

Selwyn Care Limited

# Matson House

## Inspection report

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22 September 2016

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

The inspection took place on 21 and 22 September 2016 and was unannounced. Matson House is a residential care home providing individualised support for people with a learning disability. At the time of the inspection there were 12 people living at the home. The people living at Matson House had a range of support needs.

There was no registered manager in post. There was a manager who had submitted an application for registration with CQC in June 2016 and was this was being processed. 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 responsibilities for meeting the requirements in Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager of the home had left the week before our inspection.

The service was the subject of on-going monitoring by the local authority. This was because when they visited earlier in 2016 they found that the service required improvement. An action plan was put in place with specific actions required and a timeline for this. This was almost completed when we arrived for our inspection.

The service was last inspected in November 2014 and was in breach of the following:

Regulation 9 HSCA (RA) Regulations 2008 Care and welfare of people who use services. The registered person had not taken proper steps to ensure each person was protected against the risks of receiving care that was inappropriate or unsafe, by means of the planning and delivery of care in such a way as to ensure the welfare and safety of people. This breach of regulation had now been addressed and people were eating safely and not at risk of choking.

Regulation 12 HSCA (RA) Regulations 2008 Cleanliness and Infection Control. The registered person had not ensured people were always protected from avoidable harm with regard to infection control. We found that the provider had put procedures in place to reduce the risk of infection control and this breach of regulation had been addressed and people were not at risk.

Regulation 18 HSCA (RA) Regulations 2008 Notification of other incidents and consent to care and treatment. The registered person had not notified the Commission with authorisations received from the supervisory body to deprive people of their liberty. The registered person did not have suitable arrangement in place for establishing, and acting in accordance with, the best interests of people. This breach of regulation had been addressed and peoples best interests were being assessed appropriately.

Regulation 20 HSCA (RA) Regulations 2008 Records. The registered person did not have accurate records including appropriate information and documents relating to the care and treatment provided to each person. People were not protected against the risks of unsafe or inappropriate care. This breach of

regulation had been addressed and people had accurate records.

Regulation 23 HSCA (RA) Regulations 2008 Supporting Staff. The registered person did not have suitable arrangements in place to ensure staff were appropriately supported to deliver care and treatment safely including by receiving training, professional development, supervision and appraisal. This breach of regulation had not been met although some progress had been made.

Our inspection highlighted shortfalls where some regulations were not met. We also identified areas where improvement was required.

There were not sufficient members of staff to keep people safe and meet their needs. The use of agency staff had reduced consistency and this in turn had negatively impacted on people's care. Some people were not being supported to reach their full potential.

People and relatives were positive about the care they received. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they like to do and how they like to be supported.

We found the service was not always effective. Staff were not receiving regular supervision or support. No appraisals had been carried out for staff within the last 12 months. Staff morale was low due to changes in working conditions and many staff had left recently. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS),

The service was responsive to people's needs. Care plans were person centred to provide consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. People took part in activities within the home and out in the community such as swimming, walks and going to the gym.

The service was generally well led. Quality assurance checks and audits were occurring regularly and identified actions to improve the service. Staff, relatives and other professionals spoke positively about the manager. The culture of the home was one of uncertainty and anxiety.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service is not always safe.

Recruitment was on-going to achieve full staffing and in the meantime agency staff were being used. There was a shortage of staff, particularly those who can drive which meant people were unable to access the community when they had planned or wanted to.

Risk assessments had been completed to reflect current risks to people.

Medicine administration, recording and storage were safe.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff did not receive regular supervision to develop and review their day to day practice. No appraisals had been completed for staff members in the last 12 months.

Staff understood the requirements of the Mental Capacity Act 2005. Where people had been deprived of their liberty, authorisation from the local authority had been requested.

People and relevant professionals were involved in planning their nutritional needs.

### Is the service caring?

**Good** ●

The service was caring.

People were treated with dignity and respect.

People were supported to maintain relationships with their families.

We observed positive interactions between staff and people who used the service.

### Is the service responsive?

**Good** ●

The service was responsive.

Each person had their own detailed care plan.

The service had a robust complaints procedure.

People and their families were involved in the planning of their care and support.

### **Is the service well-led?**

**Good** ●

The service was well led.

Quality and safety monitoring systems were in place.

Regular audits of the service were being undertaken.

# Matson House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This was an unannounced inspection completed on 21 and 22 September 2016. The inspection was completed by one adult social care inspector. The previous inspection was completed in November 2014 and there were five breaches of regulations.

During the inspection we looked at four people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision records and training information for staff.

We spoke with five members of staff and the manager of the service. We spoke to three people who live at Matson House. Because we were unable to speak with all people who live there due to their communication difficulties or learning disabilities we spent time observing what was happening in their home.

After the inspection we spoke to two members of staff, five relatives and health and social care professionals to obtain their views on what they thought of the service.

# Is the service safe?

## Our findings

Although people and relatives we spoke with said they felt safe, we identified concerns where safety was compromised and people were possibly at risk.

The culture of the home was one of uncertainty. The provider was introducing changes to staffing rota's, staff contracts and the rates of pay. All seven members of staff we spoke to said that they felt anxious and worried and that this was having an impact on the service provided for people living at Matson House. The manager said that they were starting a consultation process with all of the care staff as they had identified that the staff rota needed to be more flexible to meet people's needs. The overtime rate had been reduced and staff were reluctant to cover extra shifts. A lot of staff had recently left employment and shifts were being covered by agency staff. This was unsettling for people with complex needs who benefited from consistent staffing.

Staffing numbers in Matson House were based upon the support needs of the people who lived there and the activities they had arranged on a given day. Six members of staff and two relatives told us that staffing was a concern and that on some occasions there were only eight or nine staff when there should be 11. Staffing rota's confirmed this. The manager said this was because agency staff had been booked but had not turned up. The service were often short of staff, particularly those who could drive which meant people could not go out or be supported safely to access the community. Agency staff did not always turn up when they had been booked and staff said they felt working was hard under these conditions. We were told this was more of an issue at the weekends. One person's daily notes on 1 September 2016 said "Could not go out for a drive as planned as there were no drivers available". Interviews had been held the previous day to our inspection but the process of filling vacancies was taking some time to complete. The manager said that he would cover shifts on a week day if needed and that they were doing all they could to fill vacancies.

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

People's medicines were safely managed. People's medicines were stored safely and their medicines were given as prescribed. Staff who gave medicines to people had their competency checked every six months to ensure they were aware of their responsibilities and understood their role. People were supported to take their medicines as they wished. One person's support plan said "I like the staff to bring me my medication with a cup of water. Staff should give my medication using a spoon. I will open my mouth so that staff can tip the tablets in. Staff should then give me a cup of water to swallow. Staff should stay with me until they have gone". There had been six recorded medicine errors since May 2016. Two of these were staff who had not signed the medicine administration record (MAR) sheet. These had been investigated and had outcomes. Staff attended extra training, shadowed other staff an extra three times and had a competency check to ensure they were fully competent to deliver medicines.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Staff confirmed they attended safeguarding training. Safeguarding policies and

procedures were available to everyone who used the service. The service manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police (where appropriate). One staff member said "I would know what to do if I had concerns". One relative said "I am confident now that things would get dealt with". People we spoke to were unable to comment due to their communication difficulties, however we saw an easy read complaints book which would enable people to complain if they wanted to.

Risk assessments were completed with the aim of keeping people safe yet supporting them to be as independent as possible. Risk assessments covered areas such as mobility, medication and finances. These gave staff clear guidance to follow that matched the content of people's support plans. Risk assessments were completed for one person with regard to having a bath. It gave staff clear guidance to follow to support the person safely and identified that the person maybe be at risk of falling whilst getting in and out. Staff were asked to "Prepare a wash cloth, bath soap, towel and clothes" before supporting the person to minimise the risk of staff being distracted. Risk assessments were person centred and involved people's views.

New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. Records showed us people had a Disclosure and Barring Service (DBS) check in place. A DBS check allows employers to see if an applicant has a police record for any convictions that may prevent them from working with vulnerable people. We looked at records for five staff which evidenced staff had been recruited safely.

Care records contained the information staff needed about people's significant relationships including maintaining contact with family. Relatives were invited to attend meetings and could visit when they wanted to. One relative said they picked up their relative every third weekend and was always welcomed by staff although trying to contact the home had recently become difficult due to the phone lines not working. The same relative had attended an informal review meeting last month with the senior managers and other families. The relative said that communication could be frustrating at times, and that a newsletter from the provider to relatives had been discussed at the meeting and would be "A really positive thing for us all, I am lucky as I live close by but some relatives live over four hours away and it would benefit them I'm sure".

Regular health and safety checks and schedules were in place for infection control, manual handling, water temperatures, emergency lighting and checking of electrical equipment. Relevant policies were in place for health and safety. All staff had received fire training. On the first day of our inspection people did not have a personal emergency evacuation plan (PEEP). These are required to ensure staff and emergency services were aware of people's support needs and the assistance required in an emergency. On the second day of our inspection we were shown two PEEPS's and were assured by the manager these would be in place for everyone by the end of the day. Staff showed a good awareness for infection control and food hygiene. There were different coloured chopping boards and mop buckets to minimise the risk of cross contamination. We were shown records of the temperatures for the fridges and freezers which were taken daily.



## Is the service effective?

### Our findings

Staff did not receive regular supervision; these are 1:1 meetings with their line manager where they are provided with formal support with their development of skills and knowledge. This helps to ensure people continue to receive high standards of care from staff that are well trained. Some staff had received some 1:1 sessions with the manager. One member of staff had two supervisions in the last year. Records confirmed that there had been no appraisals for any staff within the last 12 months. The on-going monitoring and assessment of staff helps ensure the effective support of people using the service.

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

Staff completed an induction when they first started working in the home. This was a mixture of shadowing more experienced staff and formal training. These shadow shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. The manager informed us each new member of staff had an induction pack which detailed core tasks and training they needed to complete. This was checked and signed off by the manager when a staff member had completed their induction.

The home had a matrix to manage the training needs of staff. This identified staff training requirements which clearly detailed what training had been completed, what was outstanding and when this was due to be completed. One staff member said they had done an on-line first aid course but needed to complete the practical theory day. We could not see that this had been identified on the training matrix. Although most staff had completed all mandatory training there were some staff that needed refresher training in some areas. Staff were being offered to complete their NVQ3 qualification and the Care Certificate had been introduced which is a qualification staff could complete and was transferable to other services. Staff were offered additional training. Examples of these were; Conflict management, assault avoidance and disengagement for care, Epilepsy awareness and valuing people and respecting difference.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

The provider had policies and procedures in place regarding the MCA and DoLS. Everyone's mental capacity had been assessed and records confirmed this. DoLS applications had been made appropriately for some people and the manager was awaiting further contact from the local authority. Staff had received training on MCA and DoLS and they were able to describe the principles and some of the areas which may constitute

a deprivation of liberty. A capacity assessment for one person had been completed regarding locked doors and a best interests meeting took place on the 30 June 2016. The outcome of this meeting was the person was given a bedroom door key. A DoLS assessor was due to be at Matson House the day after our inspection to assess three people.

People had contact with health and social care professionals and this was documented in their care plans. People could access doctors, opticians and dentists when required. In each care plan, support needs were available for staff with regard to attending appointments and specific information for keeping healthy. People had input from the Community Learning Disability Team (CLDT), Independent Mental Capacity Advocate (IMCA) and advocacy service, who are individuals, not associated with the service and were used to support people if they were needed. Three people used advocates in August 2016.

People were able to choose what they liked to eat. This was discussed with people and they were encouraged to go food shopping with support from staff. Pictures of food were on the wall in the kitchen to show what people were having for dinner as a visual aid. People were encouraged to help with the preparation, laying the table in the dining area and clearing up once people had finished eating. People could choose if they wanted to eat in the dining area or in their bedrooms. Menus were visible and we saw one person eating a prepared salad for their lunch which they said "Was lovely".

People had a separate health file which gave extra information on how to support people with specific health conditions. One person had recently been identified as at risk due to losing a significant amount of weight. Plans had been implemented and their weight was now being monitored, however this had not been done for six weeks. We were assured by the manager this was an oversight and would be addressed immediately.

# Is the service caring?

## Our findings

Staff we spoke to were clearly anxious about a lot of the recent changes to their working conditions. However we saw that staff cared about the people who lived at Matson House. One staff member said "I like working here, I like taking people out to activities" and one relative said "My relative is very settled; they have lived there for over 10 years. The care staff are brilliant".

Staff were respectful of people's privacy and maintained their dignity. They told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Staff were observed knocking and waiting by people's doors to ask them questions about the day's activities and options for dinner later in the day. People were given time to relax when they wanted to. The service had introduced a dignity policy statement which said "We believe that being treated with dignity and respect is a founding principle of high quality service provision. Please support people with the same respect you would want for yourself or your family".

People were supported to dress accordingly to their individual tastes. They looked well-presented and well cared for. People's choices around clothes and what they liked to wear was documented in their support plans. People were encouraged to help with looking after their clothes. One person's care plan said "I need assistance to choose my clothes depending on the weather and my planned activities for the day. Staff to open my wardrobe and ask what I would like to wear or offer me a choice of, perhaps two sets of clothes". The service had identified where people needed support with dressing for the day and one person's support plan said "[The person] has no interest in clothing and will not take part in choosing clothes. [The person] needs support/assistance to get undressed, However if staff verbally encourage them they can put on their own t shirts and jumpers".

Staff spoke about promoting people's rights and supporting them to increase their independence and make choices. Throughout the inspection we saw people being offered choices about food, social activities and how they spent their time. We observed staff giving people time to answer their questions. One person asked if they were able to go out later to go to the gym. A support worker explained they would check and get back to them and we saw that they did and explained the plan for the day. The person changed their mind about their activity and staff supported them to go out and do what they wanted to.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Each keyworker was responsible for planning and facilitating people's support plans. This involved a review of the plans and updates where necessary. Talk time took place frequently and people were able to discuss issues or concerns and what is, or is not working. One section of the notes had a goals and dreams section. One person's dream was "To be supported to live in a home with people who are able to understand me and enable me to lead a happy and fulfilled life".

A new daily handover and daily notes checklist was due to be introduced in October 2016. This gave information on people's emotional wellbeing and asked people for their comments on the support they received. The notes also asked for feedback on people's activities they had participated in that day and

examples of the questions were; "Would the person like to do this activity again?" and "What meals have been prepared/eaten today?" If refused please record the time you offered and ""What goals have been worked on or achieved?" It was clear that monitoring people's daily life was important to the manager and staff so that they could improve their care and support needs and promote independence.

## Is the service responsive?

### Our findings

Each person had a support plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people. Each care file had a page detailing likes, dislikes and so it was easy for staff to identify individual preferences. One person's support plan said "I do not like being rushed, told what to do or changes to my routine" and another said "I get frustrated when I don't recognise feelings and needs, sometimes I will rephrase a question to get the response I want". Support plans gave staff, particularly agency or newer members of staff guidance to support people effectively.

People and relatives said that the service responded to their needs. One person's support plan said "Me and staff must follow the agreed menu plan. This is because if given the choice of what to eat each evening I will always choose sausage based meals which would not be good for my health and well-being". The support plan then gave guidance for how the person would be supported to make decisions and choices. This included a family member and having a best interest meeting for bigger decisions.

People's support plans gave guidance for staff to support people whilst in the community. One person had risk assessments for undertaking activities and using the company vehicle in the community. The same person did not like loud noises, dogs, large crowds and children crying. The risk assessments informed staff of possible places to avoid, particularly in school holidays and de-escalation techniques and statements to minimise the risk of the person's behaviour becoming challenging.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's current care and support needs. The daily notes contained information such as the activities people had engaged in, their nutritional intake and also any behaviour which may challenge. This meant staff working the next shift were well prepared. One person wrote their own daily notes and were encouraged to do this. The person brought a piece of paper to the office which said "Happy and excited". This was placed on the wall to show staff how they were feeling on that day.

The service had introduced seizure files for those people who had a diagnosis of epilepsy. This included people's behaviour before, during and after to offer guidance for staff to look for possible signs. The records seen were detailed and enabled the staff and manager to track seizures and identify patterns or trends.

The service had identified guidelines for staff to follow with regard to support with eating and drinking. One person's support plan said "Please follow my Speech and Language Therapy (SALT) guidelines" which gave clear guidelines to support the person to eat safely. One set of notes stated a person had no teeth and finds some foods difficult to eat. It then gave a list of foods they liked and disliked such as soup, pasta and stew and said they find bread rolls hard to bite.

Staff attended regular team meetings. There were mixed reviews about these with some staff saying they were useful and others saying they did not want to attend due to the current negativity and feelings about the changes from the provider. In the team meeting minutes from July 2016 it said "There should not be any

restriction to certain areas of the house, mainly to the kitchen. Service users must feel like they are within their own house. Let them enter places like the kitchen freely" and staff concerns were noted. One concern was that "Lack of meals provided for staff working long shifts. Staff would be happier to work overtime if some meals were offered". We were unable to see any outcomes to these concerns. This was an area that staff had told us that was hard to manage. People did not have regular house meetings due to the communication difficulties but had keyworkers sessions and talk time to voice any concerns or discuss their care and support.

People said there were enough activities on offer at the service and were able to access the community. One person's support plan said they went to the pub on a Sunday, Tuesday and Thursday. Records confirmed that this was facilitated. The plan gave staff guidance to support the person when they arrived by asking staff to "Order me a black coffee in a cup with saucer and one small coke with no ice or lemon". Other activities on offer were swimming, gym, and walks in the local area. One person visited their relative in a local care home regularly. Staff said people enjoyed activities but recently this had been difficult due to the lack of driver's on shift. One relative said "My relative goes to college and goes swimming but I would like to know what he is actually doing". [The person] can verbalise and will let us know if he needs or wants anything".

We observed staff supporting people and responding to people's needs throughout the day. The people we spoke with indicated they were happy living in the home and with the staff who supported them. Staff were observed spending time with people, engaging in happy conversations and ensuring people were comfortable. One person decided they didn't want to go the gym but wanted to buy some fish and chips and eat them by the river. The staff member asked the manager if that was possible and staff were seen supporting them to go out and do this for them.

The daily diary and communication books were being used to give staff details of appointments or any specific information. Staff had signed to say they had read these. One person was due to visit the dentist in November 2016 and this was written in the diary with a note for staff to take the current (MAR) sheet with them to show current medication. One person had visited the Ear, nose and throat specialist on 2 September 2016 and this had been ticked to show they had attended.

## Is the service well-led?

### Our findings

There were some positive comments about the new manager. One staff member said "I feel listened to; I do trust [The person]". One relative said "There has been a huge turnover in management for the last few years; I depend on them as much as I can". Some staff felt that the manager was pro-active and they felt listened to but some staff said some time to embed the management structure was needed. The deputy manager had left the week before the inspection. Some staff and one relative felt this was a huge loss to the management team.

The manager and staff told us about changes on-going within the home. This included changes to the way staff worked and the culture of the home. Staff told us the culture of the home had changed recently and staff needed more support in some areas. The manager said that they knew there was some improvement required in some areas and that they had been striving to make positive changes. The manager had introduced new tasks for staff and the waking night staff were now responsible for the cleaning of the home rather than the day staff. This had been identified as a concern in a team meeting by the day staff as they felt too busy. We were told by four staff members that there used to be domestic staff, but cleaning was an extra task for them now. The manager said that they felt the home was going through some transition and that they would ensure that improvements were being made and hoped staff morale would improve.

The organisational records, staff training database and health and safety files were organised and available. Policies and procedures were in place and easily accessible. Guidance documents for staff were detailed and all in one place to see. Examples of these included a lone working policy and shift related work schedules.

Regular audits of the service were taking place. This included audits by the manager and senior managers. They included audits of health and safety, medicines, care planning, training, supervisions and infection control. Emergency exits and fire escapes had been checked in May and June 2016. One person's wheelchair and bath chair were checked weekly and on 28 August 2016 and a fault with the bath chair was identified. This was fixed two weeks later. First aid boxes were checked monthly and this had been done on 1 September 2016.

A contingency file had been introduced and all staff had read and signed this. This gave staff specific information on what to do in emergency situations such as loss of utilities, night and day evacuation and where to locate and disconnect supplies. An evacuation fire drill had taken place in August 2016. Door sensors and door guards were supposed to be checked weekly; however the records said that they were last done in June 2016.

From looking at the accident and incident reports, we found the manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. There had been seven incidents recorded in July and August 2016. Some of these were described by the manager as behaviours rather than incidents so a new recording system had been introduced. However the manager did say that they would rather people record things that may not be

deemed as an incident as this was good practice. An incident reporting form had been designed for one person and asked for specific information about what led up to the incident, what the staff reactions were and any de-escalation techniques that were used. We were unable to see any of the completed forms.

People's finances were checked, counted and signed by several people to ensure they were not at risk of financial abuse. Each person had a finances risk assessment and guidance for staff to follow. The manager would audit people's finances every week. People had support to manage their finances if needed and an external organisation would audit these regularly.

A maintenance book was available for staff to report any issues; this was signed off by the manager when work was completed. An external agency was responsible for doing an annual check on an estates programme including maintenance and this was done in February 2016.

The manager and senior managers were responsive to our concerns during our feedback and assured us they would take action. However we were concerned about the ability of the manager to take these forward without access to considerable further resources and support from the provider.



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	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 HSCA RA Regulations 2014 Staffing.</p> <p>How the Regulation was not being met:</p> <p>The registered person had not ensured staff were receiving regular supervisions and appraisals.</p> <p>There were not sufficient members of staff to keep people safe and meet their needs.</p> <p>Regulation 18 (1) (2)(a)</p>