

Sage Care Homes (Jansondean) Limited

Jansondean Nursing Home

Inspection report

56 Oakwood Avenue
Beckenham
Kent
BR3 6PJ

Tel: 02086507810
Website: www.sagecare.co.uk/jansondean

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection took place on 13 and 14 December 2018 and the first day of the inspection was unannounced. We informed the registered manager we would be returning the following day.

Following the last inspection on 18 and 19 May 2016, we rated the service Good in the key questions, is the service effective, caring, responsive and well-led?. We rated the service requires improvement in the key question, is the service safe?. This was because the provider continued to fail to ensure staff member's full employment history was documented. Staffing levels were not always sufficient to keep people safe and people were not always protected by robust infection control measures.

Jansondean Nursing 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.

Jansondean is a large residential house set over two floors in the London Borough of Bromley. The service is registered to provide care and support to a maximum of 28 people. At the time of the inspection there were 28 people using the service.

The service had a registered manager in place. 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.

The provider continued to fail to obtain employees' full service history in health and social care as required by law.

People did not always receive support from staff that had adequate rest between shifts. One staff member had been deployed to work excessive hours over a six-day period with only one day off.

The provider did not deploy sufficient numbers of staff during the lunch period to ensure people received effective care and support with their meals in a timely manner.

The service did not have robust cleaning schedules in place to ensure the service was free from dust and that the kitchen floor was adequately cleaned to minimise the risk of cross contamination.

People did not always receive activities that were stimulating and met their social needs. During the inspection we observed people were left without interaction which meant they were at risk of social isolation. We have made a recommendation in relation to the provision of activities.

Auditing systems in place did not always identify issues in a timely manner, to ensure issues were acted on

appropriately.

People continued to be protected against the risk of harm and abuse as staff received on-going safeguarding training, knew how to identify, report and escalate suspected abuse. Risk management plans in place gave staff clear guidance to mitigate identified risks. Accidents and incidents were reviewed and audited to ensure patterns and trends were identified and action could be taken to minimise repeat occurrences. Staff continued to be provided with sufficient personal protective equipment to minimise the risk of infection.

People's medicines were managed in line with good practice. Registered nursing staff ensured people received their medicines as intended by the prescribing pharmacist. Medicines were stored, administered, documented and disposed of safely.

People were supported to access healthcare professional services as and when needed; care plans were updated to ensure guidance given by healthcare professionals was included in the service delivery. People were supported to access sufficient amounts of food and drink that met their dietary needs and requirements. People with specific dietary needs were catered for.

Staff received on-going training to enhance their skills, and put these into the delivery of care. Staff confirmed training provided enabled them to improve their knowledge and they could request additional training if they felt this necessary. Staff were given the opportunity to reflect on their working practices and the registered manager was available to offer support and guidance.

People were treated with respect, kindness and empathy. Staff were aware of the importance of maintaining people's confidentiality, treating them with dignity and embracing their diversity.

Care plans were person-centred and detailed people's health, emotional and medical needs. Care plans were regularly updated to reflect people's changing needs. People were aware of how to raise their concerns and action was taken to address these in a timely manner.

People spoke positively about the registered manager and care provided. The registered manager continued to seek people's views through annual quality assurance questionnaires and issues identified were actioned where possible. The registered manager continued to work in partnership with other healthcare professionals to drive improvements.

We identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this 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?

The service was not as safe as it could be. People did not always receive care and support from staff that had documented their working history as is required by law.

Staffing levels were not always safe as staff members did not always have sufficient breaks between shifts.

Infection control measures were not always adequate to ensure people were protected against the risk of cross contamination.

People continued to be protected against the risks of abuse as staff received training in safeguarding, knew how to identify, respond to and escalate suspected abuse.

Accidents and incidents were managed in such a way to minimise the risk of repeat occurrences.

People's medicines were managed in line with good practice and as the prescribing pharmacist intended.

Requires Improvement ●

Is the service effective?

The service was not as effective as it could be. People did not always receive adequate support with their meals, as there were insufficient numbers of staff deployed at mealtimes.

People continued to receive care and support from staff that underwent regular training to enhance their skills and experiences.

Staff understood the principles of the Mental Capacity Act 2005.

People's consent to care and treatment was sought prior to being delivered.

People were supported to access healthcare professional services to monitor and maintain their health and well-being.

Requires Improvement ●

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

The service was not as responsive as it could be. People were at risk of social isolation as activities were not always available and stimulating.

Care plans were person-centred, regularly reviewed to reflect people's changing needs. Care plans contained information about people's health, social, emotional and medical needs.

People were aware of how to raise their concerns and complaints. Complaints were fully investigated and action taken where appropriate in a timely manner.

People's preferences in relation to end of life care were documented, enabling staff to deliver end of life care in line with people's wishes.

Requires Improvement ●

Is the service well-led?

The service was not as well-led as it could be. Auditing systems in place did not always identify issues in a timely manner, enabling action to be taken. Issues identified were also not always acted on.

People's views were sought through quality assurance questionnaires and issues identified were acted on. Regular staff and nursing meetings were carried out to ensure staff views and ideas were implemented in the development of the service.

People and their relatives spoke positively about the management of the service. The registered manager was visible within the service and approachable.

The registered manager sought guidance and support from healthcare professionals to enhance the service delivery and experiences of those living at Jansondean Nursing Home. Guidance provided through partnership working was implemented in the care delivery.

Requires Improvement ●

Jansondean Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 and 14 December 2018 and the first day of the inspection was unannounced. We informed the provider of the second day of the inspection.

The inspection was carried out by one inspector, an assistant inspector, a specialist advisor 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 the information we held about the service, including information shared with us by the local authority and members of the public. We also reviewed statutory notifications sent to us by the provider. Statutory notifications are information about important events which the service is required to tell us about by law. We used this information to plan our inspection.

During the inspection we spoke with two people, three relatives, three care staff, one registered nurse, the chef, the activities coordinator, the maintenance person and the registered manager. We looked at five care plans, medicine administration records, policies and procedures, audits and other records relating to the management of the service.

After the first day of the inspection we contacted one healthcare professional to gather their views of the service, but had no response.

Is the service safe?

Our findings

At our last inspection on 18 and 19 May 2016 we found a fire safety inspection had recently been carried out by the London Emergency Fire Planning Authority and some deficiencies had been found with the fire risk assessment and fire detection system. The registered manager had taken action to address some issues and had drawn up a plan to address other areas, all of which required completion by 06 October 2016. We also identified staff application forms did not request a full employment history as required by law. This meant there was a risk that new applications may not supply all the details required. The provider confirmed the application form would be amended.

At this inspection on 13 and 14 December 2018 we found the provider had completed all action points stipulated by the London Emergency Fire Planning Authority. We were satisfied with the provider's response.

On the first day of the two-day inspection, the provider had still not taken sufficient steps to ensure information staff application forms contained a full employment history in health and social care as required by law. One application form we reviewed detailed the previous eight years employment, however held no further employment information. We raised our concerns with the registered manager who told us they would update their application forms to contain all employment history going forward. Subsequent to the inspection the registered manager sent us updated copies of identified staff's employment history and will update the remaining staff's employment history in the coming weeks. We were satisfied with the provider's response and will review this at the next inspection.

People did not always receive care and support from sufficient numbers of suitable staff. People confirmed they felt there were enough staff on duty to keep them safe. However, a relative said, "There are times they [the service] could do with more [staff]." We spoke with one staff member who said, "Yes, there are enough staff on duty to keep people safe. At the moment we are alright." However, we reviewed the staffing rota and identified two staff members were working 11 hours a day for six days without a day off. This meant that people were at risk of receiving support from staff that had not had adequate rest between shifts. We also identified that there were not enough staff to support people to eat in a safe, dignified manner, or to ensure people enjoyed stimulating activities.

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

People were not always protected against the risk of infection as the provider did not ensure adequate cleaning took place throughout the service. During the inspection we identified there were multiple areas for example, the main lounge, people's bedrooms, wheelchairs and communal areas where there were stained carpets and dust. We also found there had been a leak in the kitchen which resulted in the non-slip floor being damaged. The provider had replaced a large section of the floor by sticking linoleum flooring over the damaged floor. Through wear the lino had then lifted along the sides, meaning not only were staff accessing the kitchen at risk of slips and falls, staff were unable to effectively clean the floors. When the linoleum flooring was lifted we identified a large amount of food debris and dirt. We raised our concerns with the

registered manager who was aware of the damaged floor and told us they would request new flooring. After the inspection the registered manager sent us an action plan, and confirmed they would be ordering new carpets for 12 bedrooms, the corridors on both the ground and first floor, the nursing office and reception area. New flooring will be purchased for the kitchen. In addition to this the registered manager confirmed a discussion with staff regarding the cleanliness of the service had taken place and a new mattress audit had been introduced. We were satisfied with the provider's response and will review this at their next inspection.

People did not always receive care and support from sufficient numbers of suitable staff. People confirmed they felt there were enough staff on duty to keep them safe. However, a relative said, "There are times they [the service] could do with more [staff]." We spoke with one staff member who said, "Yes, there are enough staff on duty to keep people safe. At the moment we are alright." However, we reviewed the staffing rota and identified two staff members were working 11 hours a day for six days without a day off. This meant that people were at risk of receiving support from staff that had not had adequate rest between shifts. We raised our concern with the registered manager on the first day of the inspection, who told us, they would review this in line with good practice. After the inspection the registered manager confirmed they would review staff's working hours in line with legislation. We were satisfied with the registered manager's response and will review this at their next inspection.

People continued to be protected from harm and abuse as staff were aware of how to identify, respond to and escalate suspected abuse. One staff member told us, "I would go straight to the [registered] manager and let them know. If there was nothing done about it I would report it to the provider, then I would contact the [local authority] safeguarding team, the police and the Commission." Staff also received on-going training in safeguarding. Records confirmed at the time of the inspection that there was one open safeguarding.

People were protected against identified risk as the provider had devised clear risk management plans to mitigate known risks. Risk management plans identified the risk, the objective and what action should be taken. Risk management plans were reviewed regularly to reflect people's changing needs and covered, for example, falls risk, diet and nutrition, bed rails, skin integrity and medical conditions. Records confirmed the risk management plans gave staff a clear step-by-step guide on what action to take when faced with identified risks.

Accidents and incidents were monitored in such a way that any patterns or trends were identified and action taken to minimise repeat occurrences. Accidents and incidents recorded identified the type of event, where it occurred, cause of injury, what actions were taken and the outcome of the incident. After each incident the registered manager implemented the 'post falls protocol', to ascertain what action could be taken to minimise the risk of repeat incidents. People who were involved in any incident and accident were seen by the registered nurse on duty to ascertain what medical intervention was required and the next steps to be taken. Where action resulted in changes to the care and support provided, people's care plans were amended and shared with staff in a timely manner.

People's medicines continued to be managed in line with good practice as nursing staff were competent in the administration, recording, disposing and ordering of medicines. A relative told us, "That's one of the things here, [relative] gets her medicines when she's meant to get them." Another relative said, "Everyday on time the nurse comes around [to administer medicines]." We reviewed the medicine administration records (MARs) for people and found these had been completed with no omissions, stocks and balance checks reflected the records and medicines were stored correctly. Nursing staff had sufficient knowledge of the medicines prescribed and any contra-indications.

During the inspection we spoke with staff who confirmed they were provided with adequate supplies of Personal Protective Equipment (PPE), for example, gloves, aprons and hand sanitizer. During the inspection we observed staff using PPE appropriately and in line with the provider's policy. We checked the kitchen and found food stored in the refrigerators was in date and labelled appropriately.

Is the service effective?

Our findings

People's dietary requirements were catered for, for example those who required pureed foods, or were diabetic had their needs met. The chef had sufficient knowledge of people's individual dietary needs and preferences. One person told us, "Yes, [the food] is good. If I haven't got enough I will always ask for more." A relative said, "[Relative] loves her food. The first few times we were given the food to try out and we thought it was lovely. We had a Speech and Language Therapist (SALT) who said [relative] should eat pureed food, since she's on a pureed she's a lot happier." However, a second relative said, "When I come and visit, I try to do it at dinner or lunchtime. I sit and [support relative to eat] as I know it helps them [staff members]." The service had a four-week rolling menu that included balanced nutritional produce. Food provided looked appetising and was presented well. We identified there were insufficient numbers of staff deployed during the lunch period to ensure people received direct support with eating their meals. For example, on the first day of the inspection we observed staff supporting one person to eat a mouthful of food, before having to rush to another person and support them, leaving the first person without support and awaiting the staff member's return. This meant that people were not supported consistently and with dignity when eating their meal, people's meals went cold and the atmosphere was hurried and tensed.

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

Staff did not always receive regular supervisions and appraisals to reflect on their working practices. One staff member told us, "I last had [a supervision] a week ago. We talked about how you are relating to people, if there's any stress and how the staff are doing. I like having a supervision so that I can improve." Records confirmed supervisions that did take place covered for example, expected standards, areas of responsibility, training, issues and policies and procedures. Although staff did not receive regular supervisions staff told us they felt supported in their role and could approach the registered manager at any time. We shared our concerns with the registered manager who showed us a supervision schedule that he had recently implemented, to ensure all staff received regular effective supervisions. We were satisfied with the provider's response and will review this at our next inspection.

People continued to receive care and support from staff that underwent regular training to enhance their skills and experiences. One staff member told us, "The last training I went on was safeguarding and fire training. There is a lot of training here, most of the time we go to the centre for training, sometimes it's online. I could ask for more training, but before we ask they already book it." Records confirmed staff training included, for example, safeguarding, dementia awareness, moving and handling, Mental Capacity Act 2005 (MCA) and infection control.

Upon successful employment, newly appointed staff underwent an induction process to familiarise themselves with people living at Jansondean, their role and responsibilities and the provider's policies. Staff confirmed they were shadowed by an experienced staff member whilst having their competencies assessed, prior to working without direct support. Records confirmed the induction process also covered, for example, health and safety, accidents, complaints, safeguarding, infection control, record keeping and

communication.

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 people 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).

We checked whether the provider was working within the principles of the MCA. At the time of the inspection there were twelve people subject to a standard DoLS authorisation. People's consent to care and treatment was sought prior to being delivered. A staff member told us, "If someone didn't give consent I would accept it and maybe try again later." People confirmed staff asked their permission and explained things in a way they understood. Staff were aware of their responsibilities in line with legislation and were respectful of people's decisions.

People continued to be supported to access a wide range of healthcare services to monitor and maintain their health and wellbeing. A relative said, "All the appointments have come to [relative]. The dentist, opticians for new glasses and chiropodist." People's care plans clearly identified healthcare professionals such as, the psychologist, social worker, speech and language therapist, community practice nurse, dentist and chiropodist. Guidance provided by healthcare professionals was implemented into care provided in line with good practice.

Is the service caring?

Our findings

People and their relatives spoke positively about the care provided by staff members at Jansondean Nursing Home. One person told us, "[Staff members] keep me the way I want to be kept. I'm quite happy the way I am." A relative said, "[Staff members name] always come in and say, 'Ola Mama' which makes [relative] laugh." A second relative said, "I don't think [the service] could do better. They're taking care of [relative] with kindness, gentleness and compassion." Throughout the two-day inspection we observed staff speaking to people respectfully and with compassion. Staff knew the people they supported well and bent down to eye level when speaking with people to ensure they could be understood and to make people feel at ease. Staff were clearly aware of people's preferred communication needs and adjusted their communication style accordingly, ensuring they called people by their preferred name.

People continued to have their privacy and dignity respected when supporting people with personal care. Staff were aware of the importance of maintaining people's privacy and dignity, with one staff member saying, "When we are doing personal care, we use a towel to cover [people], doors closed and blinds shut. We make sure we knock on the [person's] door and don't barge in." Throughout the two-day inspection we observed staff knocking on people's doors awaiting permission to enter before doing so. People who required support to transfer from the wheelchair to a chair in the communal areas, had their dignity and privacy protected by staff who used a screen.

People were encouraged to make choices about the care and support they received. People and their relatives confirmed staff were respectful of their choices. Staff were aware of the importance of offering people choices and encouraging them to make decisions for themselves and respecting their decisions. One staff member told us, "If you are about to give [the person] personal care you would firstly talk to them and explain to them what I would like to do, and offer them a choice." During the two-day inspection we observed staff offering people choices in relation to food and drink and if they wished to have support. Staff were observed speaking to people courteously.

Care plans clearly identified people's dependency levels and what support was required to meet people's needs. Staff were aware of people's dependency levels and were observed throughout the two-day inspection encouraging people to do what they could for themselves where possible, however were on hand to support them where needed.

People's confidentiality was respected as the registered manager ensured confidential records were stored securely in a locked office, with only authorised personnel gaining access. Electronic records were password protected and kept in a locked office. Staff spoke about people in hushed tones to ensure they could not be heard and received training on maintaining confidentiality.

People continued to be treated equally and had their diversity respected. One relative told us, "They [the service] get a nun, I don't know if she comes every Friday, but she [does visit]." During the inspection we identified one person whose first language was not English. Where possible the service allocated staff that spoke the same first language to support the person, to ensure they were able to communicate their needs

and have their needs met. The registered manager confirmed they had requested the services of a translator to aid the communication.

Is the service responsive?

Our findings

People were at risk of social isolation as the provider did not provide on-going social stimulation to engage people in meaningful activities. The service employed an activities coordinator, however throughout our inspection we did not see any activities being provided to people. Records confirmed activities would be provided, however this was not evident during the inspection. During the two-day inspection we identified people were left sitting in the communal lounge and their bedrooms with limited or no interaction or stimulation from staff for long periods. We received mixed feedback about the activities provided. For example, one person said, "I mainly do jigsaw puzzles in my room. I don't go downstairs unless I have to, I like being in my room. I'm very unsociable, [staff members] have a chat anytime they like." A relative said, "[Relative] takes part in activities and can't wait to come downstairs. There's always something going on." However, a second relative said, "[Staff members] bring [people] down [to communal lounge], they don't seem to give them much to do."

We observed there were no activities taking place on either day of our inspection and on one occasion a television programme that concluded resulted in people sat staring at the television which was on a frozen screen for a period of time before it was restarted. We also observed one person continuously calling out and appeared in distress, staff walked past this person's room without offering reassurance or guidance, resulting in a member of the inspection team having to intervene. People sat in the communal lounge were only engaged with staff if they required direct support and staff appeared task based and hurried.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care and support from staff that were responsive to their care needs. Care plans were person centred and contained sufficient information for staff to deliver care and support that met their medical and physical needs. Care plans detailed for example, likes and dislikes, life history, mobility needs, support required and health and medical needs. Care plans were primarily based on the service needs assessment which is a document provided by the local funding authority. The service needs assessment clearly outlined the specific needs the individual has and the type of care and support required to meet their needs. Once this had been received the registered manager would then visit the person and carry out their own needs assessment to ascertain if their needs could be met at Jansondean Nursing Home.

One staff member told us, "A care plan is a statement saying what a person can and can't do and what level of support they need. The nurses tell us of any changes." Care plans also contained a document called, 'About me'. This document contained personalised information that gave staff a quick snapshot of people's preferences and needs. For example, what they preferred to be called, their life so far, routines important to them, what makes them feel better if they are anxious or upset, how they like to take their medicines and current and past interests.

People and their relatives were aware of how to raise their concerns and complaints. One relative told us, "We would say something very tactfully to the registered manager, [although we've] never had anything to

complain about." During the inspection we identified there had been four complaints in the last 12 months. Staff were aware of the provider's complaints policy and how to document and report complaints received. Records confirmed complaints raised were investigated in a timely manner and where possible, a positive outcome sought. However, we did identify records were not easily obtainable in relation to complaints management. We discussed this with the registered manager who confirmed this would be addressed imminently. We were satisfied with the registered manager's response.

People's preferences in relation to end of life care was documented, enabling staff to deliver care and support in the way people wanted when they reached the end of their lives. One relative told us, "We don't want talk about [end of life care], we are sorting out a Do Not Attempt Resuscitation (DNAR) and have a Power of Attorney." End of life care plans detailed the objective, for example, to ensure people's wishes were respected, where people wished to be cared for, if they required a faith leader present, who they wanted present and if they wished to have a service.

Is the service well-led?

Our findings

Although there were auditing systems in place, these did not always identify issues to ensure action was taken in a timely manner. During the inspection we identified issues that had not been addressed prior to our inspection. For example, auditing systems had not identified the kitchen floor required replacing, staffing levels were not sufficient around meal times to ensure people received their support with their meals in a timely and dignified manner and cleaning schedules did not always identify areas that required additional cleaning to ensure people were protected against the risk of infection. We spoke with the registered manager who after the inspection sent us an action plan to address our concerns around the oversight and management of the service. We were satisfied with the registered manager's response. We will review this at their next inspection.

People, their relatives and staff spoke positively about the management at Jansondean Nursing Home. One relative said, "I think [the registered manager's] good, very approachable. He's happy to sit down and discuss things and always available. If I ring him up, he's always happy to discuss or make an appointment." Another relative said, "I've not had a lot to do with [registered manager], but my [relative's] very impressed. If they ask, he does try to oblige." A staff member told us, "[Registered] manager is approachable, kind and considerate. We all work together here. We [staff and management] help each other, we are aware that this is the client's home." Throughout the two-day inspection we observed staff and relatives speaking to the registered manager and appeared relaxed and supported where appropriate.

People's views were sought through regular house meetings, general discussions and annual quality assurance questionnaires. We reviewed the questionnaires received from the last survey and found these asked people's views in relation to, décor of the service, how responsive the service is to complaints, meals, atmosphere, overall impression of the home and the friendliness and helpfulness of the staff members. Completed questionnaires identified concerns raised were actioned in a timely manner for example, the décor and furnishing of the service had been identified as requiring updating. We spoke with the registered manager who showed us areas that had been completed and scheduled work.

Staff views were sought through staff meetings and clinical meetings. Staff were encouraged to share their concerns, views and make suggestions on the development of the service. During the second day of the inspection we observed the nurse meeting, whereby people's presentation, changes to needs and clinical needs were discussed and action plans implemented to improve the positive impact on people.

The registered manager was aware of their responsibilities to the CQC including the submission of notifications when significant events occurred.

The registered manager sought partnership working to drive improvements and care provided at Jansondean Nursing Home. Partnership working involved a wide range of healthcare professional services including, for example districts nurses, G.P and speech and language therapist. Records showed guidance and information provided was implemented into the delivery of care.

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 9 HSCA RA Regulations 2014 Person-centred care People were at risk of social isolation as the provider did not provide on-going social stimulation to engage people in meaningful activities.
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People were not supported consistently and with dignity when eating their meal, people's meals went cold and the atmosphere was hurried and tensed.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People did not always receive care and support from sufficient numbers of suitable staff. People were at risk of receiving support from staff that had not had adequate rest between shifts.