Care Quality Commission

Premier Nursing Homes Limited

Willowdene Care Home

Inspection report

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Hebburn,
Tyne and Wear
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Website:

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Inadequate
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Willowdene Care Home provides nursing care for older people, some of whom are living with dementia. It is registered to provide care for 52 people. At the time of our visit there were 39 people living at the home, with one person currently in hospital.

This inspection took place on 12 August 2015 and was unannounced. This meant the provider did not know we would be visiting. A second day of the inspection took place on 13 August 2015 and was announced. We last inspected the service in October 2013 and found the provider was meeting all legal requirements we inspected against.

No registered manager was in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

During this inspection we found the provider had breached a number of regulations. We noted there was not enough staff deployed to ensure people's needs were met. The provider did not ensure staff received appropriate training and development to enable them to carry out the duties they are employed to perform. We witnessed people did not receive the appropriate support and encouragement to eat and drink. We saw people were not supported to maintain their independence in line with their needs. We also found that the provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support. We observed a number of issues which demonstrated staff did not always consider a person's dignity. For example wiping a person's mouth without asking and not assisting people immediately when required.

You can see what action we told the provider to take at the back of the full version of the report.

One family member told us, "I think there is a lack of staff here. The management need to pay more attention to the staff." Another said, "There has never been enough staff" and "The main thing that could be improved was the staffing".

On the ground floor we noted the lounge was left without care staff for repeated periods. During lunch we noted not all people who needed support with eating received assistance. We witnessed meals standing for 45 minutes before a member of staff was free to assist.

The home did not have an up to date emergency evacuation plan in place.

Medicines records were up to date and accurate. This included records for the receipt, return, administration and disposal of medicines.

The provider completed reference checks and a Disclosure and Barring Service (DBS) check prior to employees starting work. However no further DBS checks were conducted throughout their employment.

The provider conducted health and safety checks included checks of gas safety, electrical safety, electrical appliances, fire safety and water safety

We saw the manager had recently carried out supervisions with staff. Staff confirmed that appraisals were conducted annually and supervisions monthly.

We saw evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves.

We saw evidence in care records of cooperation between care staff and healthcare professionals including social workers, dietetics, pharmacy, community psychiatric nurses, occupational therapists, physiotherapy, and GPs to ensure people received effective care. Where people had no family or personal representative we saw the home provided information about advocacy services.

People did not receive sufficient engagement or stimulation. No activities were available for people using the service.

Staff interacted with people during the delivery of care. We noted staff were busy with other duties and therefore did not have a great deal of time to ensure people had meaningful engagement.

Care plans we looked at contained personalised information about the person, a brief social history and their preferences.

People who used the service and their family members had the opportunity to give their views about the service.

One family member told us, "[My relative] has been here five years and we have seen eleven managers in that time. There is something not right about that".

The manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. They have submitted an application to become a registered manager.

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?

Requires improvement 

Staff interacted with people during the delivery of care. We noted staff were busy with other duties and therefore did not have a great deal of time to ensure people had meaningful engagement.

Care plans we looked at contained personalised information about the person, a brief social history and their preferences.

People who used the service and their family members had the opportunity to give their views about the service.

One family member told us, "[My relative] has been here five years and we have seen eleven managers in that time. There is something not right about that".

The manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. They have submitted an application to become a registered manager.

Is the service effective?

Inadequate 

The service was not effective.

Staff had not completed mandatory training required to perform their role effectively.

People were not supported in making choices relating to their dietary needs

We saw evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves.

Is the service caring?

Requires improvement 

The service was not always caring.

We noted staff did not always respect a person's dignity. For example wiping a person's mouth without asking and not assisting people immediately when required.

We noted staff addressed family members in a friendly manner and were on first name terms. Family members told us they are allowed to visit at any time

Where people had no family or personal representative we saw the home provided information about advocacy services.

Is the service responsive?

Requires improvement 

The service was not always responsive.

No activities were available for people using the service. People received very little interaction from staff and were unsupervised for long periods.

Summary of findings

Care plans were individualised and contained personalised information about the person and their preferences.

The provider had a complaints policy and procedures were in place. Family members advised they would know how to raise any complaints or concerns.

Is the service well-led?

The service was not always well-led.

The provider did not have a formal system in place to monitor the quality and running of the service.

We noted not all care records and medical information were kept secure.

The provider ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

Requires improvement

Willowdene Care 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 over two days. The first visit was on 12 August 2015 and was unannounced which meant the provider and staff did not know we were coming. Another visit was made on 13 August 2015 which was announced.

The inspection team consisted of two adult social care inspectors, a specialist advisor in nursing care 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 care service.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local authority safeguarding team.

During this inspection we spoke to nine people who live at Willowdene Care Home, seven family members, the manager, three nurses, five care workers and three support staff.

We carried out an observation using 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 with us. We undertook general observations of how staff interacted with people as they went about their work.

We looked at six people's care plans and four people's medicines records. We examined six staff files including recruitment, supervision and training records. We also looked at other records relating to the management of the home.

Requires improvement

Is the service safe?

Our findings

One family member told us, "I think there is a lack of staff here. The management need to pay more attention to the staff." Another said, "There has never been enough staff" and "The main thing that could be improved was the staffing".

We examined staffing rotas for the previous month and the month ahead. We saw for the day shift, one registered nurse and three care workers were deployed on the ground floor with and one registered nurse and four care workers on the first floor. At night one registered nurse and four care workers were on duty across the whole home.

Care workers we spoke to did not feel enough staff were deployed to ensure people's needs were met. One care worker said, "There is a lot of pressure when staff are off." Another told us, "I was on nights and on my own upstairs I needed assistance and pressed the buzzer but no one came for at least half an hour. It was frightening."

On the ground floor we noted the lounge was left without care workers for repeated periods. During lunch we noted not all people who needed support with eating received assistance. We witnessed meals standing for 45 minutes before a member of staff was free to assist. We observed nine residents eating breakfast in one dining room with one member of staff present. We saw that one person was being supported to eat by the member of staff but other people also needed support and had to wait.

We made the manager aware of our observations. We questioned if the current staffing configuration was adequate for the current client mix. For example, of the 18 people on the ground floor, 15 were identified by staff as requiring two staff to assist with personal care and safe movement.

The manager told us the staffing levels were dependent on the needs of the people using the service. They did not have a dependency tool to calculate staffing levels but advised when the occupancy reached 44 staffing levels would be increased. They said they were recruiting for one care worker and one activities co-ordinator. Due to our observations and feedback from staff we concluded, the home did not have sufficient staff to ensure people's needs were met.

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

Risk assessments were completed individually for people using the service based upon their needs. We saw people had risk assessments for falls, dependency, and use of call bell, which were detailed and reflected the needs of individuals. These were reviewed monthly to ensure current needs were reflected.

We examined the accident and incident records. We saw information related to individuals, including types of accidents, time occurred and injury. We noted the last record made was in October 2014, no other records were available. We asked the manager if any analysis was carried out to identify any trends or contributory factors which may require investigation. They advised no analysis was currently being carried out.

We asked the manager what emergency evacuation procedures were in place for people who used the service. They told us a grab bag was available in the entrance of the home in the event of an emergency. We examined the bag it contained a high viz jacket, emergency blankets, a walkie-talkie and resident's and staff's details. We reviewed the information relating to people using the service, we found it was dated October 2014 and did not include an individual assessment of each person's evacuation needs. We discussed the lack of emergency evacuation procedures with the manager who was surprised no documentation was in place. They advised they would produce the required information immediately.

We found medicines were managed safely and recorded properly. We examined medicines administration records (MAR) for four people using the service. We found a person's photograph was recorded on the MAR sheet for identification purposes. The provider used a bio dose system of administration, where all medicines due at a specific time is contained in one blister pack. Each individual pod is labelled with the people and drug information and the perforations in the seal allow individual doses to be pushed up and out of the tray, ready for the dose to be taken.

The MARs folder contained a copy of staff signatures for identification. The MARs we viewed showed no gaps or

Requires improvement

Is the service safe?

discrepancies, where medication was not administered it was noted on the back of the administration record sheet. There was a clear as and when required (PRN) protocol for each person.

Medicines were stored in a locked room, within a larger clinical room. The rooms were spacious and equipment was stored appropriately. Medicines were dispensed from a standard steel lockable double fronted trolley. The room and drug fridge temperatures were checked and found to be regularly monitored and within the required range. We noted any refused / or surplus medication was disposed into a storage bin which was taken to the pharmacy for disposal.

We examined six staff recruitment files. We found each record held completed reference checks and a Disclosure and Barring Service (DBS) check dated prior to their start date. DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

We saw that out of 27 members of staff only five had DBS certificates dated within the last three years. The manager told us a DBS check is completed at the start of employment and advised the provider did not operate a three year update cycle. The provider completed an annual declaration with staff in relation to no offences to declare. We discussed the importance of protecting vulnerable adults from unsuitable people. The manager advised they would discuss the matter with senior management.

Care workers demonstrated a good awareness of safeguarding and whistleblowing and the process of reporting or highlighting incidents or concerns. One care worker told us, "I would speak to [Nurse] if I had any concerns." The manager showed us a safeguarding consideration report log which included issue, action taken and outcome. We noted no information was recorded. They advised the document had recently been introduced. The home worked within the Safeguarding framework but did not hold up to date information in one place/file. This meant that trends analysis was not undertaken.

The provider had developed a business continuity plan to ensure people would continue to receive care following an emergency. It detailed what action was to be taken in the event of loss of power or flood.

The home lacked a homely feel with the absence of decoration and a large nursing station.. The general cleanliness of the home was of a good standard. However we saw some of the toilets and shower rooms were cluttered and dirty.

We noted one toilet had been designated for male staff to use, we found a uniform hung up and personal belongings stored there. There was no indication on the outside of the door, which could be confusing for people who used the service. In addition we had some concerns regarding infection control for staff uniform being left in a toilet area.

We saw in one lounge the floor was dirty, some chairs did not have seats and dirty cups were left on tables. We noted the carpet in the family room was also dirty. The maintenance person told us carpets were in the process of being replaced throughout the service.

We found there were checks in place to ensure the safety and security of the home and equipment. We spoke to the maintenance person who had a good understanding of their area of responsibility. We saw all records were completed and up to date, including regular assessments for fire alarms, fire equipment, lifts, hoists, water temperatures and gas safety.

The lift was accessed without the use of a key code. This meant anyone could enter the lift and gain access to both floors. We saw the plastic light covering in the lift was broken. We discussed our concerns with the manager, before the end of the inspection the maintenance person had sourced a company to fit a suitable key code device.

Inadequate

Is the service effective?

Our findings

We found that training and development was not up to date. We viewed the training matrix for 51 staff. We saw 19 staff had not completed safeguarding vulnerable adults training, 22 did not have dementia care training and 16 had not received moving and handling training.

We asked the manager what training was available for staff. They advised they were aware of issues in training and staff had been made aware of the requirements to complete their training. They told us they were monitoring the situation closely and 68% of training had been completed.

We spoke with staff regarding training. One care worker told us, "I haven't had training for years it's all e learning." Another said, "We have been told to do training, I came in the other day, sat on the computer and completed it."

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

We saw in staff records supervision had been conducted earlier in the month. Staff we spoke to confirmed they had received supervisions in the last month. The manager told us they intend to carry out six supervisions a year and an appraisal annually. Supervision and appraisal is important so staff have an opportunity to discuss the support, training and development they need.

One person told us, "The food is edible". They then said, "mediocre is a better word".

We did not see any menus on display. We asked if choices were offered. One care worker told us, "It's frustrating as people don't know what they are eating so they can't tell you." Throughout our two day inspection we did not observe any discussions between people who used the service and staff in regard to choices for meals.

We saw when required people were supported to have specialist or modified diets. We noted the kitchen had records of people's dietary needs which were reflected in their care plans. We asked if puree food moulds were used to make puree food appear more appetising. One chef said, "It took too long to prepare so we stopped."

Meal time experience varied between the floors. On the first floor staff told us the process had recently changed following the appointment of the new manager. The larger dining room was used for people requiring more support with meals, whilst the smaller room was used for people who were more independent.

We observed no one was left without assistance. We noted the domestic assistants were supporting people to eat. We asked the nurse if staff had received the appropriate training to assist at meal times. They told us, "I ensure staff don't assist people with swallowing problems and I always keep an eye on them."

Our observations of meal time on the ground floor were remarkably different. 16 people were located in the dining room; it contained six tables each with four chairs which didn't allow a flow of movement for either staff or people using the service.

We noted tables had a table cloth however no cutlery, salt and pepper, glasses or cups were present. People were assisted and positioned at tables. One care worker placed bibs over people's heads without any conversation or enquiring if they wished to have one. Meals were handed out and people given cutlery at the same time.

Staff gave half of the people in the room drinks however when meals arrived this stopped and staff began giving out lunch. It wasn't until an hour had passed that staff realised only half the people had drinks to accompany their meals.

We saw one care worker who appeared occasionally, take food from a person's plate in their hand and place it in the person's mouth without wearing gloves and without engaging with the person. They did this repeatedly. Several people stopped eating or barely started and then without a word from the care worker, the plates were taken away.

We observed one tray returned from a person's room with a dessert with a spoon in the bowl, it was place on the trolley then given to another person in the dining room.

We noted seven people needed assistance to have their meal and several others needed help or encouragement to eat. We observed three care workers supporting people which meant people had to wait resulting in the food becoming cold.

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

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005

Inadequate

Is the service effective?

(MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals.

The manager advised 26 people in the home were subject to DoLS and a further five applications were pending with the local authority. We examined six care plans and in each we saw evidence of MCA assessments and 'best interests' decisions being carried out for people who lacked capacity to make decisions for themselves.

Although staff understood about supporting people to make choices and decisions, they had limited understanding of the MCA and DoLS and how the principles of the legislation applied to people who used the service. We saw from the training matrix 21 staff had not completed MCA and DoLS training. One care worker said, "I have never had MCA or DoLS training." Another told us, "I did some training but it was a while back, I think it's about people's rights."

We saw evidence in care records of cooperation between care staff and healthcare professionals including social workers, dietetics, pharmacy, community psychiatric nurses, occupational therapists, physiotherapy, and GPs to ensure people received effective care. For example, one person had been referred to the Speech and Language Therapy Team (SALT) as it had been identified they had concerns regarding shallow swallowing.

Requires improvement

Is the service caring?

Our findings

We observed care workers sat in lounge areas updating care records multiple times throughout our visit, and during this time there was limited communication with people. Most interactions were whilst staff delivered care to people.

Staff did not have the opportunity to sit and engaging in meaningful activities with people as they were busy with other duties. We noted in the upstairs lounge a care worker stood positioned in the door way. The care worker told us, "I stand here and I can keep an eye on the lounge and the corridor when people wander."

We observed a number of issues which demonstrated staff did not always consider a person's dignity. For example wiping a person's mouth without asking and not assisting people immediately when required.

One person asked staff to get a message to their partner, they repeated their request however staff did not engage with the person. The person became increasingly distressed. Care workers made no attempt to reassure the person and went about their duties around the person. We alerted a care worker to the person's request. The care worker told us, "Take no notice [person] says the same thing over and over, [relative] will be coming in this afternoon."

During mealtime we observed a person alert staff of their needs. They advised staff they needed to go to their room urgently." No care worker responded. Ten minutes later the person asked again, staff didn't respond. A further 15 minutes went by. The person said, "I'd like to go to my room now, please." Staff did not respond. 20 minutes later the person shouted, "Please help me." with head in hands. We intervened and asked staff to assist the person. One care worker said, "They always say that, we took them the toilet before the meal. What do you want me to do, stop feeding people?"

We spoke to the manager about the mealtime experience. They advised they would speak to the care worker involved and stated they were aware of issues around dignity and training was to be focused on the subject.

This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted staff addressed people who used the service and family members in a friendly manner and were on first name terms. Family members told us they are allowed to visit at any time. One family member said they attended every day and had lunch with their partner. We noticed staff had set a table in the activities room so the couple could have lunch together.

We observed staff moving people with the use of hoists to and from wheelchairs. Two staff were always present, all were undertaken in a safe manner, and clear explanations were given to people being moved.

Where people had no family or personal representative we saw the home provided information about advocacy services. In the entrance of the home we saw information displayed outlining the support available and detailing the local advocacy service.

Requires improvement

Is the service responsive?

Our findings

A family member said, “There are no activities here. I have no complaints but it would be good to have something going on, now and again”. We saw an activities board in the entrance of the home however this was empty. We saw photographs of previous activities had taken place. We asked the manager what activities were available for people. They advised us the activities coordinator had recently left and they were currently in the process of recruiting a replacement.

With the absence of an activities coordinator no member of staff had been allocated to create activities. We observed two people were taken out in wheelchairs for a short period by support staff. This was the only activity we observed over the two days of our inspection. The foyer had a large fish tank and reminiscence material (“Ye Old Shoppe”) was on display behind glass. We did not see any staff or people utilise these items.

We noted a lack of dementia lead activities; we did not see any reminiscence activities, memory boxes or encouragement by staff to engage in meaningful activity. We noted no dementia champion was in place. One care worker indicated they had been on a course some years ago, and as a result had suggested to the then manager that colour contrasting doors could be used to assist people. However this was not implemented, due to costs.

The manager told us, “Dementia is a key area I want to focus on, I am going to implement Skills for Care Dignity in Dementia training. Also we have instructed an external company dementia specialist to refurbish the first floor.” No date was available for the start of the project.

There was a garden which was maintained with areas for people to sit and a water feature to enjoy. However during our two day inspection we did not see any staff or people using the facility. One care worker said, “Its lovely out there but we don’t have the staff to look after people outside and inside.”

We looked at six people’s care plans and saw these contained personalised information about the person, a brief social history and their preferences. We noted one care plan included a ‘whole life picture profile’ which had been completed by the family. Each care plan held a photograph of the person with room number with allergies clearly marked on the cover.

All care plans were comprehensive and included dietary, communication, activities, medication and mobility. We saw when required people had specific care plans for certain aspects of their care, these were person centred and detailed. For example communication, ‘Staff are to explain to [person] all care interventions, speak slowly and clearly and allow time to process what was said.’ We saw care plans were reviewed monthly. We noted a ‘file monitoring’ (audit check) sheet, was present in some people’s care plans however these were not completed.

We saw that a complaints policy and procedure was in place. We noted one complaint recorded and saw it had been investigated and the appropriate action taken. We asked the manager if any analysis was conducted to identify trends or patterns that required further investigation. The manager advised at present no analysis was conducted but a monthly complaint monitoring was to be introduced.

We noted the complaints procedure available for visitors entering the home was out of date, with the manager’s details being incorrect. The manager told us they were in the process of updating the complaints procedure and the statement of purpose. Family members we spoke to told us they would speak to the manager if they had any complaints.

We recommend the registered provider considers current guidance on caring for people living with dementia including the provision of meaningful activities and takes action to update their practice accordingly.

Requires improvement

Is the service well-led?

Our findings

We asked to see evidence of specific audits or quality checks including care plans, staff recruitment records, complaints and safeguarding. We saw a medication audit had been conducted however we did not see previous audits.. We noted all other audits were conducted up until May 2015 then ceased. The manager was unable to tell us why the audits had stopped at that time.

We asked the manager to tell us about the audit systems currently in place. They advised they had introduced a monthly checklist relating to people using the service which included information such as dependency score, wound grades and safety equipment which nursing staff were to complete.

We asked the manager how they monitored the quality of care delivered. They told us they conducted "walkarounds" at least three times a day. We were not provided with any evidence that these were regularly undertaken.

At the end of our inspection the manager provided us with an action plan which had been produced following feedback from the local authority. The action plan had also been updated following a provider internal audit. The plan covered areas such as care plans, activities and dining experience.

This meant that whilst the provider had some quality assurance processes to monitor the quality and safety of the service they are yet to be embedded and still require strengthening.

On the first day of our inspection we found confidential records (hourly observation charts, skin integrity charts and fluid and nutritional intake charts) relating to people who use the service lying about in the downstairs lounge. We advised the manager of our findings. On the second day we found the same confidential information left unattended in the same area.

Staff did not have structured opportunities to share information and give their views about the service people were receiving. The provider did not hold regular team meetings. We saw the last staff meeting was held in March 2015. One care worker said, "I can't recall the last meeting." The manager advised us they intend to instigate separate meetings for nurses and care workers.

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

One family member told us, "[My relative] has been here five years and we have seen eleven managers in that time. There is something not right about that". Another family member said, "[My relative] has been here only two and a half years and there have been five managers here".

At the time of our inspection the manager had been in post for four weeks. The manager told us they felt supported by the provider and recognised they had a lot of work ahead. They said, "The regional manager is on the end of the phone if I need assistance."

Staff were apprehensive about the new management. One care worker said, "We have had loads of managers. One comes in changes things then leaves." Another told us, "I don't even know who the manager is we just get on with the job caring for people." During our two day inspection we saw little interaction between the manager and staff.

We noted care workers worked well together. There appeared to be a great deal of good camaraderie among the staff on the floors. One family member commented to us, "Isn't it good the way the staff thank each other, when they help each other out."

We looked at what the provider did to seek relatives and people's views about the quality of the service. We noted the last relatives meeting was held December 2014. We asked the manager if the home conducted any surveys or how they ensured people and their relatives were involved in the homes development. They told us there had scheduled several "open days" for relatives. We saw a notice advertising the dates.

We were shown a service users and relative's questionnaire which covered the period 1 April 2015 to 1 May 2015. 40% were returned of which 100% were completed by a relative/ friend.

The majority of areas scored highly at 80% plus as satisfied or highly satisfied with services and staff.

We examined all the policies and procedures relating to the running of the home. We found all were reviewed and maintained to ensure that staff had access to up to date information and guidance.

Requires improvement

Is the service well-led?

The manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities. They have submitted an application to become a registered manager.

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 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	Regulation 18 HSCA (RA) Regulations 2014 Staffing **We noted there was not enough staff deployed to ensure people's needs were met.** **Regulation 18(1)** **The provider did not ensure staff received appropriate training and development to enable them to carry out the duties they are employed to perform.** **Regulation 18(2)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs **People did not receive the appropriate support and encouragement to eat and drink.** **Regulation 14(4)(d)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **Staff did not treat people with dignity and respect at all times.** **Regulation 10(1)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

The provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support.

Regulation 17(2)(a)