

Thackray Care Services Limited

Rushley House Retirement Home

Inspection report

327 Lancaster Road
Morecambe
Lancashire
LA4 6RH

Tel: 01524417405

Date of inspection visit:
13 February 2019
14 February 2019
01 March 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

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

Why we inspected – The inspection was prompted in part by receiving information of an incident following which a person using the service sustained a serious injury. The information shared with CQC about the incident indicated potential concerns about the management and leadership at the home. This inspection examined these concerns. This incident was being reviewed by the local authority safeguarding team at the time of the visit and had not been concluded.

Inspection team: The first two days of the inspection were carried out by two adult social care inspectors. One adult social care inspector returned to the home unannounced on the third day to complete the inspection process.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first and last day of the inspection were unannounced.

What we did: Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications submitted by the provider related to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home. We also spoke with the Lancashire County Council safeguarding and contracts and commissioning team. This allowed us to gain information related to the quality and safety of service being provided. We used our planning tool to collate and analyse this information to help us plan our inspection visit.

During the inspection process we spoke with three people and five relatives. We spoke with three members of staff and the registered manager.

To gather information, we looked at a variety of records. This included care records related to three people who used the service. We also looked at other information related to the management of the service. We did this to ensure the registered manager had oversight on the home and to ensure the service could be

appropriately managed.

Following the inspection visit we spoke with Lancashire County Council safeguarding team, the infection prevention and control team and Lancashire Fire and Rescue Service to update them with our 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 had deteriorated to requires improvement

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was had deteriorated to requires improvement.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was had deteriorated to requires improvement.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was had deteriorated to requires improvement.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was had deteriorated to requires improvement.

Details are in our Well-led findings below.

Requires Improvement ●

Rushley House Retirement Home

Detailed findings

Background to this inspection

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Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- People told us they felt safe at the home. Although people told us they felt safe, we found individual risk was not always appropriately addressed and managed to keep people safe from harm. Two people who lived at the home sometimes displayed behaviours which challenged the service. We saw there were no risk assessments to guide staff how to work in a safe manner to keep people and others safe.
- We found risk assessments were not always accurate and up to date to meet people's needs. One person's mobility had deteriorated and the person required support and assistance to mobilise. The personal evacuation risk assessment for the person had not been updated to reflect their needs.
- We found environmental risk assessments were not always followed to ensure safety within the home. For example, on the first day of the inspection visit we found fire doors were routinely held open with wedges. Additionally, directions within the fire risk assessment were not consistently carried out. For example, there was no record to demonstrate emergency lighting was tested monthly, as set out in the fire risk assessment.
- We saw risk was not always identified and acted upon. For example, the door to the boiler room with the gas boiler in it was not secured. The service had not identified this as a cause for concern. Following the inspection, we received written confirmation from the registered manager that the door had been secured to prevent access to the boiler room.

The above information evidences a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

Following the inspection visit we shared our concerns with the responsible fire safety officer from Lancashire Fire and Rescue Service.

Preventing and controlling infection

- At the last inspection, we asked the registered provider to consult with good practice guidance to ensure the home was appropriately cleaned and maintained.
- During this inspection, we noted infection prevention and control procedures were not consistently maintained.
- Two relatives we spoke with commented on the standard of hygiene at the home. One relative said, "It looks like it needs a good clean. I have cleaned [relatives] room a couple of times."
- We asked the registered manager about cleaning responsibilities at the home. They told us care staff were responsible for cleaning the home and this was part of their daily routine.
- We discussed good practice with the registered manager. The registered manager confirmed they had been supported previously by the infection prevention and control team to develop a cleaning audit. From our visual inspection it was evident professional advice and guidance given had not been consistently

implemented.

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

Staffing and recruitment

- The service did not follow robust recruitment procedures. We viewed the recruitment records for two members of staff. We found required checks had not been fully completed prior to them starting work with Rushley House Retirement Home.
- The registered provider had failed to carry out checks to ensure they had a full employment history for all new recruits. One record did not have any information regarding the staff members employment history. Another record didn't have the full dates recorded within the employment history and the registered manager had not explored any gaps in employment. There was no evidence within the staff record to show these concerns had been identified and discussed at interview or a written explanation of the gaps sought.

This failure by the registered provider to demonstrate robust recruitment procedures were followed is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and proper persons employed).

- People and relatives told us they were satisfied with the staffing levels at the home. One relative said, "I think there are enough staff on duty. There seems to be when I visit."
- Staff said overall, staffing levels were suitable to meet people's needs. They said they were not rushed and had time in the afternoons to speak with people.
- Although no-one had any concerns about staffing levels. All the relatives we spoke with raised concerns about the current high staff turnover at the home. Feedback included, "They have lost five staff in the past few weeks." And, "My [relative] was upset when I visited the other day because all the staff have left. Two more are leaving. It's very worrying."
- We discussed staff turn-over with the registered manager. They told us they were actively recruiting new staff and were waiting for checks to be completed. The registered manager said they had never experienced staff turnover like this before. We saw both the registered manager and nominated individual were covering shifts at the home in the meantime.
- We recommend the registered manager reviews and implements good practice guidance regarding staff retention.

Using medicines safely

- People told us they were happy with the support they received with their medicines.
- Although people were happy with the support provided, we reviewed medicines processes at the home and found medicines were not always managed safely and in line with good practice guidance, "Managing medicines in care homes." (National Institute of Health and Care Excellence, 2018).
- We found the registered manager did not have a system for checking medicines stocks against records. Medicines were not checked in and carried forward on each medicines cycle. Stock checks and stock balances provide a way to ensure medicines have been given as prescribed.
- Staff told us they had initial training to administer medicines but had not received further refresher training and formal competency checks to ensure they had the suitable skills to carry out the task safely.
- We recommend the registered manager consults with good practice guidance to ensure medicines are safely managed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe here."
- Staff understood their responsibilities for keeping people safe and the processes for reporting any concerns they had about people's safety.
- Although staff understood their responsibilities, we found the registered manager had not kept up to date with changes within the local authority safeguarding guidance. We found the service's safeguarding policy was not up to date and did not reflect policy and guidance.
- During the inspection, we noted one person had fallen seven times in a period of twelve months. Safeguarding protocols had not been followed; a safeguarding alert had not been raised for this person.
- We recommend the provider seeks advice and guidance to ensure safeguarding reporting procedures are robust and in line with local reporting procedures.

Learning lessons when things go wrong

- Staff documented accidents and incidents. The registered manager said they reviewed them to identify trends and themes. We saw when concerns had been identified by the registered manager action had been taken to try and prevent similar incidents from happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We received conflicting information from staff about the quality and availability of staff training. One staff member who was recently recruited told us the registered provider was supporting them to complete a national vocational qualification. A further two staff however said they had not received any refresher training or skills updates for some time.
- We reviewed training documents maintained by the registered manager which recorded all training completed by staff. No training matrix was supplied during the inspection process to demonstrate staff had received regular training. This meant we could not be assured staff had received regular training.
- We reviewed the training matrix for 2019, this showed planned training. Staff told us the planned training for February 2019 had not taken place. The registered manager confirmed this.
- We asked to see copies of training records to show staff received regular training updates. We were provided with these to show some eLearning training had taken place.
- During the inspection we observed moving and handling techniques of staff and saw techniques used were not always consistent with good practice. One staff member said, "I have worked in other homes and have had training in moving and handling. I have had to tell staff they are doing things wrong."
- We asked the registered manager about staff training and they advised they provided training and guidance to staff. The registered manager couldn't however provide us with details as to when they had updated their skills. This meant we could not be assured staff were being provided with up to date and accurate training.

The above evidence demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

- Records maintained by the registered manager showed that staff completed an induction process at the beginning of their employment.
- Staff told us supervisions did not take place. Supervisions are one to one meetings between a member of staff and a more experienced staff member to discuss training needs and any concerns they might have. We discussed this with the registered manager. They told us supervisions took place informally daily. We were provided with records to show supervisions had taken place.

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

- People told us they had access to a GP when they required one.
- Health and social care professionals were sometimes consulted with when people had specific needs. For

example, one person experienced a significant weight loss in one month. The registered provider liaised with the GP who diagnosed a specific health condition which had contributed to the weight loss.

- Although we saw some good examples of multi-disciplinary working, we also found health professionals were not always consulted in a timely manner. We noted one person was reported as a high risk of falls. The care record for the person indicated a referral had been made to the falls team for advice and guidance. The person had fallen seven times in twelve months. We asked the registered manager about this and they confirmed no falls team referral had been made for the person. The registered manager said they had discussed this with the person's GP but we were not provided with any information that gave us assurances the falls were being appropriately managed.
- We recommend the provider consults with good practice guidance to ensure falls are being appropriately managed and addressed within the home.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the registered manager had a suitable understanding of the MCA and DoLS. They told us no restrictions were currently in place for people who lived at the home but they were aware of the process to follow should an application to deprive people of their liberty be required.
- People and family members told us they were consulted with and were involved in developing their care plan. Relatives had been consulted with when people lacked capacity to consent for themselves. We saw evidence of people having signed to consent to their care.
- We reviewed care records and noted comprehensive pre-assessments took place before a person moved into the home. Staff did this to ensure the service could meet the person's individual needs. A relative confirmed they had been consulted with as part of the pre-assessment process.

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

- We saw care plans which confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- People told us they were happy with the standard and quality of food provided.
- People's individual dietary preferences were met. One person told us staff catered for their individuals likes and dislikes and offered alternative foods when they did not like what was on the menu. Additionally, we saw a note had been recorded in the daily diary stating a person had requested a different meal to the one on offer. This showed us people's choices were considered.

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

- The service was based in an older style property and had not been purpose built. Corridors were, in places,

narrow and there were some changes in floor levels within the building. The management team had considered people's needs and ability to access all areas of the building. A stair lift was present to assist people upstairs.

- The home had one communal lounge area and a conservatory area for people to relax in. However, we were informed by the registered manager the conservatory was not accessible to people at the time of the inspection visit. We noted the conservatory was being used for storage.
- The home had recently been awarded a 2-star Food Hygiene rating. This meant some improvements were required in the kitchen area. The registered manager told us they were challenging the rating. We reviewed the kitchen and noted it needed refreshment.
- Before our inspection, we received information of concern regarding living standards within the home. During our visual inspection of the home, we reviewed living standards and saw improvement works were being carried out. For example, chairs within the communal lounge had been replaced and flooring had been replaced. There was a decorator in the home on the first day of our inspection undertaking works in the bathroom. They told us they were carrying out refurbishment works on the bathroom and stairs and said the carpet was going to be replaced once the hallway had been decorated. The registered manager confirmed this was the case.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People told us they were appropriately cared for by staff. Feedback included, "I find them excellent. They are so kind." And, "The staff are very helpful."
- Staff spoke fondly about people they supported and the relationships they had developed. However, we looked at records and found the caring nature of staff was inconsistent. For example, one staff member had recorded an incident in a person's daily diary which showed the staff member lacked empathy and compassion when supporting the person. We raised our concerns with the registered manager about this.
- We recommend the provider reviews good practice guidelines and supports the staff team to ensure person-centred, compassionate care is consistently delivered.

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

- People told us they were involved in making decisions about their care. For example, one person told us they liked a bath every morning and staff supported them with this.
- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- We saw care records which contained evidence the person who received care or a family member had been involved with and were at the centre of developing their support plans.
- We asked the registered manager how people were consulted with to express their views. They told us they held residents' meetings with people who lived at the home. We asked to see copies of resident's meetings which had taken place. The registered manager provided us with copies of minutes from meetings to show residents meetings had taken place and people were consulted with.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy, dignity and independence was considered by staff always.
- We saw care records included people's preferences and information about their backgrounds and considered the support needed to maintain their individuality and independence.
- During the inspection, we observed staff supporting a person. Staff offered the person the opportunity to be supported with the task, the person refused any assistance and staff respected this wish. They stood back and observed to ensure the person retained their independence but remained safe.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received person-centred care. One person told us staff were flexible and accommodating. They told us they could have a bath whenever they liked, at a time to suit their needs. Another person said they chose when they went to bed and when they got up in the morning.
- Although people told us they received person-centred care we found care plans did not always reflect people's needs. For example, two people sometimes displayed behaviours which challenged the service. This information was not documented within the person's care record to direct staff as to how to manage this effectively to give people choice and control.
- We recommend the registered manager consults with good practice guidelines to ensure care plans reflect people's needs.
- We looked at how people's recreational needs were met by the service. Recreational activity is an important aspect of care and support s it promotes health and well-being. People told us organised activities were sometimes limited. One person said, "We have music and that's about it." People told us they kept themselves occupied by watching TV, reading and carrying out crafts.
- During the inspection, we noted a singer came to the home to entertain people. The singer confirmed they visited the home every fortnight. On the second day of the inspection a person was visiting the home to carry out manicures for people. They confirmed they visited weekly.
- When people could make their own decisions, we saw people engaged in activities of their choosing. For example, one person read a newspaper, another person chose to watch a video. However, we noted one person was living with dementia. Whilst we observed staff popping in and speaking with the person during the day, we noted no consideration had been taken within the environment to ensure meaningful activities were provided to keep this person stimulated when they were alone. For example, there were no activity stations or dementia related equipment available for the person.
- We asked staff about the provision of activities. Feedback included, "Sometimes we have a chance to sit and talk with people in the afternoons." And, "If I get ten minutes I will have a sing along with people. We have dominoes but no one is interested."
- We recommend the provider consults with good practice guidelines to ensure people are provided with meaningful activities and stimulation.

Improving care quality in response to complaints or concerns

- None of the people we spoke with wished to raise any formal complaints about the service.
- We received mixed feedback about how the registered provider responded to concerns. One person told us, "You only have to ask for something to be done and it's done for you."
- We asked the registered manager about complaints. They informed us they had recently received one complaint which had been resolved.

End of life care and support

- We reviewed systems for end of life care for people supported by the service. The registered manager said no-one at the home was currently being supported at the end of their life. They said they would have discussions regarding end of life care wishes and preference with people when convenient and if people were comfortable with this.
- The registered manager said they would work alongside other health professionals to coordinate end of life care as required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We found the registered manager had not ensured documentation to manage risk was up to date and accurate. For example, records to show fire protocols were up to date were incomplete. A training matrix maintained by the registered manager did not reflect training provided.

- Audits carried out to ensure quality standards were sometimes ineffective and incomplete. For example, fire audits had failed to see checks had not taken place.

- Policies and procedures had been reviewed by the management team in January 2019. However, we found not all policies and procedures were up to date and did not always reflect up to date guidance and direction. For example, the safeguarding of vulnerable adult's policy did not contain the correct guidance and contact details for the local authority safeguarding team.

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

- We found the registered manager did not always understand their regulatory responsibilities. Before the inspection took place, we were made aware a person had sustained a serious injury at the home. No notification had been received from the registered provider to confirm this had occurred. We discussed this with the registered manager who said they were unaware of the need to report serious injuries. Following the inspection visit we received a copy of the notification as requested.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We found paperwork maintained by the registered manager failed to demonstrate person-centred care was achieved and delivered at all times. We found daily records completed by staff were not always respectful and person-centred. We discussed this with the registered manager who said they were aware one staff member required training and guidance in this area. There was no evidence however to show this had been challenged and training provided to the member of staff.

- Staff told us they were sometimes limited from providing person-centred care due to the ways in which the service was organised and managed. They said they were unable to contribute to discussions as to how improvements could be made. We discussed these concerns with the registered manager. They told us staff had ample opportunities to contribute to improvements within the home through daily handovers.

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

characteristics

- Staff told us morale at the home was low and this had contributed to the high turnover of staff. Staff said although morale was low they tried hard to ensure this was not reflected in delivery of care. One staff member said, "We keep morale good for the sake of the residents."
- We asked about staff meetings. Staff told us they did not have formal staff meetings but said they had regular briefings with a member of the management team daily. Staff said although these daily briefings took place they didn't always feel they were consulted with. They said they were not supported to make suggestions and influence changes within the home. One staff member said, "[Registered manager] doesn't listen to us." Another staff member said, "Managers don't stand by us. We are unable to make suggestions."

Continuous learning and improving care

- Continuous learning had not been considered at the home. Key skills of staff had not been reviewed and care and treatment was not always in line with research and good guidance.
- Evidence collected during this inspection showed standards at the home had deteriorated since the last inspection.

Working in partnership with others

- The registered manager confirmed they did not attend provider forum meetings or champions meetings, all of which are designed to share good practice and drive up standards in care. They told us they preferred to keep themselves updated by completing training and speaking with other care home owners.
- The registered manager told us they had good relationships with other visiting health and social care professionals who visited the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	The registered manager had failed to assess the risks to the health and safety of people and do all that was reasonably practicable to mitigate risks to ensure care and treatment was provided in a safe way. 12 (1) (2) (a) (b)
	The registered manager had failed to assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated; 12 (1) (2) (h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	The registered manager had failed to assess, monitor and mitigate the risks relating to the health and safety and welfare of people who lived at the home. 17 (1) (2) (b)
	The registered manager had failed to maintain an accurate, complete and contemporaneous record in respect to each person who lived at the home 17 (1) (2) (c)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered manager failed to ensure staff employed had the necessary experience and skills to perform their work.

19 (1) (a) (b) (2)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered manager failed to ensure sufficient qualified and suitably trained staff were deployed to meet the needs of the people who lived at the home at all times.

18 (1) (2)