

Wellington Healthcare (Arden) Ltd

Linden House 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?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Linden House Care Home is a residential care home which provides personal care and nursing care for up to 30 older people, people with a physical disability and people living with dementia. Accommodation is provided on the ground floor. At the time of the inspection 30 people were living at the home.

This service was previously part of Carders Court Care Home, a residential care home which provided personal and nursing care for up to 150 older people, people with a physical disability and people living with dementia. In September 2022, the provider split Carders Court Care Home into five separate care homes which were registered with the Care Quality Commission (CQC) individually. Linden House Care Home is one of those services. The last inspection of Carders Court Care Home took place in February 2021.

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

We received some concerns from people, relatives and staff regarding staffing levels at the home. They told us people did not always receive support when they needed it and there were not always enough staff available to monitor people and keep them safe. Some relatives and staff raised concerns about the cleanliness of the home environment. We found unpleasant odours in some areas of the home. We noted that audits of hygiene and infection control were not always completed as often as they should have been and where shortfalls had been identified, action had not always been taken in a timely way to make the necessary improvements. People's medicines were managed safely and in line with national guidance. The necessary checks were completed when staff were recruited. Staff had completed safeguarding training and knew the action to take if people were at risk of abuse. Safety checks of equipment and the premises were completed regularly.

People did not always receive support which reflected their assessed needs and risks. They did not always receive support when they needed it and their safety was not always monitored effectively. People and relatives felt staff were competent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Two people were unhappy with the meals provided at the home. Staff supported people with their healthcare needs and referred them for specialist support when they needed it. Feedback from community healthcare professionals was mainly positive. The home environment was purpose built to promote people's independence but needed to be reviewed to ensure it met the needs of people living with dementia, we have made a recommendation about this. There was an improvement plan in place for the home environment.

People were not always supported well, as there were not always enough staff to meet their needs and monitor their safety. People and relatives found staff kind, caring and helpful. Where people were unable to ask for support due to their complex needs, staff anticipated the support they might need. People looked comfortable around staff and we observed staff reassuring people when they were confused or distressed. Care plans included information about people's background and diversity to guide staff about what was

important to them.

Care was not always provided in a way which was responsive to people's individual needs and risks. People sometimes experienced delays when they needed support and risks to their safety were not always monitored effectively. Concerns and complaints were managed in line with the provider's complaints policy. Staff supported people with a variety of group and one to one activities and most people and relatives were happy with the activities available. People's end of life care needs were met.

People did not always receive high quality care, which was personalised and resulted in good outcomes for them. The audits and checks of quality and safety, did not always ensure appropriate standards were being maintained. When audits identified shortfalls, improvements were not always made in a timely way. There were processes in place for people and relatives to share their views about the service. Management and staff worked in partnership with a variety of health and social care community agencies to access any additional support needed.

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

Rating at last inspection

This service was registered with us on 29 September 2022 and this is the first inspection.

Why we inspected

We had planned to complete an inspection of Carders Court Care Home due to the rating at the last inspection and concerns we had received. When the provider changed the registration to split Carders Court Care Home into 5 separate care home services, a decision was made for us to inspect Linden House Care Home, as some of the concerns we had received related to that home.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified breaches in relation to staffing levels, the cleanliness of the home environment, people not always being treated with dignity and respect and the provider's oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always 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 ●

Linden House 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a specialist advisor (nurse) and an Expert by Experience on the first day and an inspector on second day. 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

Linden House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Linden House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection. The provider was not asked to complete a provider information return (PIR) prior to this inspection. A PIR is information providers send to us to give us key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 2 people who lived at the home and 4 visiting relatives, to gain their feedback about the care provided. We were not able to gain feedback from other people living at the home due to their complex needs. We spoke with the registered manager, the regional manager, 2 nurses, 4 care staff, 1 housekeeping staff and an activities staff member. We also spoke with a visiting healthcare professional. We reviewed a range of records, including 5 people's care records in detail, and a selection of medicines records.

After the inspection

We telephoned 3 people's relatives to gain their views about the care provided at the home. We reviewed 2 staff recruitment files, staff supervision and appraisal records and a variety of records related to the management of the service, including audits. We contacted 5 community health care professionals who visited the service regularly for their views about the care provided.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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

- There were not always sufficient staff available to meet people's needs. Most people and relatives raised concerns about staffing levels and told us they had experienced delays when support was needed. Most staff told us that staffing levels were often not sufficient to provide people with support when they needed it. Some told us they had raised this with management.
- Staff told us that sometimes people were woken early in the morning, between 4.30am and 6am, to get them washed and dressed for the day, as there were not enough staff to support people with getting up later in the day. The registered manager told us that over half of the people living at the home required support from two staff with moving, transferring and/or personal care.
- Some staff told us there were insufficient staff to monitor people's safety. They told us people often walked around the home at night and spent time in communal areas. One staff member commented, "There are often not enough staff to observe people and monitor the communal areas". One staff member felt this had contributed to recent unwitnessed accidents. The registered manager also felt that there were not always sufficient staff on duty to monitor people to ensure they were safe. She had raised concerns regarding staffing levels with the regional manager, following a recent unwitnessed incident.

The provider had failed to ensure there were always sufficient staff to meet the needs of people living at the home. This placed people at risk of harm. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns regarding the above with the registered manager and the regional manager. The regional manager told us the provider was in the process of reviewing staffing levels and agreed to increase levels at night with immediate effect, pending further review. We noted that an additional member of staff had been on duty two nights before our inspection and were told this was to help management assess night-time staffing levels. However, a decision to increase staffing levels had not been made by the time of our inspection.
- The provider had processes to ensure staff were recruited safely. Pre-employment checks were completed to ensure staff were suitable to support people living at the home.

Preventing and controlling infection

- The home was not always clean. Some areas of the home had unpleasant odours, including some people's bedrooms. Three relatives and 3 staff raised concerns regarding cleanliness at the home. They told us the home was not always clean. One staff member commented, "We could do with more domestic staff

for general cleaning. It's not always as clean as it should be."

- Audits of infection control were not always completed as frequently as they should have been and when shortfalls were identified, the necessary improvements were not always made. The registered manager advised this was an ongoing issue and was being addressed.

The provider had failed to ensure that appropriate standards of cleanliness were being maintained at the home. This placed people at risk of harm. This was a breach of regulation 15 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us more housekeeping staff were being recruited so that additional cleaning could be carried out daily.
- Personal protective equipment (PPE) was not always being worn appropriately. On the first day of the inspection we observed some staff not wearing a mask or wearing their mask incorrectly. We discussed this with the registered manager and on the second day of the inspection this had improved. Most people told us staff usually wore appropriate PPE.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Safety monitoring and management was not always effective. There were not always enough staff available to monitor people and ensure their safety. This has been addressed in the staffing section.
- The provider had systems to manage accidents and incidents. When accidents or incidents occurred, staff completed the relevant documentation, and this was reviewed by management regularly.
- Relatives felt staff provided safe care. Staff had completed safeguarding training and understood how to report any concerns. Investigations had been completed when safeguarding concerns had been raised about the service. The local authority and CQC had been notified of incidents when appropriate.
- Care plans included information about people's needs and risks to guide staff and were updated regularly.
- Checks of equipment, fire safety and water safety, were completed to ensure they complied with the necessary standards.

Using medicines safely

- People's medicines were managed safely, in line with the National Institute for Health and Care Excellence (NICE) guidance.
- Staff who administered medicines had been trained and assessed as competent to administer people's medicines safely. Audits of medicines stock and records were completed regularly.

Visiting in care homes

- Friends and family were able to visit people in line with Government guidance and local Public Health advice. We saw and spoke with a number of visitors during our inspection. Visitors told us that when they had been unable to visit the home due to restrictions in place, alternative arrangements had been made, including video calls and garden visits.

Learning lessons when things go wrong

- There were systems in place to analyse concerns and incidents, and lessons learned were shared with staff. We noted that when concerns or incidents identified that improvements were needed, these were not always made in a timely way. We have addressed this in the well-led section of this report.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not always ensure that staff provided people with care and support which reflected their assessed needs and promoted a good quality of life. There were not always sufficient staff available to provide people with support when they needed it and communal areas were not always monitored to ensure people's safety
- Appropriate standards of cleanliness were not always maintained.
- Care plans and risk assessments were detailed and included information about people's risks and needs to guide staff. The provider's policies reflected CQC regulations and relevant guidance. They were reviewed and updated regularly.

Staff support: induction, training, skills and experience

- Staff completed an induction and the provider's mandatory training when they joined the service and their training was updated regularly. Staff were happy with the induction and training provided. They received regular supervision and yearly appraisals.
- People and relatives were happy with staff members' knowledge and skills. One person told us, "The staff skills are okay here." Relatives commented, "I think the staff seem competent generally" and "All the staff have been very good with [relative]." One community professional who visited the home advised they would be offering additional dementia training for staff in the new year.

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

- Two people were unhappy with the meals provided at the home. One person commented, "I don't like the food because I don't think it's cooked or presented well." Food was prepared in a central kitchen which provided the meals for all 5 care homes on the site.
- The registered manager told us she was aware of the importance of providing people with culturally appropriate food, which had been discussed and agreed with family members.
- People's care plans included information about their dietary needs, risks and preferences. People's weight was monitored regularly and if there were concerns about their weight or nutrition, a referral for specialist support was made.

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

- People received appropriate support with their healthcare needs and nursing staff were on duty at all times. Feedback received from community healthcare professionals was mainly positive. They told us

referrals were made when people needed specialist healthcare support and any advice they gave regarding treatment or support was followed by staff.

- One community healthcare professional told us that there had been some shortfalls in the support people received with oral care but improvements were being made.
- People's care plans included information to guide staff about their healthcare needs and risks, including their medical history, medicines and allergies.

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

- The home was purpose built to meet people's needs and promote their independence. Adapted bathroom facilities and lifting equipment were available to support people's mobility needs. The combined open plan lounge and dining area supported access for people with mobility needs.
- One community professional who visited the home felt the environment needed to be reviewed to ensure it met the needs of people living with dementia. The registered manager told us this feedback had not been received previously. The combined communal lounge and dining room was sometimes busy and noisy, and a separate quiet space was not available. This was also noted in a review completed by the provider in October 2022.

We recommend the provider considers current guidance on meeting the needs of people living with dementia and takes action to improve the environment accordingly.

- Some people had personalised their rooms to make them more homely. We found some people's rooms very basic, though we understood this could be due to some people's complex needs. We noted that this had also been identified in a review completed by the provider in October 2022. One person's furniture was worn and needed replacing to ensure it could be cleaned properly. We discussed this with the registered manager, who told us there was a programme of improvement in place and furniture throughout the home was gradually being replaced as needed.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. People's care plans included information about their capacity to make decisions about their care. Best interests decisions were made in consultation with their relatives or representatives when people lacked capacity to make decisions. The registered manager had applied to the local authority for authorisation when people needed to be deprived of their liberty to keep them safe. Where DoLS applications had been authorised and included conditions, the conditions were being met.
- We observed staff encouraging people to make decisions when they could and, when they were able to consent, asking people for their consent before supporting them.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always well cared for. They did not always receive support when they needed it, their safety was not always monitored effectively and they were sometimes woken very early in the morning.

The provider had failed to ensure people were treated with dignity and respect. This was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives liked the staff at the home. One person told us, "The staff seem caring, kind and fairly respectful and it's good to have a laugh with them." Relatives commented, "I feel that the staff here are welcoming, helpful and kind to both me as a visitor and my [relative]" and "I know that [person] likes the staff here, they get on well with him. The staff are patient and kind."
- We saw staff supporting people in a caring way. People looked relaxed around staff. We observed light-hearted chatting and saw staff reassuring people when they were upset or confused. Many people were unable to request support due to their complex needs and we observed staff anticipating their support needs.
- People's care records included information about their background and identity, to guide staff about what was important to them. The registered manager explained that they had ensured processes were in place to meet people's communication needs when English was not their first language.
- We noted issues with the temperature and bedding in 2 people's rooms. We discussed this with the registered manager who addressed it immediately.

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

- Staff encouraged people to express their views and make decisions about their care when they could. Many people had limited ability to express their views due to their complex needs. Most relatives told us they had been involved in discussions about people's care needs and had been updated by staff when there had been any changes.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence as much as possible. One relative told us, "They [staff] try to encourage and prompt independence, but most things are done for [person] now." People's care records included information to guide staff about what people were able to do, what they needed support with and how that support should be provided by staff.
- Relatives told us staff respected people's right to privacy and dignity. One relative commented, "I've

noticed that the staff knock at the door before they come in. We can have an enjoyable, private time in [person's] room which I have really appreciated." During the inspection we observed staff entering a person's room a number of times without knocking. The registered manager told us she would address this with staff.

- The provider had processes to ensure people's personal information remained confidential. People's electronic care records were stored securely so they could only be accessed by authorised staff. Confidentiality was addressed as part staff members' induction and there was a confidentiality policy in place to guide them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had not always ensured that the support provided by staff was responsive to people's individual needs. People did not always receive support when they needed it and communal areas were not always monitored to ensure staff could keep people safe and respond to their needs and risks appropriately.
- People's care records described their individual needs, risks and preferences, to guide staff about how they should be supported. They were reviewed and updated regularly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had processes to ensure people's communication needs were met. Care records included details of how people communicated and any support they needed.
- We observed staff communicating with people in a respectful way, providing further information and reassurance when needed.

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

- The provider ensured people were encouraged to maintain relationships with people who were important to them. One relative told us, "We were allowed to visit in line with Government guidance through the pandemic. During the times when face to face visits weren't allowed, we would use FaceTime, the pod and garden visits as well."
- People were supported to take part in activities when they could. During the inspection, we observed people taking part in arts and crafts and enjoying a singer who visited the home. There were a number of activities staff across the site, who supported people to take part in a variety of group and one to one activities. Most people and relatives were happy with the activities available and the support provided.
- People's care records included information about their interests and whether staff should encourage them to take part in activities when they were able to.

Improving care quality in response to complaints or concerns

- Records showed that complaints were managed in line with the provider's complaints policy. Where concerns about standards of care or staff conduct had been identified, investigations had been completed and apologies offered. Some relatives told us they had raised concerns, and most were happy with how they had been managed.
- The provider had a complaints policy and information about how to make a complaint was included in the service user guide.

End of life care and support

- People's care records included information about their end of life care needs and wishes, to guide staff. Nursing staff were available at all times to provide appropriate support.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was responsible for the day to day running of the home, with support from the nurse on duty. Staff were clear about their roles but some told us that they were not always able to support people well due to staffing levels and some had raised this with management. The registered manager and some staff told us unwitnessed incidents had taken place at night due to a lack of sufficient staff to monitor communal areas. We were told that staffing levels were being reviewed at the time of the inspection.
- The provider had processes for checking quality and safety, including equipment, the home environment, infection control and cleanliness. However, the audits and checks completed did not ensure that appropriate standards of quality and safety were always maintained. Some audits were not always completed as often as they should have been and where shortfalls had been identified, the necessary improvements had not always been made. Some audit action plans lacked information about what improvements were going to be made and by when.

The provider had failed to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm. This was breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Statutory notifications about people using the service had been submitted to CQC in line with current regulations. A statutory notification is information about important events which the service is required to send us by law.

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

- People and relatives could share their views about the care provided during regular meetings, via feedback forms or during the registered manager's open-door sessions, which were available 4 times a month and advertised in the home's monthly newsletter. No satisfaction surveys had been issued, though the service user guide stated that they would be used to gain people's views, and the registered manager told us she would discuss this with the provider.
- Staff told us that staff meetings took place regularly and they felt able to raise any concerns and make suggestions.
- Staff found the registered manager approachable and supportive. One staff member told us, "[Registered manager] is good, you can go to her with any concerns."

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

- The provider had not always ensured that the care provided at the home was high quality, reflected people's individual needs and resulted in good outcomes for them. People sometimes experienced delays when they needed support, their safety was not always monitored well, and the home environment was not always clean.
- Most people and relatives were satisfied with the management of the home. They found the registered manager and staff approachable. They told us, "I know the manager and I feel that she is approachable and pleasant" and "I would recommend the home to others as they try to do their best and it's a friendly and caring team of staff."

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 was aware of their responsibility to be open and honest if things went wrong and the provider had a duty of candour policy for guidance.

Working in partnership with others

- The registered manager, nurses and care staff worked in partnership with community professionals to ensure people received any additional support they needed. This included GPs, community nurses, speech and language therapists, dietitians, bladder and bowel service and physiotherapy staff. Feedback received from community professionals who visited the service was mainly positive.
- Staff used a hospital pack to share information about people's risks and needs with ambulance and hospital staff, when people were taken to hospital.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider had failed to ensure people were always treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The provider had failed to ensure that appropriate standards of cleanliness were always being maintained at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to assess, monitor and improve the quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure there were always sufficient staff to meet the needs of people living at the home.