Orchard Care Homes.Com (2) Limited

Rastrick Hall

Inspection report

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Date of inspection visit:
26 January 2016

Date of publication:
14 March 2016

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

Summary of findings

Overall summary

We inspected Rastrick Hall on 26 January 2016 and the visit was unannounced. Our last inspection took place on 16 January 2014 and, at that time, we found the regulations we looked at were being met.

Rastrick Hall is a purpose built home. It offers residential care for 40 older people. The accommodation is arranged over three floors. All of the bedrooms are single and have en-suite toilets and showers. There are lounges and dining rooms on each floor. There is a garden area at the side of the building that can be used in fine weather and a car park to the front of the building.

At the time of this inspection there were 40 people using the service.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were not always enough staff on duty to care for people safely or to make sure their needs were met in a timely way. People told us they liked most the staff and found them kind and caring.

People told us they felt safe in the home. Staff had a good understanding of how to control risks to people's health, safety and welfare.

People's views about the meals were mixed. Some people thought they were good whilst others thought they could be improved. Staff told us they felt the quality and variety of meals could be improved.

The general poor condition of the communal areas, some bedrooms and furnishings showed a lack of regard for people using the service. Some people's independence was restricted because the armchairs were too low for them.

We found people had access to healthcare services and these were accessed in a timely way to make sure people's healthcare needs were met. Safe systems were in place to manage medicines; however, people did not always receive their medicines at the correct times.

We found the service was meeting the legal requirements relating to the Deprivation of Liberty Safeguards (DoLS).

People told us their visitors were made to feel welcome and if they had any concerns they would speak to the registered manager or another member of staff.

We found some of the audits which were in place were effective. However, there was a lack of environmental

audits or use of a tool to calculate staffing levels. This meant the service was not monitoring its quality in these areas and responding where improvements were needed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we told the provider to take at the back of the full version of the 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 was not always safe.

Staff were recruited safely but there were not always enough staff on duty to meet people's needs in a timely way.

Staff understood how to identify and manage risks to people's health and safety and people told us they felt safe in the home.

Overall, medicines were managed safely but they were not always given at the correct times.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

The quality and variety of meals was variable, as was the dining experience.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS)
were being met. People were supported to access health care services to meet their individual needs.

Is the service caring?

Requires Improvement

The service was not always caring.

People told us the majority of the staff were kind and caring , but said some could be better.

The general condition of the environment showed a lack of respect for the people using the service.

Visitors were made to feel welcome, could visit at any time and stay for a meal if they wished.

Is the service responsive?

Good

The service was responsive.

People's care records provided information which showed the care and support each individual required.

There were some activities on offer to keep people occupied.

There was a complaints procedure in place and people knew how to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a registered manager who provided leadership and direction to the staff team.

Quality assurance systems were in place but these needed to improve to ensure they were effective in identifying the improvements which needed to be made.

Rastrick Hall

Detailed findings

Background to this inspection

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

This inspection took place on 26 January 2016 and was unannounced.

The inspection team consisted of two inspectors 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.

Before the inspection we reviewed the information we held about the home. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included six people's care records, three staff recruitment records and records relating to the management of the service.

On the day of our inspection we spoke with six people who lived at Rastrick Hall, three visitors, five care workers, the cook, the care manager, the registered manager, hairdresser and a district nurse. Following the inspection we spoke with two social workers.

Requires Improvement

Is the service safe?

Our findings

Before this inspection we received information of concern telling us there were not enough night staff on duty to meet people's needs.

We asked people using the service if they thought there were enough staff to care for them. None of the people we spoke with thought there were. One person told us, "There aren't enough staff. They don't have time to really understand what it is we really need." Another person told us, "There's not enough staff to look everyone and sometimes they'll walk in and hardly speak to you. That's only a couple of them though. Most are very good." A relative told us, "There are never enough staff. (Name) can be difficult to watch so there have been issues about them going to bed very late. I think they try to keep (name) occupied so that when he does go to bed they will sleep better. They haven't the people to keep an eye on (name) otherwise." One of the community matrons told us, "They are always trying to cover shifts and they struggle sometimes, because there are not enough staff on duty."

We arrived at the home at 7am and there were three night care workers on duty with the night care manager. They told us there should be five staff on at night, but this rarely happened. We discussed the staff cover on night duty with the registered manager who told us head office had previously stipulated that four staff would be sufficient but this had been increased to five in June 2015. However, the registered manager had since had difficulty in recruiting reliable staff and this process was on-going. Agency staff were not being used to cover the shortfall in night staffing.

We spoke with the night staff who told us there was a night care worker deployed to cover each floor with the night care manager working across all three floors. They all said they were struggling to meet people's needs when there were only four of them on duty. For example, on the shift they had worked that night a new admission had been very unsettled and had required constant input from staff as they were at risk of falling. Another person had required staff assistance due to a nose bleed and a staff member had to stay with them for approximately an hour until the paramedics arrived. Both of these people were living on the top floor this meant staff from the ground and middle floors, at times, had to leave their floors to offer assistance on the top floor. This meant at those times the people on the bottom two floors were left unattended.

During the day staff told us there was a deputy manager on duty and two care workers were allocated to each floor, one of whom was a senior who would be responsible for giving out medicines. We established four people living on the ground floor and first floor and five people on the top floor, required the assistance of two staff to meet their moving and handling needs. This meant whilst two staff were assisting an individual no staff were available to respond to other people's needs on that particular floor.

During the day we saw people being asked to 'wait' by staff because they were either in the process of assisting someone else or needed a second carer to assist with the person's moving and handling needs. For example, one person wanted to go to their bedroom but a second carer and the 'stand aid' hoist were needed. This person had to wait 20 minutes before staff were available to transfer them.

We concluded there were not enough staff on duty to provide people with the care and support they needed in a timely way.
This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment processes were thorough and ensured staff were safe and suitable to work at the home. We reviewed three staff recruitment files and found all the necessary checks had been completed before the staff member commenced employment. This included a criminal record check through the disclosure and barring service (DBS) and two references, one of which was from the applicant's last employer.

Everyone told us they felt safe in the home. One person said, "There's just one man that worries me a bit. I think it's his illness - the funny way he walks about. I don't think he'd hurt you and staff make sure anyway." Another person told us, "Security is good here." A third person said, "The helpers are marvellous, extra special. I feel safe but it's not home." A fourth person told us, "Oh you feel safe in every way really."

Staff we spoke with were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse. They all told us they would not hesitate to report any concerns to the care manager or registered manager. The registered manager had sent us notifications appropriately about safeguarding incidents which had occurred in the home. This meant staff understood how to keep people safe.

Risks to people's health and safety were understood and appropriately controlled by the service. Where staff had identified any risks to individuals they had taken action to mitigate those risks. For example, some people had pressure mats in their bedrooms or in their chairs. These mats were connected to the emergency call system giving staff early warning if the individual was getting up. We asked staff why these were in place and they told us if people were at risk of falling these mats were used to try and reduce that risk. We also saw pressure relieving cushions and mattresses were in use for people who had been identified as being at risk of developing pressure damage to their skin. The management of people's skin integrity was good as no one within the home had any pressure damage. We saw where people had been assessed as being nutritionally at risk action had been taken to reduce this risk and people's weights had been stabilised or people were putting on weight

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire detection equipment, gas installations hot water and lifting equipment. A system was in place for staff to report building to ensure they were repaired. However, we found the home was in need of general refurbishment and redecoration

We asked people about their medicines. One person said, "They're very good at managing the medication and it's beautifully charted. I always take a copy when we see the consultant and they comment on how good it is." Another person told us, "The staff manage them for me and I do usually get them on time." A third person said, "The staff give me my tablets. Sometimes it's late when I get them at night." A fourth person told us, " I always get them at the right time. If I say I have pain then I get something straight away."

We saw the night manager administered some medicines at 7am, they told us these were 'time critical' medicines for people who had specific medicines to manage their Parkinson's symptoms. We asked if they gave other medicines such as Lansoprazole, which need to be given before meals, but they told us that medicine was given by the day staff at breakfast time. This meant the medicine was not being given in line with instructions.

We observed part of a medicine round and saw staff were patient and waited with people until they had taken their medicines. We looked at the systems in place for the receipt, storage and administration of medicines in the home. We saw that medicines were supplied to the home in either a monitored dose system (MDS) or where that was not appropriate, in bottles and boxes.

The documentation in the form of medicine administration records (MAR), administration protocols and stock control were all electronic. Staff guided us through the process which we found largely to be robust. The system demonstrated people had received their medicines. However, we conducted an audit of some boxed medicines and found on one occasion there was an imbalance in stock levels. The registered manager thought this was because of an accounting error rather than people not being administered their medicines and told us they would investigate this further.

We found medicine trolleys and storage cupboards were secure, clean and well organised. We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage. Allergies or know drug reactions were clearly documented on each person's electronic MAR.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We inspected the contents of the controlled medicine's cabinet and controlled medicines register and found all drugs accurately recorded and accounted for.

We spoke with the registered manager and senior care staff about contingency plans in case of failure of the electronic system. We saw paper MAR sheets existed and could quickly be brought into use.

We recommend the service review their procedures to reflect the National Institute for Health and Care Excellence (NICE) guidance for managing medicines in care homes.

Requires Improvement

Is the service effective?

Our findings

We asked people if they thought staff knew how to look after them. One person said, "Yes, they know how to look after me, they're very good." Another person said, "Most do I think. Some are good, some not so." A third person said, "I think so but not all have the skills. Some don't want the job and shouldn't be doing it." A relative told us, "Their skills are basic but I think they can look after (name). However, there's been a big turnover recently."

Staff we spoke with all confirmed they received training. They told us some of the training was face to face and some was done on the computer. Most of the staff also told us their training was up to date. We looked at the training matrix and found some staff training in relation to fire alarm and evacuation, infection control, moving and positioning and safeguarding adults had expired. This meant there were a number of staff who were not up to date with their training.

Staff we spoke with confirmed they received supervision and we saw the supervision planner in the office, showing when supervision was due and when it had been completed. This meant there was a system in place to provide staff with individual support.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DolS). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of
their liberty.

We discussed with the manager the fact that no DoLS submissions had been made and they acknowledged that there may be people who required an assessment. However, they explained priority had been given to people living next door at the other service they managed. They told us this issue would be given priority to ensue they were working within the legal framework.

We asked people about the meals at the home and got mixed reviews. One person said, "The food can be repetitive and boring." Another told us, "Some meals are alright and some aren't. They're what I call "Poor rations." Sometimes the portions aren't big enough." A third person said, "The food is good here." A fourth person said, "I don't think much of the quality - it's not like home made. Sometimes we don't get what we've ordered. They change your order in the kitchen to what they think you ought to have." A fifth person told us, " The food is not so good. You never get a nice slice of meat or chicken. It's always lumps of stuff. If they didn't have eggs, chips or sausages I don't know what we'd eat here." A sixth person said, "I prefer to eat in

my room because some people, who I know can't help it, put me off my food because they can't eat properly. You know, dribbling and ending up with food everywhere. The staff usually persuade me to go to the dining room even though I'd rather not. So I don't really enjoy mealtimes."

Two members of staff we spoke with told us the quality of the food was sometimes poor, for example, the meat being tough and also said they thought there could be more variety.

At breakfast time people were offered cereal, porridge, full English breakfast and toast. Mid morning and mid afternoon drinks and biscuits were served. We did not see people offered drinks outside of these times.

Some people had their meals in one of the dining areas, whilst others choose to eat alone in their bedroom. Meals were served in the lounge/dining room on each floor from heated trolleys.

At lunchtime we saw tables were set with clean tablecloths, fabric napkins, condiments, cutlery and flowers. Chilled fruit juice, dilute squash or hot drinks were available.

People ordered their meals a day in advance and clearly couldn't always recall what they had ordered. The blackboard stated lunch was soup/salad/sandwiches. There was no salad but there were baked potatoes with Tuna, Cheese or Beans and Ham or Tuna sandwiches and chicken soup. This meal was followed by fresh cream scones which everyone said were lovely.

Service was disorganised with staff serving, answering call bells, going off to rooms to assist and some people at tables were served with their meal whilst others had to wait. We spoke to the registered manager and care manager about this and they told us they were currently working on improving the meal time experience for people.

We asked people if their healthcare needs were being met. One person said, "GPs don't always come when you want them." Another person told us, "I don't think it's easy to see one (GP). I've not been told how that happens." A third person said, "It's not right you know. You ask for the doctor and someone else decides if you need one or not. I've not got to be my age without knowing if I should see a doctor or not."

Rastrick Hall was taking part in an initiative called 'Quest for Quality.' This is a service provided by Calderdale and Kirklees NHS Foundation Trust to provide an increased level of support to people living in care homes. Care workers have been provided with new technology and training so they can, for example, take people's blood pressures. The results are sent automatically to a clinical team and if anything untoward is identified a healthcare professional would be alerted.

As part of this initiative a community matron may respond to initial referrals for healthcare treatment.

We looked at five care files and saw people had been seen by a range of healthcare professionals, including community matrons, district nurses, opticians and chiropodists.

One of the night care workers explained one person had been unwell during the night and had required emergency treatment. They had called the paramedics who had provided treatment. The person did not want to be taken to hospital so remained at Rastrick Hall.

We spoke with two of the community matrons who told us staff made appropriate referrals and followed any instructions they were given. We concluded people's healthcare needs were being met.

Requires Improvement

Is the service caring?

Our findings

We asked if staff were kind and caring. One person said, "Generally they are but there's one who can be nasty." Another person told us, "The staff are both kind and caring on the whole." A third person said, "Yes, they are. They couldn't do better." A fourth person told us, "They are, mostly." A fifth person said, "There are two people who are quick to say "Not now" or "No time." The others are very good." The two community matrons we spoke with told us there were some lovely, caring and kind staff working at the home.

We identified areas of the service which demonstrated a lack of regard for the people living in the home. The carpets in the communal areas were dirty and faded. The coverings on armchairs were stained and dirty. The general decoration was 'tired' and very shabby in places. We saw people's bedrooms had been personalised with various pictures and person effects. However, we saw some carpets were faded and looked dirty and armchairs were stained.

We also saw various notes in people's bedrooms providing instructions or advice. For example, "(Name) you are staying here for a few weeks, please do not pack your clothes;" and "Alcohol on antibiotics will make you sick." We spoke with the registered manager and asked them why these notices were in place they told us some could be removed and did not know why one was in place but would make enquires.

We found life history information in most of the care plans we looked at and staff were able to tell us about people's interests and personal preferences. However, none of the people using the service was able to tell us they were involved in planning their care or had heard the term 'Care Plan.' One relative told us, "I'm fully involved in (name) care in the planning."

We saw some people were struggling to be independently mobile because they were unable to get out of the armchairs. Most of the seating was the same height, this meant it was too low for some people to easily push themselves up to a standing position. This meant people had to wait for staff assistance before they could move.

Everyone said they were supported in making their own choices about their care and in their day to day living. We saw there were some good, friendly interactions between people using the service and staff.

Everyone said friends and family could visit when they wished. We saw visitors were made to feel welcome and were able to make themselves a drink in the dining areas. Staff told us relatives could stay for a meal if they wished.

Good

Is the service responsive?

Our findings

Staff said at handovers when shift changes occurred they were told about people's daily care needs. We witnessed the handover from night to day staff a report was given about each person's well being and any particular issues which had arisen. For example, one person had been very unsettled and staff had noted a change in their moving and handling needs, which meant they needed to use the stand-aid hoist.

In the care files we looked at we saw people had been assessed before they were offered a place at Rastrick Hall, to make sure staff could meet their care needs. These assessments were then used as the foundation to create a care plan. We spoke with two social workers who confirmed the registered manager always assessed people before admission and told us placements they had made had been very successful.

We looked at six care files and found they were easy to navigate and followed a standardised format. All of the files contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking and continence. Where risks had been identified measures had been put in place to mitigate those risks.

Care plans recorded what the person could do for themselves and identified areas where the person required support. For example, we saw one person's care plan they required assistance with their meals and we saw they received support. This showed us staff knew how to meet people's needs.

People gave us their views on activities. One person said, "No, there are no activities really. There needs to be something going on for people." Another person told us, "Did you see that supposed sing-song today? A dead loss. We used to have a really good musical thing going on but it seems they've lost all the books and things we used to use." A third person said, "Well I would join in with things if there was anything." A fourth person told us, "All they expect you to do here is sit, have your meals then sit until it's time for bed. There's nothing to do, you just sit. If you go in the lounge they're all asleep and no one talks to you." A fifth person said, "I just sit here and think. I do puzzles. I'm used to being on my own." A sixth person said, "I like a sing-song."

There were large illustrated notices on each floor to denote what activity takes place on each day. There was a sing-song in the afternoon on the day of the visit. About 10 people were participating and being led by the activities co-ordinator who also doubled up as an administrator in the mornings. However, we saw some people living in the home appeared under-stimulated and were seen to be sitting in the same place for the whole of the visit. Some moved only to eat a meal but then went back to where they had been previously. We saw there was very little interaction with care staff unless they were delivering personal care.

No one was able to tell us they knew how to make a formal complaint and no one could recall being given any information about that. However, people had made complaints. One person said "I've made lots of complaints. Mostly about the food, lots of us have. I don't know how the men go on with it." Another person told us," I've complained about the chips. Things improved after that." A relative told us, "I made a complaint about the timing of the meals and the fact that they were getting their main meal at 12:00pm

when they'd only had breakfast at 9:00am. Then they were getting tea at 4.30pm and then expected to go right through until 9:00am the following morning. They're now getting a light lunch at 12.30pm and their main meal at 5;00pm. It's a trial period."

We saw the complaints policy dated December 2015 which stipulated that written complaints should be acknowledged within 72 hours of receipt and be investigated within 28 days. It also stated the manager should also arrange to meet with the complainant within seven days of receipt of the complaint where possible.

We looked at the complaints register for the period July to December 2015 and saw three written complaints had been received. Two of these were from relatives and one from a neighbouring property. The two from relatives were service user related and the other was environmental. All had been dealt with in accordance with the policy and resolved to the complainant's satisfaction. This meant complaints were taken seriously and had been dealt with

Requires Improvement

Is the service well-led?

Our findings

The registered manager is responsible for Rastrick Hall and another service of the same size next door. They told us there had been recent changes to the rest of the senior team and the care manager and deputy manager were both new in those roles. They also told us a lot of their time had been taken up concentrating on the other service.

We found the registered manager to be open and transparent in their response to the inspection visit and allowed inspectors free access to staff, people using the service and relatives. This meant the inspectors were able to form an accurate assessment of what was working well within the service and what areas required improvement.

Staff told us the registered manager provided good leadership and always wanted the best for people using the service. They told us various fundraising activities had been arranged to make improvements to the home. For example, the bar area on the first floor had been created by staff to give people an area to socialise in.

Some of the people we spoke with knew who the manager was and told us they were approachable. One person told us they would recommend the home to others, they said, "Yes, I think I would. It's quite good. It's clean." Another person told us, "It's gone downhill since I first came." A third person said, "I wouldn't recommend it. It's not like it used to be." A fourth person told us, "Oh I don't know that I could recommend it. I suppose it's alright for me."

Following the inspection we received the following feedback via our wed site, "I would like to say that at Rastrick Hall is a friendly caring place and staff there are professional approachable and very knowledgeable and the care is brilliant. The staff are well led by the manager and care manager."

We saw the registered manager was completing some audits, for example, audits of falls, weights, pressure sores, skin tears and infections. We saw these audits were effective and resulted in action being taken to reduce any identified risks to individuals. However, when we looked in the audit file we saw there were a number of audits which had not been completed. For example, care plan audits, medication audits, training and supervision audits and infection prevention audits. The registered manager confirmed these had not been completed.

No staff training audits had been completed and we saw staff training was not up to date. The registered manager told us they did not have a procedure for encouraging staff to complete their refresher training within the timescale required, nor for dealing with staff whose training window had expired.

When we looked around the building we saw carpets and armchairs were in a poor condition and the home was in need of general redecoration and refurbishment. We asked to see the environmental audits, however, the registered manager told us there were none being completed. They told us staff reported any issues to the handyperson and then they were repaired. We asked how arrangements for carpets and furnishings to

be replaced and the registered manager told us 'head office' were aware, but could not evidence this.

There was no overall redecoration and refurbishment plan in place and when we looked at the last providers report which had been completed in December 2015 and there was no mention of the poor condition of the environment. This meant we could not evidence there were any plans to improve the environment for the people living at Rastrick Hall.

We looked at the accident records and saw action was being taken in relation to any individual who had more than one accident. However, there was no further analysis of the accidents to look at, for example, the location, time of day, whether the accident had been witnessed or not to see if there were any common themes or trends.

We asked the registered manager what tool they used to decide on safe staffing levels. They told us there was a dependency tool but this had not been used recently. Without the use of a reliable dependency tool there would be no guarantee the staffing levels in the home would be adequate to meet people's needs. We found staffing levels were not adequate showing the monitoring systems in this area were not effective.

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

We wanted to know how people using the service and relatives were consulted about how the service runs. We saw the last residents and relatives meeting had been held in April 2015. The registered manager told us meetings should be every six months, but head office had rescheduled the meeting which should have taken place in October 2015 to February 2016. At the meeting in April 2015 people had asked for managers to be available outside of office hours. In response to this the registered manager had set up monthly surgery sessions between 5:00pm-6:00pm.

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 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good governance Systems and processes were not operated effectively to assess, monitor and improve the quality of the services. Regulation 17 (1) (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. Regulation 18 (1) (2) (a).