

Lifeline Nursing Services Limited

St Claire's Nursing Home

Inspection report

Birchwood Avenue
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Lincoln
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

We inspected St Claire's Nursing Home on 14 April 2015. This was an unannounced inspection. Our last inspection took place on 20 August 2014 and the service was compliant. The service provides care and support for up to 40 people. When we undertook our inspection there were 36 people living at the service.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

We found that there were insufficient staff to meet the needs of people using the service. The provider had not taken into consideration the complex needs of each person to ensure their needs could be met through a 24 hour period.

Summary of findings

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the number of staff available at times. You can see what action we told the provider to take at the back of the full report.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People had a choice of meals, snacks and drinks. And meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual. There were sufficient staff to meet people's needs.

People had been consulted about the development of the home and quality checks had been completed. The manager was aware of the areas in the home that required refurbishment and was liaising with the provider about these.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. There was one person living at the home that were subject to such a restriction.

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 consistently safe.

Checks were made to ensure the home was a safe place to live.

Insufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored and administered safely.

Requires improvement



Is the service effective?

The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Staff were able to identify people's needs and recorded the effectiveness of any treatment and care given.

Good



Is the service caring?

The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Good



Is the service responsive?

The service was not consistently responsive.

People's care was planned and reviewed on a regular basis with them.

People were not supported to develop their own interests and hobbies.

People knew how to make concerns known and felt assured anything would be investigated in a confidential manner.

Requires improvement



Is the service well-led?

The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Good



Summary of findings

Checks were made to review and measure the delivery of care, treatment and support against current guidance. However there was little feedback to people and staff.

People's opinions were not always sought on the services provided but they felt those opinions were valued when asked.

The overall company leadership was mainly reactive to situations rather than proactive and exploring options for people who used the service.

St Claire's Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 14 April 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority and NHS who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with eight people who lived at the service, seven relatives, seven members of the care staff, two trained nurses, a cook, an administrator and the manager. We also observed how care and support was provided to people.

We looked at five people's care plan records and other records related to the running of and the quality of the service. Records included maintenance records, minutes of meetings for staff and people who used the service, staff rotas, audit reports and training records. We found the records were kept up to date.

Is the service safe?

Our findings

People told us there were insufficient staff to met their needs, at certain times of the day. They said they could speak with staff members at any time of the day and night. One person said, There are not enough carers or nurses. The girls are always saying – look you'll have to wait, we're short of staff." Another person said, "The worse thing is I have to wait for the toilet." A relative told us, "Overall he seems happy, everyone is pleasant. The thing he gets fed up with is waiting."

Concerns were raised by people who used the service and relatives that staff, although caring, were task orientated. They said the staff had no time for social interaction with people due they felt to low staffing levels. One relative said, "Now they haven't time to be sociable with them, they try but it's limited."

Call bells rang through out the day and were continuous especially in the morning. Staff understood the different sounds, whether it was an emergency or someone had answered the initial call and put the call to repeat. One staff member said, "Response times for call bells is a problem when staff are dealing with people with complex needs. They cannot always gauge the time certain treatments take." Each person we spoke with complained about the noise of the call bells and the response times. A relative said, "That buzzer is always going." One person said, "I find it bugs me but after a while you don't notice it."

We had to bring to the manager's notice during our visit that one person had been waiting for their call bell to be answered for over 10minutes. We had observed staff passing by the person's room and not answering the call bell. This was rectified immediately. Relatives told us they had observed their family members call bells ringing for between five and ten minutes on several occasions. On one occasion this was 29minutes. Staff had apologised on each occasion but each time people who used the service and relatives were told it was due to staff shortages.

Staff said there were sometimes insufficient numbers of staff to enable them to meet people's needs. One staff member said, "We are short staffed, people leave and it takes a time for new staff to be vetted." Staff told us they were a very stable workforce now and most people lived close to the home. They said everyone pulled together as a team and would help out other departments. They told us

they had been informed that the hours required were correct but they had questioned the deployment of staff throughout the day. One staff member said, "A member of staff to help out, especially in the morning, extra to the numbers stated, would help enormously." We saw this had been discussed at staff meetings but no further action had been taken. Staff responded to people's needs but there was a risk people could be socially isolated as staff had little time to sit with them.

We saw the provider had calculated the hours required depending on the dependency of people living at the home. However, this had not taken into consideration the different times people may need more help than others. The staff rota showed several days when the home had to use agency staff and when other staff had been called in due to staff absences. Staff said it was sometimes difficult working with agency staff as they did not know the people using the service but recently the same agency staff had been coming. On the day of our visit three staff had called in sick and others were brought in to help.

The manager told us there were vacancies for nurses and care staff. Some new people had been interviewed and we saw the provider was waiting for safety checks to be completed before they could commence work. Until this happened the calculated staffing levels were difficult to maintain without the use of agency staff or permanent staff working extra hours over their contracted hours.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at three staff files which showed security checks had been made prior to their commencement of employment to ensure they were safe to work with people. These included information on their past career history, qualifications and references from other employers and character references. Safety checks had been made with the disclosure and barring service. These measures helped to ensure only suitable staff were employed.

People told us they felt safe living at the home. One person said "Feel safe ? I do, my family are pleased because they know I'm being well looked after." A relative told us, "It's a weight off my shoulders, she wasn't safe at home." Relatives said that they felt the home was a safe environment for their family members to live in.

Staff were able to explain what constituted abuse and how to report incidents should they occur. They knew the

Is the service safe?

processes which were followed by other agencies and told us they felt confident the senior staff would take the right route to safeguard people. Staff said they had received training in how to maintain the safety of people who spent time in the service. However, this training had not taken place in the past 12 months and the manager recognised staff would require update training to ensure they were aware of current legislation.

Notes were on display in staff areas informing staff how to make a safeguarding referral. The manager had kept us informed when they had made referrals to the local safeguarding team and about other incidents and had updated us through the year of the progress of any investigations. There was nothing currently outstanding. This ensured people were protected against harm coming to them.

To ensure people's safety was maintained a number of risk assessments were completed for each person and people had been supported to take risks. For example, risk assessments were in place when someone had breathing problems and required to have continuous oxygen therapy. Notices were on display where the oxygen was in use and stored and this had been added to the fire risk assessment. Where someone had mobility problems their ability to walk unaided outside the building had been assessed and a plan put in place to ensure they were safe to walk alone.

Plans were in place for each person in the event of an evacuation of the building. The assessments included how

people might respond when knowing there was a fire in the building and if people required one or two people to help them evacuate the building. This ensured people could leave the building quickly in the event of a fire. A plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency.

People told us they received their medicines at the same time each day. One person said, "They look after it very well." A relative said, "They deal with it, order it and everything."

Medicines were kept in a safe and clean environment. We looked at five people's medicine records and found they had been completed consistently. One person was capable of taking their own medicines and the staff ensured regular assessments were undertaken to see if they were still competent to do so. We saw the person had locked cupboards in their room to store their medicines.

We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. Staff who administered medicines had received training and internal medicine audits were carried out monthly. Any action from audits which had been identified were later signed off when completed. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and people received their medicines.

Is the service effective?

Our findings

People told us they liked the staff and they were confident staff would give them good care. One person said, “The staff here know a lot of things. No matter what you ask them they come back with an answer.” Another person said, “None of the staff have failed to answer any of my questions.” People told us staff were sufficiently skilled and experienced to care and support them have a good quality of life.

One staff member told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling and bathing people. They told us it had been suitable for their needs. We saw the induction records within the person’s personal file. This had ensured the person was capable of completing their job role before being offered a permanent post.

Staff said they had completed training in topics such as basic food hygiene, care plan writing and manual handling. They told us training was always on offer and it helped them understand people’s needs better. The training records supported their comments. Some staff had completed training in particular topics such as customer care and diet and nutrition. This ensured the staff had the relevant training to meet people’s specific needs at this time. The nurses had been trained in specific tasks such as how to take blood and insert a catheter. The manager was aware which topics staff required to complete and we saw the training planner and statistics for 2015.

The Mental Capacity Act 2005 (MCA) legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

Staff were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. All but one of the 11 staff told us they had undertaken training in

the Mental Capacity Act 2005. However, the training report for April 2015 only stated 21% had received MCA and DoLS training. The manager was aware the rest of the staff group required the training and this was on the training planner.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. There was one person subject to a DoLS authorisation at the time of our visit. Staff were aware of the date the DoLS authorisation would stop and had made arrangements for the person’s mental capacity to be reassessed.

People told us that the food was good but not varied, which was echoed by relatives. One person said, “It’s very good, inclined to be a bit repetitive.” Another person said, “It’s good, I can’t complain. You’ve got to pick and choose but we have a choice. Breakfast is good, you can have all sorts.” A relative told us they had seen breakfast being served. They said, “Breakfasts are very good. They look beautiful.” People told us if their relatives wanted to stay for a meal they could do, for a small charge.

We observed the lunchtime meal in two dining rooms. We saw the meals were presented well and looked very appetising. However, there was little social interaction between staff and people eating their meals. Staff served the meals, ensuring people also had hot or cold drinks of their choice, and left the rooms. Although most people were capable of eating their meals unaided staff did not ask them whether they liked or disliked the meals. Those people who required assistance to eat their meal were given them in their bedroom areas. We heard staff explaining what was on plates, for those with limited sight and encouraging people to eat and drink. People told us they were asked about meals by the cook and in questionnaires.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. Staff had recorded people’s dietary needs in the care plans such as a problem a person was having controlling their weight and when a person required a softer diet. We saw staff had asked for the assistance of the

Is the service effective?

hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans.

People told us they were happy living at the home. They told us they liked the staff and said if they required to see a doctor or nurse staff would respond immediately. One person said, "They saw I had a problem with my side and got a doctor."

We observed staff attending to the needs of people through out the day and testing out the effectiveness of treatment. For example, one person was using a wheelchair and staff ensured they were competent to use it before moving about the home. We heard staff speaking with relatives, after obtaining people's permission, about hospital visits and GP appointments. This was to ensure those who looked after the interests of their family members' knew what arrangements had been made.

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind. All were full of praise for the staff. Every one told us they understood the staff whose first language was not English and felt all staff cared for them well. One person said, “They are absolutely lovely, so caring. Nothing is too much of a job for them.” Another person said, “If they come in to undress me or wash me they draw the curtains and shut the door.”

The relatives felt involved and fully informed about the care of their family members. One relative said, “I’m really impressed how staff are, even when they don’t know you are listening. They are approachable, all of them.” Another relative said, “I’ve never heard her grumble about any thing.”

All the staff approached people in a kindly, non-patronising manner. They were patient with people when they were attending to their needs. For example when someone wanted to walk in the garden, the staff member walked at the person’s pace and chatted about the surroundings. We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as helping with moving a plant to where the person wanted it and helping them move from a bed to a chair with the help of a lifting aid so they could eat their lunch time meal.

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, staff knew when several people wanted to remain in their bedrooms for most of the day. Staff ensured they were in a safe environment and we saw they made numerous visits to them during the day. However, there were times when staff told people they had to wait as they were undertaking other tasks. People’s wishes were recorded in their care plans so staff understood what each person liked to do each day and night. Some people liked to visit a communal lounge and staff ensured they walked with the people they had made friends with and those people sat together. However, two people told us they had not been able to visit the coffee

morning due to staff being able to help them dress. Staff told us this was due to staff sickness that day and there were insufficient staff to attend to people’s needs immediately.

Staff knew the people they were caring for and supporting. They told us about people’s likes and dislikes. For example, when they liked to get up in the morning and when they liked to dress or remain in their nightwear. This was confirmed in the care plans. Practical action was taken when people were distressed. We observed not just care staff, but administration and ancillary staff responding to people who were worried and anxious. If they could not answer a person’s query the trained nurse or manager was called to assess each situation. One person was distressed about their next doctor’s appointment so as the staff member did not know the answer they found the staff member who could answer the query.

Staff responded when people said they had physical pain or discomfort. When someone said they felt unwell, staff gently asked questions and the person was taken to one side and given some medication. When the emergency call bell was sounded we saw staff respond to the person’s need. As soon as possible the minimum amount of staff stayed with the person, not to frighten and worry them.

People told us that staff usually knocked before entering a room, however, some did not wait for an answer but walked straight in. One person said, “Staff do knock, but come straight in. They don’t wait which can be embarrassing, there’s nowhere for you to be private.” Another person told us staff knocked or shouted before they entered a room. Staff described the actions they took to preserve people’s privacy and dignity. They said they would knock on bedroom doors before entering and closed curtains when providing care. We observed staff knocking on doors before entering a room. Staff spoke quietly to people and were unhurried in their approach and always giving time for people to respond to questions.

Relatives we spoke with said they were able to visit their family member when they wanted. They said there was no restriction on the times they could visit the home. One person said, “I have seen some staff come in in their own time and take residents out for lunch.”

Some people who could not easily express their wishes or did not have family and friends to support them to make

Is the service caring?

decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People had access to several sitting room areas, a dining room, quiet areas in corridors and an enclosed garden area. We observed staff asking people where they would

like to be, if they required assistance to move about the building. Staff ensured each person was comfortable, had a call bell to hand and had all they required for a while. This was sometimes a book or the remote control of the television. Other people we observed walked or used a wheelchair to access various parts of the home and grounds.

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. One person said, "If you show any initiative to do anything they let you do it." Another person said, "I can come and go as I want, I have a scooter."

People told us staff had talked with them about their specific needs, but this was in the form of conversation rather than a formal meeting. They told us they were aware staff kept notes about them and relatives informed us they also knew this. Views were mixed about people's involvement in the care planning process and if they had seen their care plans. One person said, "I can look at them any time and I can say if I want anything changing." A relative said, "We haven't seen a care plan."

People told us staff tried to obtain the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when a person had problems breathing, staff had obtained the help of specialist doctors to find the correct treatment. Another person had a hearing problem for which staff sought the help of the local hearing aid centre. We observed staff writing about discussions with other health and social care professionals in people's care plans.

Staff also received a verbal handover of each person's needs each shift change so they could continue to monitor people's care. We observed the afternoon handover. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. Health and social care professionals we spoke with before the inspection told us they knew staff gave person centred care as they were asked for their opinions about people.

People told us there was always an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. This was recorded in the care plans. People told us about a lot of activities such as art classes, tea dances (out in the community), bingo and knit and natter sessions. One person said, "We are having an exhibition from [named a cosmetic store] which is good for us as I can't get out." Another person said, "I do like dominoes." A relative said, "The activities are good. The activities person gets them all involved. They have some good ideas; Easter bonnets, crafts and knitting."

Relatives told us most of the activities were not suited to men. They said staff told them the males did not like to join in when asked and preferred to stay in their rooms. This was being challenged by some relatives with staff. One relative said, "The activities are mostly related to women but men are more withdrawn. It would be great to have someone to come and talk with the men." We saw no activities planned specifically for men or those who preferred to stay in their bedrooms.

People in their rooms all day were watching the television, some had visitors most of the day and some were reading books, magazines or newspapers. Staff only interacted with people in their bedrooms when they required something to be completed, such as a wash or to go to the toilet. The majority of people were in their bedrooms all day, due to the seriousness of their conditions.

There was an activities planner on display but it was very small print and out of date. There were lots of pictures of events which had taken place inside and outside the home. These included cake making and visits out. The care plans stated the type of interests people had been interested in prior to admission. There was very little in the care plans of how people would like to spend their days now and if they had any specific interests or hobbies.

People told us their pastoral needs were cared for by a monthly communion service. Staff were aware who to contact in the community if people had beliefs and faiths with which they were not familiar. One person told us they had been encouraged to maintain their links with a local church and visited the church.

People told us they were happy to make a complaint if necessary and felt their views would be respected. No-one we spoke with had made a formal complaint since their admission. People knew all the staff names and told us they felt any complaint would be thoroughly investigated and the records confirmed this. We saw the complaints procedure on display. The manager informed us they had contact with an organisation which could translate this in different languages. We saw large print versions and the details for obtaining the process in other languages and audio versions.

The complaints log detailed three formal complaints the manager had dealt with since our last visit. Each one recorded the details of the investigation and the outcomes for the complainant. One had not yet been completed but

Is the service responsive?

the others recorded the satisfaction of each person. Lessons learnt from each case had been passed to staff at their meetings. Staff confirmed these messages had been passed on. We saw this in the minutes of staff meetings for December 2014 and January 2015.

Is the service well-led?

Our findings

People told us the home was well-led. There was a registered manager in post. They told us they were well looked after, could express their views to the manager and felt their opinions were valued in the running of the home. One person said, "To be fair the girl that runs this home is quite good, you can definitely go to her." Another person said, "The place runs smoothly, that's all that concerns me." A relative told us, "I was told it's my mum's home and she should be treated as if it's her home." However, they felt the lack of staff meant they were out of control of having their needs met always on time. People told us felt constraints were placed upon the home.

Apart from questionnaires for people who lived at the home and relatives there was no other formal method of obtaining opinions from people about the quality of the service. People who used the service and relatives told us they were not aware of any other methods of obtaining their opinions. However, they said the manager was available at any time and they felt confident in going to her for advice and support. For example when staff had helped them to maintain contact with their family members and how each party had responded. These had not always been reviewed. Informal meetings with people and staff were not recorded in the care plans.

Staff told us they worked well as a team. One staff member said, "I feel I have a voice at team meetings and supervision." All the staff we spoke with told us they felt people were well cared for in this home. They said they would challenge their colleagues if they observed any poor practice. One staff member said, "We have lots of support from management." However, another staff member said, "We can voice an opinion, but sometimes don't get an answer, which is frustrating." Three staff members told us did not feel they could challenge the outcome of decisions. One staff member said, "The louder you shout, the more you are heard." However, staff told us the manager was approachable and would work alongside them. We observed the manager tackling problems throughout the day and walking around to ensure staff were observing people and tending to their needs.

Staff told us staff meetings were held monthly. They said the meetings were used to keep them informed of the plans for the home and new ways of working. We saw the minutes of staff meetings for January 2015 and February 2015. Each meeting had a variety of topics which staff had discussed, such as, care plan reviews, the use of mobile phone and the use of protective clothing. Apart from a general staff meeting, each department held meetings for their staff and discussed issues pertinent to them. For example the kitchen staff talked about reviewing the menus. This ensured staff were kept up to date with events. However, there were only occasional records of when issues had been resolved.

There was sufficient evidence to show the home manager had completed audits to test the quality of the service. Where actions were required these had been clearly identified and signed when completed. An example completed in March 2015 included, infection control, care plans and safety of the building. Accidents and incidents were analysed monthly. Any changes of practice required by staff were highlighted in staff meetings so staff were aware if lessons had to be learnt from incidents. However, the overall leadership was reactive rather than proactive within the company. The way the service is managed does not always identify risks and did not have strategies in place to minimise those risk. Key decisions were sometimes made without the full involvement of people and staff.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing People's needs were not always being met because there were insufficient staff to manage their needs at different times during a 24hour period. Regulation 18