got on when the member of staff had left.

During the inspection we saw people looked well dressed and cared for. For example, we saw people were wearing jewellery, some people had their nails painted, and personal care had been attended to. A member of staff we spoke with told us, "With regards to personal care, I always give people the right to do that, if they want to brush their teeth, there are some people who need feeding. This morning I was supporting someone who wanted to hold the cup for themselves. Even if it's something small to us it's something big for them." This meant staff were mindful of people's dignity, independence and personal preferences.

People's care plans contained information about people's likes, dislikes, names of significant people and life events which would help staff form friendly and caring relationships with them, which showed the provider had adopted a person-centred approach to these documents.

Is the service responsive?

Our findings

At our last full inspection carried out on 15 December 2014, 5 January 2015 and 3 March 2015 we found care plans lacked information about people's needs, however we found complaints were well managed and people said staff were responsive to changes in their health needs. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 Good Governance of the Health and Social Care Act (Regulated Activities) Regulations 2014. At our focused inspection in July 2015 we found the provider was still in breach of this regulation.

In the PIR the provider told us, "Our pre admission and admission process is focused around the individual resident and what is important to them. This information translates into the beginning of their care plan and this builds as we get to know more about that person. Staff are trained and aware of responding to the changing needs of each individual and ensuring that the care plan flexes with those changing needs."

During this inspection we found detail in people's care plans had improved. The records contained evidence that reviews had taken place recently, with action points noted where updates or changes were needed. A member of staff told us, "The care plans have changed quite a bit, the manager came in and changed them. They're colour coded and easier to understand." A visitor told us they had noticed an improvement in the responsiveness of the provider to their relative's care and support needs. They said, "When [name of person] first moved in, I was not impressed. I felt that staff hadn't understood [name of person]'s needs and how to communicate with them. This has improved. Staff spent time making sure they understood [name of person]'s needs, so now they can offer them the care they need. I think it is important to praise the improvement."

Although care plans evidenced that a programme of review was taking place, we found some varying evidence of people's involvement in the process. One person told us, "Never seen care plan or been involved in a review." Another person said, "I helped to write my care plan and I have signed it." A visiting relative told us, "I've sat down with the nurses and went through the care plans. The last care plan was about 6 months ago. I went through every sheet."

People told us about activities which they participated in. One person said, "Have you seen the list of activities on the wall? There is one every day to go to." We looked at records of participation in activities in people's care plans and found these were not always completed and in some cases did not evidence the person had been given opportunity to participate in activities which were meaningful to them or enhanced their daily lives. For example in one person's care plan we saw limited recording of participation in activities.. Eight of the ten most recent entries records said the person had been involved in 'short conversation'. In another person's care plan we saw they had listed their interests as 'going out in the community, knitting and cooking', however we did not see evidence they had been supported to maintain these interests.

The programme of activities was planned weekly for the whole home, but the activities co-ordinator told us it was a challenge including everyone each day. They told us resources had been provided in each unit to

enable staff to initiate or lead activities but they did not always have time to do this.

On the day of the inspection we observed some activities taking place throughout the home. We saw a sing-a-long session which people enjoyed, a game of skittles and a game of bingo. We saw one person assisted with calling the numbers.

When we spoke with people we found awareness of formal complaints procedures was low, however people told us they would raise concerns if they needed to. One person said, "Nobody has said where to go to complain. I would tell the nurse if I needed to." Another person told us, "I feel confident I could complain."

We saw the complaints policy was displayed in various locations throughout the home. Complaint and suggestion leaflets were available in the entrance hall. The provider had a policy in place to ensure the consistent management of complaints. We looked at records of complaints and saw these were detailed and included information relating to each stage including the outcome and any action taken as a result.

Is the service well-led?

Our findings

At the time of our inspection there was a manager in post. They had applied to be registered with the CQC.

In the PIR the provider told us, 'A new manager is in post and is in the process of registering with CQC, she is supported by a management team consisting of Regional Operations Manager, Client Services Manager, Clinical Leads and Head of Residential Services who all provide support and leadership to all staff thus creating a culture of high quality resident focussed care and services. A high level of visibility is essential and management are undertaking daily walk-rounds and huddles each day to ensure strong lines of communication.'

The manager told us they were supported in their role by a deputy manager, clinical leads within the nursing units and team leaders in other units. Staff we spoke with were uncertain about some of the ways in which leadership was structured within the home. One member of staff referred to leadership on the unit in which they worked as 'ad hoc'. Senior staff were often unclear about the remit of their role, and we found little evidence of additional responsibilities which would have contributed to the running of their unit and the home as a whole. This meant delegation within the home was not always effective. We spoke with the manager about this and they told us this was an issue they had identified and planned to address.

We saw evidence that a briefing called the 'daily huddle' was held by heads of department and the person in charge of each unit. We saw that staff discussed issues and actions to be taken in areas such as clinical care, accidents and incidents, housekeeping, catering and maintenance issues.

In the PIR the provider told us, 'Our internal Quality Assurance framework, Keystone, consists of daily, weekly, monthly and quarterly tasks backed up with an audit programme which assists us in the smooth running of the village and demonstrates where we are providing a good quality service.'

During the inspection we looked at records which showed the provider had begun to implement the new Keystone quality assurance framework. Information was being collected within this framework based on information from the daily huddles, audits, senior management visits and key clinical indicators including information relating to falls, hospital admissions and pressure ulcers. Although we saw evidence meaningful audits were being carried out, it was too new for us to look at results and how these were used to produce action plans. For example we saw records which said a catering audit had been carried out in February 2016 but we did not see any information or action plans relating to this. We discussed this with the manager and operations director during the inspection.

We saw provider visits were being carried out. These visits involved senior managers observing care given to people, the environment and infection control procedures. We saw an action plan had been produced as a result of the visit in January 2016, however records of previous visits lacked these. The operations director told us the improvements made to the quality assurance system meant action plans would be produced for all future provider visits.

People and their relatives were supported to contribute to the running of the home through participation in resident and relative meetings. One person said, "I didn't go to the meeting that just happened but I will to the next. It was the first one I had heard about and it is a good idea. I have lived here a year." We saw meetings had been held in February 2016 and March 2016, and a memo from January 2016, informing people resident and relative meetings were being re-introduced. Discussions at the meetings included an update on management changes and questions about meals and activities in the home. We did not see any evidence of a satisfaction survey being carried out.

Staff told us they had infrequent opportunities to attend meetings with the management team. One member of staff said, "They are not regular." Another said, "The nurses have meetings but we don't." We saw the operational director had identified that care staff required greater support, leadership and direction in the notes relating to their visit in January 2016. We did not see any information on staff meetings being held with the manager or operational director since this visit. The manager said that staff had not previously had meetings with managers but she was changing this and we saw a staff meeting was planned for April 2016. The operations director told us a questionnaire had recently been sent to staff. The results had been sent to the operations director recently to be analysed and action plans will be generated where necessary.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	Staff who worked with people who may lack capacity had not received training in the Mental Capacity Act 2005 or the Deprivation of Liberty Safeguards.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	MAR charts were not always completed correctly. Guidance for administering as-and-when medicines was not always present or clear. Some medicines were not given in line with prescribing requirements.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	There were insufficient controls in place to ensure potential evidence of abuse were properly investigated and reported as required
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff had not had regular opportunity to discuss their performance in supervision meetings.
Treatment of disease, disorder or injury	

