

Hastings and Rother Voluntary Association for the Blind

Healey House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected Healey House on 17 and 18 February 2015. This was an unannounced inspection. The home was last inspected in December 2013, no concerns were identified at that time.

Healey House is registered to provide accommodation, support and rehabilitation services for people who are visually impaired. The service is provided by Hastings and

Rother Voluntary Association for the Blind. There is a day centre attached to the service that provides transport, social and rehabilitation services for people living at the home and the wider community.

The home can provide care and support for up to 28 people. There were 21 people living at the home during our inspection. Accommodation is provided over three floors with communal lounge and dining areas.

Summary of findings

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

People and their visitors spoke positively about the service and commented they were made to feel welcome and felt safe at the home. We saw that there enough staff to spend time with people and support them in ways that encouraged their independence and made them feel safe.

However, our own observations and the records we looked at did not always reflect the positive comments people had made. Risk assessments did not always provide sufficient information for staff to support people safely or respond appropriately to risks. Incident and accident information was not used proactively or always taken into account when reviewing risk assessments. Information, required in the event of an emergency, was not in place.

Essential training, and other training identified as appropriate, had not been delivered to some staff and training records were incomplete. Some staff were unclear how to recognise and respond to safeguarding matters should they encounter them. Although a quality assurance framework was in place, it was not wholly effective. This was because it did not provide adequate oversight of the operation of the home.

Positive comments were made about many aspects of the care and support provided, but particularly about the inclusiveness of the home and the caring nature of the staff. Many staff interactions demonstrated they had built good rapports with people and people responded to this positively. People and visitors told us staff were kind and compassionate and respectful. However, we found improvement could be made in the way that some staff interacted with people.

Medicines were stored and administered safely. Staff were trained in the administration of medicines and relevant records were kept that were accurate and fit for purpose.

People were supported to have a balanced and nutritious diet by staff who were sensitive to people's individual needs.

People were able to see their friends and families as they wanted. The home encouraged visitors and welcomed their views about the care and support provided and how the home was run.

Visitors told us they were made welcome by the staff and had no concerns about the standard of care provided. Established communication systems were in place and feedback was regularly sought from people, relatives and staff.

There were breaches of regulations. 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?

The service was not safe.

Analysis of incidents and accidents did not ensure that risks were reviewed and reduced. Some risk assessments were not sufficiently detailed.

Emergency plans were not in place for each of the people who lived at the home.

Some staff were unclear about how to report and respond appropriately to allegations of abuse and some aspects of staff recruitment required improvement.

Appropriate systems were in place to ensure that medicines were safely controlled stored and administered.

Inadequate



Is the service effective?

The service was not consistently effective.

Staff training plans were incomplete and some staff training records were not available. Staff lacked knowledge in some areas.

Staff supervision and appraisal plans were in place but had not been fully put into practice.

Staff showed awareness of the Mental Capacity Act 2005 and, where needed, mental capacity assessments were in place.

People were complementary about the food and were appropriately supported to eat and drink.

Requires improvement



Is the service caring?

The service was not consistently caring.

Most people spoke positively of the care they received; however, care practices did not always respect people's dignity.

Staff spoke with people and supported them in a caring, respectful and friendly manner.

Relatives and people's friends told us they were made to feel welcome when they visited the home.

Requires improvement



Is the service responsive?

The service was responsive.

People's care and support needs were assessed and individual choices and preferences discussed and recorded.

Good



Summary of findings

Care plans had been regularly reviewed and updated to reflect changing care and support needs. Individual activity programmes reflected people's needs, interests and preferences.

People were given information about how to make a complaint and were confident any concerns would be listened to and acted upon appropriately.

Is the service well-led?

The service was not consistently well led.

Audits had not ensured a continuous overview of safety checks and management of some staffing matters was incomplete.

Staff understood the care philosophy of the home. They recognised how their interactions with people influenced the impacted upon the experiences of people living at the home.

People and relatives told us they were encouraged to have their say about the service and how it was run.

Requires improvement



Healey House

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.

The inspection took place on 17 and 18 February 2015, it was an unannounced inspection. The inspection team consisted of two inspectors.

We focused on speaking with people who lived in the home and their visitors. We also spoke with staff, observed how people were cared for and how staff interacted with them. We looked in detail at care plans and examined records which related to the running of the service. We looked at six care plans and four staff files as well as staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed such as audits, policies and risk

assessments. We also pathway tracked some people living at the home. This is when we look at care documentation in depth and obtain people's views on their day to day lives at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked around most areas of the home including some people's bedrooms, bathrooms, lounge and dining areas. During our inspection we spoke with 11 people who live at the home, nine visitors, four care staff, the home's cooks, the registered manager and the provider.

We reviewed the information we held about the service. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals such as a social worker. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

Is the service safe?

Our findings

People and visitors spoke positively about the home. One person told us, “I’m very happy, I feel safe, well cared for and looked after. There is nothing I would like to change.” Other comments included, “I feel lucky to be here, I can’t place the home highly enough” and, “All of the staff are kind, that makes me feel safe.” A visitor told us “I feel reassured my relative lives here. I have never had any concerns about their safety.” Although people told us they felt safe, we found examples of care practice which were not safe.

Some risk assessments did not contain sufficient guidance for staff to recognise risks to people or information about what to do in an emergency. For example, a diabetes risk assessment did not indicate what a safe or usual blood sugar reading was for the person. Guidance did not inform staff what action to take if the person’s blood sugar was too low or too high and did not explain the symptoms this may present. This placed the person at risk because staff did not have sufficient information to know how well the person’s diabetes was managed or recognise if the person was at risk. We saw paramedics were called to the home because the person’s diabetes was not managed safely.

Other risk assessments were also insufficient in detail. For example, guidance received from a speech and language therapist informed staff that a person’s drinks needed to be thickened because of their difficulty swallowing liquids. The risk assessment did not tell staff how much thickener should be added to make sure drinks were of the right consistency. Some staff spoken with were unclear drink thickener should be added. This placed the person at risk of inconsistent and unsafe care because the risk assessment was not sufficiently detailed to safely meet the person’s need.

Investigation of some accidents and incidents did not reflect learning to minimise the risk of incidents happening again. For example, a person had been found sat on their bedroom floor. A pressure mat placed beside their bed, intended to alert staff when they were out of bed, had slipped and caused the person to fall. This had happened twice within 10 days. No action was taken to cover the mat or secure it to the floor to reduce the chance of it happening again. Not all of the staff spoken with fully

understood the concept of risk assessments and when they should be reviewed. This did not promote the safety of people who lived at the home, particularly those who are blind or visually impaired.

Staff and some people told us they knew what to do if there was an emergency, however, personal emergency evacuation plans were not in place for each person. These plans are intended to provide key information to staff and emergency services. For example, about people’s mobility, their visual impairment and specific support they may need. Plans were not in place to ensure relevant information could be effectively conveyed in an emergency situation. People were placed at risk because plans intended for use in an emergency were not in place.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had its own safeguarding and whistleblowing policies and procedures in place. However, although all staff told us their induction training at the home included safeguarding, despite prompting, some staff were unclear about how to recognise report and respond appropriately to allegations of abuse. Staff asked were not aware of the Local Authority Multiagency Safeguarding policy or their obligation to comply with it. The Multiagency Policy provides a common framework so that there is consistency in how adults at risk of harm are safeguarded from harm. This presented a risk that some staff may not recognise, challenge and appropriately report unacceptable practices and behaviours.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected as far as practicably possible by a safe recruitment system. Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and Disclosure and Barring Service checks (DBS) undertaken. However, where DBS checks disclosed convictions, although considered by senior provider board members, the decision and any associated

Is the service safe?

risk assessments to employ a member of staff were communicated verbally and not recorded. We discussed this with the provider and registered manager who recognised and acted immediately to address this issue.

We observed part of a medicine administration round, spoke with staff who gave out medicines and people who received them. All medicines were stored appropriately and administered or disposed of safely. Medication Administration Records (MAR), which are documents to record when people receive their medicines, were completed correctly. This indicated that medicines were administered as prescribed and at the right time. People told us they received their medicine when they expected to and knew what it was for. One person told us, "I'm happy with the staff doing my medicine, in fact I prefer them to do it." Staff had a clear understanding of people's medication. They commented they felt confident in administering medicines and demonstrated an awareness of any side effects. One staff member told us, "With any new medications prescribed, we read the leaflet provided and make sure we are aware of any side effects so we can explain this to the person and be aware of it ourselves."

Staff and people told us they felt there were enough staff on duty. Call bells were answered promptly and people felt confident that staff would come quickly if they needed some help. One person told us, "When I moved here staff showed me where the call bell was and how it worked, they told me it was there to be used. I have used it a few times now, sometimes I hear the staff running to answer it." Staff levels were based on people's dependency needs. At the time of our inspection the registered manager was reviewing staff planning and dependency assessment tools to ensure that the system was as robust and flexible as possible.

We looked around all areas of the home. It was clean and well presented, with many areas having recently been decorated. Some door frames were painted in contrasting colours to make them more visible and distinct from background colours. People we spoke with were comfortable and felt safe within their environment. Staff were mindful that most people living at the home were visually impaired, furniture and equipment were in familiar places, communal areas and people's bedrooms were clear of trip hazards.

Is the service effective?

Our findings

People spoke positively about the home. Comments included, “I’m well looked after” and, “The staff are very good.” Relatives of people told us, “The staff are all fantastic, nothing is too much trouble. They always keep me up to date with how my relative is.” However, we found the home did not always provide care that was consistently effective.

Staff recorded people’s blood pressure, pulse rate and weight each month. One person’s records showed a sudden rise in their blood pressure and, over a period of time, a drop in their weight. No follow up action, such as a GP referral, had taken place. Discussion with staff found they did not clearly understand the meaning of the information they had recorded or know what action they were required to take or when. The registered manager had not previously been made aware of the change in the person’s condition, but arranged to contact the GP when this was pointed out during the inspection. Staff had not effectively acted upon changes they had recorded in the person’s condition.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we were told that the home’s training plan was moving to a new system, staff training records remained incomplete because it did not include each member of staff employed at the home. Training certificates were available for some members of staff, however, evidence of training in key areas such as safeguarding, food hygiene and fire safety was not evident for all staff. The expiry date of one essential training certificate appeared altered to make it current with no evidence that refresher training had been delivered. We raised our concerns with the manager who confirmed that further work was required to identify gaps in training and arrange a new training programme. We identified concerns in the knowledge of some staff in areas such as safeguarding and diabetes management as well as recognising and acting upon changes in some people’s condition. Although people told us they were happy with

the support received from staff, gaps in staff training and an identified lack of knowledge meant they could not be assured that all staff had the skills and knowledge required to appropriately deliver effective, safe care.

This was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt supported and told us that the manager and provider listened to them, however, we found that supervision had lapsed for some staff. Supervision is an important process where staff can talk through any issues about their role, any training needs, or about the people they provide care and support to. It is intended to provide a manager with a structure for the development of staff and a formal opportunity to address any concerns. The registered manager explained and records confirmed that supervision had taken place for some staff. We saw the registered manager was in the process of planning and scheduling future supervisions and appraisals. This was an area that required improvement.

Areas of best practice and good communication were not fully embedded into working practice. For example, where people needed creams applied to their skin, only some care plans contained a body map showing where the cream should be applied and telling staff how this should be done. Some staff were unaware of this information and told us they would find this useful. The registered manager accepted there was a need to develop a best practice to ensure all staff were aware of such information so that guidance was communicated consistently and effectively. This was an area that required improvement.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

DoLS form part of the Mental Capacity Act (MCA) 2005. Staff understood the basis of the MCA, when a DoLS application should be made and the appropriate process. Staff knew capacity assessments were decision specific and how to support people who did not have the capacity to make a specific decision. During the inspection we heard staff ask people for their consent and agreement to support.

Is the service effective?

Policies and records reflected that where more complex or major decisions needed to be made, best interest meetings had been held and, where appointed, enduring power of attorneys consulted.

People were supported to maintain good health and received on going healthcare. People were registered with local GP's and had access to other health care services and professionals as required. Where specialist support was needed, for example, about a particular dietary or optical requirement, appropriate referrals were made. Health action plans were person centred and included dates for medical appointments, medication reviews and annual health checks.

We observed the service of lunch on both days of our inspection. People sat where they liked to have their meals, mostly in the dining area. People told us that there was a good choice of food and it was good quality. The only less favourable comment was that portion sizes were sometimes too large. Some people found this daunting or off putting. The chef was aware of and catered for any

particular dietary needs either through people's choice or medical requirement. The food served was well presented, looked appetising and was plentiful. People were encouraged to eat independently and supported to eat when needed. One person told us "I like a late breakfast at about mid-morning, it's never a problem. Today I had sausages." During lunch service some people changed their minds and asked for a different meal to that they had originally chosen. Their requests were quickly accommodated and alternative meals provided.

Where people were visually impaired, staff told them what was on their plate and orientated them to the position of the food by likening it to the face of a clock. For example, staff told one person the meat was at the six o'clock position and similar descriptions for the position of other food on the plate. Drinks were provided during meals together with choices of refreshments and snacks at other times of the day. The home served cold drinks in coloured rather than clear tumblers. People, particularly those with visual impairment, told us they found them easier to see.

Is the service caring?

Our findings

The atmosphere in the home was calm and relaxing for people. People could come and go as they pleased, they were encouraged to use the activity centre attached to the service if they wanted to and to treat the home as their own. Throughout the day we saw staff interacting with people in a caring and professional way. Everyone we spoke with spoke highly of Healey House. One person said, "I'm very happy, I feel lucky to be here." Another person told us, "I didn't want to live in a care home, but I must say after the initial adjustment, I feel happy and settled. The staff have been wonderful, I don't worry about anything, it's marvellous." Visiting relatives spoke well of the care provided and staff members. One relative told us, "I'm happy for my relative to be here. I feel reassured they are cared for, they always look clean and well turned out, but most of all they tell me they are happy." Although people spoke very positively about the staff and the care provided at the home, we identified an area that did not promote people's dignity and required improvement.

When supporting people with visual impairment, although approaching people appropriately, staff were not in the habit of introducing themselves to the person by telling them their name. Sometimes people tried to guess who was supporting them by trying to recognise the voice of the member of staff. If people made a mistake, some apologised to the staff that they had not recognised their voice. We saw that, although gracious, some people found this frustrating. It did not reflect care on an individual basis or promote people's dignity. Staff did not demonstrate perceptive learning or that consideration of dignity was always embedded within daily their interactions with people.

We recommend that the home review guidance by organisations such as The Royal National Institute for the Blind or The Macular Society and adopt published best practice when supporting visually impaired people.

Otherwise, staff relationships with people were strong, supportive and compassionate. Staff spoke positively

about the home and told us they enjoyed their work. One member of staff told us the best thing about their work was, "Making people happy." People were called by their preferred name and staff had clearly developed good rapport with them. People often responded to staff with smiles. We regularly heard staff and people laughing together, sharing a joke and spending time in communal areas.

People had choice and control over how they spent their time. One person told us, "I enjoy going to the activity centre." Another person said, "I join in with some things, but know it's my choice." Staff were able to speak knowledgeably about people's characteristics and personalities. People appeared comfortable with staff. When supporting people and if asking their preferences, staff did so at an appropriate pace, giving people time to form their decisions and express their views.

People told us their independence was encouraged and staff confirmed they only supported people with tasks where they needed help. An onsite resource centre further supported people's independence by providing specialist equipment such as talking watches, magnifying lamps, and talking books, newspapers and magazines.

Relatives and people's friends told us they were made to feel welcome when they visited and that visiting times were open and flexible. They did not raise any concerns with us about the service or care delivery. On the day of our inspection, visitors arrived at the service for a joint meeting with residents. As well as discussing agenda items, this was a very social occasion and enjoyed by all those attending.

When needed, end of life care arrangements were met with the support of specialist external organisations.

Care records were stored in a locked cabinet when not in use. Information was kept confidentially. Staff had a good understanding of the importance of privacy and confidentiality and there were policies and procedures to support this.

Is the service responsive?

Our findings

A visitor we spoke with told us they were pleased the home involved them in the care of their relative. They told us that they visited regularly and staff updated them about any changes or issues that might affect care. People told us they felt staff knew them individually and, “Had a good idea” about what they liked and didn’t like. One person said, “I have a very good relationship with the staff, particularly my key worker, I feel very much involved in my care and definitely listened to.” A key worker is someone who co-ordinates all aspects of a person’s care.

The care plans we looked at clearly identified people’s needs and reflected their individual preferences for all aspects of daily living. Care documentation contained personal profiles, family history, an assessment of people’s needs and guidance about how these should be met. Areas included, communication, hearing, eyesight, mobility and personal care. Guidance included advice to staff about how to speak to and communicate with a visually impaired person so that they were not startled, how to help people choose what to wear by describing the style and colours of clothes and different strategies and techniques to support people with personal care. The manager told us that care and support was personalised and wherever possible, people were directly involved in planning their care. Staff described how they would read care plans back to people if preferred this or if their visual impairment meant they were unable to read it themselves. People and relatives we spoke with confirmed this.

Staff understood people’s individual needs and were responsive to them. Daily notes recorded how people spent their day and how they were. These provided a reference point for staff to make sure that people had received the support they required. Staff handovers between shifts were thorough and informative. They included an overview of each person at the home, any appointments, outstanding tasks or matters of concern. Staff made notes during the

handover and signed a sheet acknowledging their attendance. This helped to ensure staff were aware of the current situation at the start of their shifts and helped to promote good communication within the home.

People told us there was a wide range of activities within the home and spoke positively about the opportunities for social engagement and stimulation. Many of the people we spoke with made good use of the activity centre attached to the home. This provided a social meeting place for people living at the home as well as for blind and partially-sighted people in the wider community. Facilities and services offered included meals, hairdressing, chiropody, assistance with letter writing and form filling as well as quizzes, bingo, outings and other social events. People told us they had been supported to become involved in activities that interested them and enjoyed the interaction with the local and wider community.

People were made aware of the complaints system. A brochure was provided to people and their family when they came to live at the home. This included details on how to make a complaint, a who is who of senior staff and provider board members as well as the aims and objectives of the home and their care philosophy. It was produced in large bold print and made as easy to see as possible and was also available on audio tape.

The registered manager and provider confirmed they welcomed people’s thoughts about the service. People and visitors told us they knew how to make a complaint about the home, but had not found it necessary to do so. People told us if they had any issues or concerns they would speak to the manager or provider. They felt any complaints or concerns would be taken seriously and were confident they would be dealt with quickly and efficiently, ensuring, wherever possible, a satisfactory outcome.

One visitor told us, “I am very happy with the care my relative receives, but wouldn’t hesitate in raising a concern if I needed to. I feel the staff all pull in the same direction and all want the best for the people that live here. If I needed to complain, I have no reason to doubt it would be taken seriously and sorted out quickly.”

Is the service well-led?

Our findings

A registered manager was in post. People and visitors were complementary about the manager and staff, commenting positively about how approachable they were. People told us they felt staff made time for them. Relatives and visitors to the home and day centre told us they were always made to feel welcome and felt involved with the home and the care and support provided.

However, we identified some areas which were not always consistently well led. The quality assurance framework in place was not fully effective. Systems had not ensured continuous oversight of key safety checks. For example, care plan reviews had not identified that some lacked guidance for staff which had placed people at risk. The checks and certificate to ensure that the electrical wiring in the home met with relevant safety regulations had lapsed. Staff training and supervision data, while receiving attention, was out of date and some training information could not be located. Although accidents and incidents were recorded, they lacked management oversight to ensure they formed part of the quality assurance systems to inform learning and always reflect in care plan and risk assessment reviews. Some care plans were inconsistent and areas of good practice, such as body charts and descriptions for the application of creams, were not always used or effectively communicated to staff.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a positive and open culture within the home. Staff told us they worked closely as a team and the registered manager and provider were supportive and

approachable. Staff said there was a genuine open door policy. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. Staff meetings took place regularly; topics of discussion included the introduction of sight awareness training and the obligation for all staff to attend.

People and visitors spoken with told us they felt well informed and up to date with the current affairs at the home. During our inspection we sat in on a residents and relatives meeting. These occurred about every two months and gave people and their relatives the opportunity to discuss any issues. The meeting was reminded that should anyone wish to speak with staff in private, rather than in an open forum, this would be fine. Most of the comments at the meeting were positive. People and their relatives thanked the staff for their kindness, good work ethic and responding to their needs quickly and efficiently. People were particularly complimentary about the food provided and the choice offered, although some people found the size of the meals too big. Heads of departments attended the meeting and commented where needed about matters raised within their area of work. Minutes of previous meetings showed the home had recently asked people to comment on whether care and support provided met with their various preferences.

The home's care philosophy was published and people we spoke with were aware of it. It set out the principles of providing individual and quality care. The registered manager told us that the values and commitment of the home were embedded in the expected behaviours of staff. Staff recognised and understood the values of the home and could see how their behaviour and engagement with people affected their experiences living at the home. We saw examples of staff displaying these values during our inspection, particularly in their commitment to care and support and the respectful ways in which it was delivered.

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 | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider had not taken steps to ensure that care and treatment was provided in a safe way for service users including assessing risks to their health and safety, doing all that is reasonably practicable to mitigate any such risks, ensuring persons providing care and treatment have the qualifications, skills, competence and experience to do so safely. Regulation 12(1)(2)(a)(b)(c)</p> |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Service users were not protected from abuse and improper treatment because systems and processes were not established and operated effectively to prevent abuse of service users. Regulation 13 (1)(2)</p> |

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Persons employed by the service provider in provision of the regulated activity did not receive appropriate support and training to enable them to carry out the duties they are employed to perform. Regulation 18 (2)(a)</p> |

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> |

This section is primarily information for the provider

Action we have told the provider to take

Systems or processes must be established and operated effectively to assess and improve the quality and safety of the services provided, assess, monitor and mitigate risks and evaluate and improve practices. Regulation 17 (1)(2)(a)(b)(f)