Highlands Care Home Limited

Highlands Care Home

Inspection report

56 St Leonards Road
Exeter
Devon
EX2 4LS

Tel: 01392431122
Website: www.highlandscarehome.co.uk

Date of inspection visit:
15 March 2019
18 March 2019

Date of publication:
29 April 2019

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Highlands Care Home is a residential care home registered to provide accommodation for up to 26 older people some of whom may be living with dementia, have mental health needs or a physical disability. At the time of the inspection 25 people were living at the home.

People's experience of using this service:
• Insufficient staff were employed at the home to meet people's needs. Due to the high level of care needs of 12 of the 25 people living at the home, the number of staff available during the day and at night was insufficient to ensure people's needs were met in a timely way. Staff were unable to supervise people to ensure their safety and people were not provided with the opportunity to engage in meaningful leisure and social activity.
• The home was not clean. Some of the furniture in people's bedrooms and the floors in the communal areas, including bathrooms and toilets, were dirty.
• People's freedom to walk around the home was restricted with the use of half-height doors placed across hallways. These also posed a safety risk to people who might climb over them. Following this inspection, we were told these had been removed.
• Risks to people's health, safety and well-being associated with their care needs were assessed and management plans were in place to ensure risks were mitigated as much as possible. However, some improvements were required with monitoring people's food intake and with the use of equipment used to protect people from skin breakdown.
• Some environmental health and safety checks had not been carried out. These related to the fire safety systems, managing the risk of legionnaires disease and the temperature of the hot water in people's bedrooms.
• Medicines were being managed safely.
• People told us they felt safe and well cared for at the home. Relatives also expressed their satisfaction with the safety and care provided.
• Staff knew people well and had developed close, caring relationships. We saw people enjoyed being with staff. Staff were aware of their responsibilities to safeguard people.
• Recruitment practices were safe and staff received the training they required for their roles.
• People and their relatives were involved in making decisions about their care.
• Further consideration needed to be given to providing engagement in social and leisure activities for people living with dementia.
• The home was being supported by the local authority to establish more effective quality assurance systems to assess, monitor and improve the safety and quality of the home.

We identified five breaches of the regulations and we made two recommendations for improvement in relation to restricting people's movement around the home and engaging people in meaningful social activities.

The home met the characteristics of a rating of "Good" for one key question and "Requires Improvement" for

four key questions. Our overall rating for the home after this inspection was "Requires Improvement". Rating at last inspection: At the last inspection in August 2016 the home was rated Good (report published September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: Please see the 'action we have told the provider to take' section at the end of the report.

Follow up: We have asked the provider to complete an action plan detailing how they will make improvements to ensure the regulations are met. We will work with our partner agencies, including the local authority, to review the progress made in the home. We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

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

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 caring Details are in our Caring findings below.	**Good**
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**

Highlands Care Home

Detailed findings

Background to this inspection

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

Inspection team:
One adult social care inspector undertook this inspection.

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

The service did not have a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did:
Prior to the inspection, we reviewed information we held about the home including statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. The provider did not complete the required Provider Information Return. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We observed support being delivered in communal areas and we observed how people were supported to eat and drink

at lunch time.

We spoke with eight people, six relatives, a health care professional, the manager, deputy manager, five care staff, the activity co-coordinator, the cook and housekeeper. We reviewed the care plans for three people, the recruitment files for three members of staff, and looked at records relating to the management of the home. These included how the home managed people's medicines, health and safety audits, quality monitoring systems, training records, accident and incident records; surveys; meeting minutes and complaint records.

Following the inspection, we received an email with information raising concerns over the staffing levels at the home.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations may or may not have been met.

Staffing and recruitment

● Insufficient staff were employed at the home to meet people's needs. We saw some people were left unsupervised for long periods of time and some people did not receive timely support to eat their meals at lunchtime. We saw staff only spent time with people when supporting them with care tasks. This was also reflected in an email which was received following the inspection; we were told, "There were rarely or never enough staff."

• The majority of the 25 people living at the home were living with dementia. The manager told us 12 people required the support of two members of staff with their care needs, including help with their mobility. At the time of the inspection, five care staff were on duty during the day, one of whom was responsible for administering medicines.

• Some staff commented that people would benefit from having more staff available to support them. One said, "The mornings are very busy, always running up and down stairs, another member of staff would be very good" and another said, "Some days are busier than others and the mornings can be particularly busy especially with community nurses and GP visits."

• Accommodation was provided over three floors and the manager said at least four people were usually awake overnight and spent most of the night in the lounge rooms on the ground floor. With two staff on duty at night, this meant they could not provide supervision of these people when attending to people in their bedrooms.

• The provider did not have a system to calculate the number of staff required based on people's individual needs.

Failure to ensure sufficient staff were available both during the day and at night is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Staff recruitment practices were safe, with the required pre-employment checks undertaken before staff commenced working at the home.

Preventing and controlling infection

• The home was not clean. Although we found people's beds and bedding were clean, people's other bedroom furniture was not. The under-sink cupboards in most bedrooms were dirty and two commodes were soiled. The floors in the communal areas, stairways, bathrooms and toilets were not clean and we found all three sluice rooms to be dirty.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

• Food preparation and storage areas were clean.
• Staff had access to gloves and aprons to reduce the risk of cross infection and we saw them wearing these during the inspection.
• Following the inspection, the deputy manager reported that cleaning of the premises had taken place and additional hours for the cleaning of the home each day had been arranged.

Assessing risk, safety monitoring and management
• The fire alarm and firefighting equipment had been serviced regularly. However, the required weekly and monthly testing of the system had not been undertaken to ensure it remained in safe working order.
• The water to the sinks in people's bedrooms was found to be very hot. Risk assessments to identify whether this posed a risk to people had not undertaken. No checks had been undertaken to establish if the temperature control valves fitted to some sinks were working correctly.
• Monitoring of the hot water system to reduce the risk of legionnaires disease, in line with the Health and Safety Executive's guidance, was not being undertaken.
• Checks of equipment used to reduce people's risks, such as pressure relieving air mattress, were not being routinely done to ensure the equipment remained set correctly in relation to people's weight: the last recorded checks were in January 2019.
• Half-height doors had been placed across some hallways preventing people from walking freely to and from their bedrooms. The use of these barriers had not been risk assessed and could pose a risk to people who might climb over them.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Other risks were being well managed, such as those for people at risk of skin damage to their lower legs. We saw people wearing shin protectors which protected their skin from damage as they moved their legs.
• Guidance had been sought and was being followed for those people at risk of choking due to swallowing difficulties. Staff had access to thickening agents for fluids and we saw people's meals prepared in line with the guidance.
• We saw staff using equipment to support people with their mobility and this was done safely.
• The risk of burns from contact with hot surfaces was controlled with the use of radiator covers.
• Gas and electrical safety certificates showed these systems were safe.
• Following the inspection, the deputy manager reported that the fire safety system was being checked weekly and the half-height doors had been removed. In addition, one of the providers, responsible for the maintenance of the building, had undertaken a review of the home and an action plan had been created to ensure the home was safely maintained.

Systems and processes to safeguard people from the risk of abuse
• Those people who could share their experiences with us told us they felt safe at the home. Relatives also felt people received safe care and support. One relative said, "Yes, he's definitely safe here."
• Those people who were unable to express themselves verbally, appeared relaxed and comfortable with staff. They smiled, held out their hands and looked for hugs from staff. This indicated people felt safe with staff.
• Information and training provided staff with guidance about what to do to make sure people were protected from harm or abuse.

Using medicines safely

● Medicines were stored and administered safely. We observed people receiving their medicines on the first day of the inspection. The member of staff administered to one person at a time and took time asking them if they required any pain medicines. They supported people to take their medicines at their own pace.
• Medicines administration records were clear and had been fully completed.
• Only senior members of staff who had received training administered medicines.
• Where people required medicines to be given covertly (hidden in food) this had been assessed as necessary by the people's GP and best interest decisions made which included consultation with people's relatives. The home had consulted the pharmacist to ensure the medicines to be given this way were prepared safely.

Learning lessons when things go wrong
• Evidence was available to show that when accidents had occurred the manager responded appropriately and used any incidents as a learning opportunity. For example, the nature and number of falls experienced by people were recorded and analysed each month to assess when these occurred, under what circumstances and whether there was an indication people's needs were changing.
• Although no formal feedback was sought from people and their relatives, the manager used people's and relatives' comments gained through day to day contact and conversation, to review how well the home was supporting people.

Requires Improvement

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Supporting people to eat and drink enough to maintain a balanced diet
• There were insufficient staff available at lunchtime to support people to eat their meal in a timely way. Although the activity co-ordinator and the housekeeping staff supported care staff in assisting people to eat, we saw four people had to wait for 25minutes for support to eat. These people either fell asleep while waiting or had their meal placed in front of them while they were already asleep. When these people were supported they complained their meals were cold.
• One person complained about the meal they had been given and felt their choice, due to dietary restrictions, was very limited; they said, "When everyone else has pie, why do I always have to have an omelette?" When we spoke to staff about this, some were unsure whether there was an alternative and others said there was, but the person had either not been offered it or had refused.
• We saw two people refuse their meal, one person because it was cold. One person also refused to have a drink. When we spoke to staff about this they told us there would be mid-afternoon snacks and the manager told us they would be offered another main meal later in the day. The deputy manager said some people had eaten their breakfast late and were not hungry at lunchtime.
• We checked the care records for one person who had refused their meal. Their care plan said, "Eats and drinks well. Should he refuse his meal offer it gain a little later." This person had lost 2kg in weight since January 2019. Although the care plan said to report any further weight loss to the person's GP, it was not possible to ascertain from their care notes how well this person had been eating and drinking, how often they had refused a meal and whether this had been offered, and accepted, at a later time.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• When staff were supporting people to eat, we saw they did this with patience and gave people their sole attention. One member of staff was seen to be very patient with a person who was reluctant to drink. They spoke to them gently, told the person the drink had been made especially for them and it was something they would like. After a few tentative sips, the person drank all of the drink.
• Support was provided for people to be as independent as possible with eating and drinking. For example, some people ate from bowls fitted with plate guards which meant they did not need staff support to eat.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People's liberty was being restricted with the use of half-height doors which meant some people were prevented from moving freely around the home. Staff told these had been necessary as some people wandered around the home and entered other people's bedrooms. We discussed with the manager the unsuitability of these doors and that should people wish to walk around the home they should have the support from staff to do this. The manager said the doors were no longer required and following the inspection, the deputy manager reported these had been removed.

We recommend the home reviews best practice guidance in the care of people living with dementia and who may choose to walk with purpose around the home. The home should review how its supports people to ensure the least restrictive practices are in place.

• Other restrictions of people's liberty were being managed lawfully. For example, some people were unsafe to leave the home without support, and authorisation had either been sought from or given by the local authority. The conditions included in the authorisations were being adhered to.
• Staff had received training in MCA and we saw they consistently asked people for consent prior to supporting them.
• Assessments of people's needs were undertaken prior to their admission to the home and reviewed through regular care plan reviews. Relatives told us they were involved in these reviews and their views sought about their relative's preferences.

Staff support: induction, training, skills and experience
• Staff received the training they required to do their job which included care related topics as well as health and safety issues.
• New staff were provided with induction training, including if necessary, support to undertake the care certificate.
• Staff were knowledgeable about supporting people living with dementia in a patient and compassionate way. We saw many instances of very good practice when staff engaged with people.
• People and relatives told us staff were knowledgeable and competent.
• Staff told they were well supported and had the opportunity to discuss their training and development needs with the management team. Although regular supervisions were not being recorded, staff said they could approach the management team at any time.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care
• Records showed referrals were made to the GP and community nursing services when required. A healthcare professional told us the staff were skilled and knowledgeable about people's care needs. They said the staff notified them promptly of people's changing needs.

• Relatives told us they felt the home kept them fully informed of when they made referrals to the GP or other healthcare services.

Adapting service, design, decoration to meet people's needs
• Bedrooms were personalised, and bedroom doors had pictures of images that meant something to each person, such as a photograph of them or a picture of something they liked, such as a flower, to help people identify their room more easily.
• Toilets and bathrooms were adapted to the needs of people with limited mobility.
• Signage was used in some areas of the home to direct people to the communal areas and toilets.
• A passenger lift provided access to all areas of the accommodation making them accessible to people with limited mobility.
• Some technology and equipment was used effectively to meet people's care and support needs. For example, sensors mats were used to alert staff when people at risk of falling, got up from their chair or bed. A tablet computer was used to show people pictures and photographs they might find of interest.

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:
• People were supported by staff who knew their needs, personalities, likes and dislikes well. Staff told us that despite the pressures on their time, they felt it was important when supporting people not to show they were rushed but to make sure they gave the person their full attention.
• Without exception people and relatives told us how well they were cared for. One person said, "I can assure you I am very well looked after" and another said, "Couldn't be better." Relatives described the staff as "very kind", "first class" and "brilliant". Our observations showed staff were kind, caring and friendly when attending to people. We observed staff talking to people about their hobbies and interests when they supported them to move around the home. Staff respected what was important to people.
• Staff told us they enjoyed working at the home: one said, "I love it here." Staff felt the home was a happy place to live and work. One said, "We have a great team of staff. All very caring and patient", and another said, "I try to make people laugh and smile."

Supporting people to express their views and be involved in making decisions about their care:
• People, where able and their relatives, were involved in creating and reviewing their care plans.
• People's views were sought, listened to and used to plan their care.
• Care plans included information about people's personal, cultural and religious beliefs.

Respecting and promoting people's privacy, dignity and independence:
• People's right to privacy and confidentiality was respected. Staff were seen to be discreet when asking people if they required support with personal care.
• Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality. One member of staff said, "It's important to listen to people, talk to people, try to find out what they want to say. They are all individual human beings, I treat people as I would like to be treated."
• People were supported to maintain and develop relationships with those close to them. Relatives were invited to spend as long as they wished with people and were able to have meals with them.

Requires Improvement

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• Staff said they tried to be as responsive as possible to people's care needs. However, due to the high number of people requiring staff support with their personal care, often people had to wait, particularly in the mornings. However, those people who were able to share their views about the home had no complaints about being kept waiting. One person said, "It's very good here", I shall be here for years to come." Staff were aware they weren't able to spend as much time with people as they would like. One said, "I would like more time to spend in conversation with people."
• Staff knew people well and could describe their likes, dislikes and preferences. Staff were aware of people's history and we heard staff using this information in their support and interactions with people.
• Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences.
• Staff told us about how people who could no longer express themselves verbally communicated their needs. They described how they knew people might be hungry, thirsty, in discomfort, or who needed to go to the toilet, and we saw staff responding well to people's non-verbal communication. However, this level of detailed support had not been included in people's care plans.
• People's sensory needs were identified, and staff were guided to ensure people had their hearing aids and glasses to support their communication. The home could provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard.
• The home employed an activity co-ordinator five mornings a week. We saw they engaged well with the people who were in the large lounge room and encouraged them to be involved with group and individual activities.
• However, we saw people in the smaller television room had little or nothing to do. One person had a soft toy which they cuddled, and one person was knitting, but other people were either asleep or passively looking around the room. The television was tuned to a children's' channel and this was not changed until we asked staff to do so. Four people were not offered the opportunity to go to the dining room for their meal and spent the whole day in the same room.
• In the staff meeting notes from November 2018, the manager recognised the demands being placed upon staff time and stated they would like staff to spend more time with people. However, at the time of the inspection, there had been no change to the number of staff available, in order for this to happen.
• Where people had engaged in activities with the activity co-ordinator, this was recorded in their care notes. Otherwise care notes referred to the care tasks people had been supported with; little or no information was recorded in the care plans we reviewed about how people spent their time.
• The manager told us musical entertainers and a reflexologist visited the home each week and people enjoyed these visits.

We recommend the home seeks advice from specialist organisation regarding engagement in suitable and

meaningful leisure and social activities for people living with dementia.

Improving care quality in response to complaints or concerns
• People and relatives had no complaints and felt confident they would be listened to if they did.
• Records of complaints were maintained, and actions identified to resolve issues. Prior to the inspection, CQC had received a complaint and we asked the manager to look into the concerns raised. We saw this complaint had been recorded into the home records and action taken to address the matter.
• The manager reviewed complaints and told us they used these as an opportunity to learn and make improvements.

End of life care and support:
• Where people's wishes were known about how they wished to be cared for at the end of their lives, this was recorded in their care files.
• The home had received a number of 'thank you' cards expressing relatives' thanks for the care provided at this sensitive time. One card said, "Thank you for taking such good care of my mum, my memories of her will always be she was happy and content. Thank you for your kindness."
• Staff were supported through training and guidance regarding caring for people at the end of their lives.

Requires Improvement

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

• The home did not have a registered manager in post which was a condition of the provider's registration with CQC, although a manager had been appointed.

• The home was being supported by the local authority' quality assurance and improvement team to strengthen its internal quality assurance processes. An internal quality audit process had commenced with the support of the management team of the two other homes owned by the provider. This had commenced in January 2019 and an action plan had been developed to address the areas of improvement identified. For example, the managers had identified monitoring of fluid intake charts and the cleanliness of the home required improvement. However, we found improvement were still required in these areas at the time of the inspection.

• These systems and processes had not yet been fully embedded and were not always used effectively to monitor and improve the quality and safety of the home. For example, we found some health and safety and environmental issues had not been addressed and staffing levels had not been determined through the use of dependency assessments.

• The provider failed to complete and return the Provider Information Return requested by CQC in December 2018.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• The manager was aware of their obligation to notify CQC of all of the significant events occurring within the home.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The deputy manager and manager sought views from people, their relatives, staff as well as external healthcare professionals about how well the home was supporting people.

• Staff meetings provided staff with the opportunity to share their views with the management team and for important information to be discussed.

• Staff told us they felt listened to and were supported by the management team.

• Relatives told us the home kept them fully informed of their relation's care needs. They said the

management team were approachable and easy to talk to.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• People and relatives told us the home was managed in a way that met their needs. One relative said, "Couldn't ask for anything better, she's really well cared for."
• Although the manager was new to the role, they said they were committed to providing high-quality care for people in an environment where people could feel at home. They recognised improvements to the environment were necessary and had requested support from the provider.
• The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their responsibilities of the Duty of Candour. A legal requirement to be open and honest when things wrong.
• The management team and staff were responsive and keen to share information during the inspection.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the environment was safe. Regulation 12 (1) (2)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider failed to ensure people's nutritional and hydration needs were being met. Regulation 14 (1)(4)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure the environment was clean. Regulation 15 (1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to establish systems and processes to effectively assess, monitor and improve the safety and quality of the home.

Regulation 17 (1) (2)(a)(b)(c) (3)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure sufficient staff were deployed to meet people's needs.