Sahara Parkside Limited

# Sahara Parkside

## Inspection report

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## Ratings

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|---|---|
| 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 took place on 12 and 13 April 2017 and was unannounced.

The service was last inspected in February 2016 when it was found to be in breach of two regulations. The service had taken action to address the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and risk assessments and behaviour care plans were now more robust. However, the actions taken to address the breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had not been effective as the number of staff who had received the specialist training required to meet people's needs remained low.

Sahara Parkside is a service for up to 30 adults with learning disabilities and autistic spectrum conditions. It is arranged as ten three-bedroom flats. At the time of our inspection 15 people were living there permanently and an additional six people used the service occasionally as a respite service.

The service did not have a registered manager. The previous registered manager had left the service in February 2017 and a new manager had been appointed and intended to apply to become registered with us. 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.

Care plans and risk assessments for people who lived in the home permanently contained a high level of detail and personalisation. This included details of peoples dietary preferences, health needs and care preferences. Care plans and goals were reviewed and updated on a monthly basis, although some people did not feel they were involved in this process. The quality of documentation and risk management for people who used the service on a respite basis varied. The provider produced a plan to address these variations during the inspections.

The service supported people to take their medicines. This was not always managed in a safe way and errors in the records were identified during the inspection which the provider took immediate action to address.

People and staff told us they did not think the service had enough staff. Records showed there were enough staff on duty to meet people's needs, but the way staff were deployed across the building meant there were sometimes delays for people who wanted to receive support. We have made a recommendation about staff deployment.

The service had had a high turnover of staff and had completed recruitment of new support workers. The service completed checks on people's identity and criminal records to ensure they were suitable to work in care. However, records showed the service did not consistently follow its recruitment policy regarding interview recording and references. We have made a recommendation about recruitment.

Staff were knowledgeable about safeguarding adults from avoidable harm and abuse. Records showed that concerns were appropriately escalated and investigated.

At the last inspection we found that records of care were not completed fully and made a recommendation about record keeping. The service had followed this recommendation and records of care were now clear and contained the information required.

People who lived at the home were deprived of their liberty under the Mental Capacity Act 2005. Records showed the service was not complying with the conditions imposed on people's deprivation of liberty safeguard authorisations.

Feedback from people and their relatives about the quality of the relationships with the staff varied. Some people told us staff were kind and caring but others told us they did not find staff friendly or caring. Some people did not feel they were treated with respect. Records showed some staff did not understand the importance of respecting people's preferences.

People and staff told us they did not always participate in activities as much as they wished to. Records showed that people were not supported to be involved in activities as detailed in their care plans.

Care plans contained information about people's religious beliefs and cultural background. They also contained details about people's family relationships. However, they did not contain information about friendships or other relationships or if people wished to be supported to form new relationships. We have made a recommendation about supporting people with relationships.

The service had a robust complaints policy. Records showed that complaints were investigated and responded to, however, it was not always clear what actions were in place to prevent future incidents.

Feedback from staff, people and relatives about the management of the service varied. Some people told us they found the management team open and approachable but others told us they found management unapproachable.

The service completed various quality assurance checks and audits. These were not always effective as a number of issues were identified during the inspection which had not been identified by the provider's systems.

We found breaches of three regulations. You can see what action we 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?

**Requires Improvement**

The service was not always safe. People told us they did not think the service had enough staff.

Records showed recruitment of staff was not consistent with best practice.

Risk assessments for people who permanently lived in the home were robust and the provider took action to improve risk assessments for people who used the service for respite during the inspection.

The service supported people to take their medicines. The provider took action to ensure this was always managed in a safe way.

### Is the service effective?

**Requires Improvement**

The service was not always effective. People were deprived of their liberty under the Mental Capacity Act 2005 but the service did not follow the conditions of their deprivation.

High staff turnover meant staff had not received the specialist training they required to meet people's needs.

People were supported to eat and drink enough to maintain a balanced diet.

People were supported to have their healthcare needs met and to access healthcare services when needed.

### Is the service caring?

**Requires Improvement**

The service was not always caring. Some people did not feel staff treated them with respect and this affected the quality of relationships.

Records showed some staff did not always support people in line with their preferences.

Care files contained details of people's religious faith and

cultural background.

Care files contained details of people's family relationships, but did not include friendships or non-professional relationships.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive. People were not supported to attend activities as described in their care plans.

The level of detail and personalisation of care plans varied. The provider produced an action plan to address the inconsistencies during the inspection.

People's care plans were reviewed and updated on a monthly basis. Feedback from people about their involvement in reviews and care plans varied.

The provider had a robust complaints policy. Complaints were investigated and responded to, but it was not always clear what actions were put in place to prevent recurrence.

## Is the service well-led?

**Requires Improvement**

The service was not always well led. Quality assurance mechanisms had identified and addressed some issues with the quality of the service, but not others.

Some people and staff did not find management approachable.

The service held regular meetings for staff, people and relatives so they were involved in the service.

# Sahara Parkside

**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 12 and 13 April 2017 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed 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 reviewed this information, as well as the action plan submitted in response to the last report. We sought feedback from the local authority safeguarding team and local healthwatch.

During the inspection we observed support provided in communal areas of the building. We spoke with three people who lived in the home and three relatives. We spoke with six members of staff including the regional manager, the deputy manager and four support workers. We reviewed four people's care files including support plans, risk assessments, medicines records, financial records, daily records of care and reviews. We reviewed seven staff files including recruitment, supervision and training records. We reviewed various policies, procedures and audit records to see how the service was run.

Requires Improvement

# Is the service safe?

## Our findings

At the last inspection in February 2016 the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments were not robust and did not contain information required to mitigate risk. The provider had improved the risk assessments for people who lived in the home permanently, but risk assessments in place for those who used the service for respite were not sufficient. The provider took action to improve risk assessments for people who were receiving a respite service during the inspection.

Care files contained a range of risk assessments to mitigate identified risks. These included risks associated with people's mobility, health, mental health, finances, vulnerability to abuse, hygiene, continence, and behaviour. For people who were permanent residents at the home these were robust and contained detailed measures on how to mitigate the risks. For example, one person was identified as being at risk of financial abuse due to their generous nature. Their risk assessment included details of how to divert their attention and to reassure them that their money was for their needs not for the staff. Another person was identified as presenting with behaviours which could be violent to themselves and staff. Their care plan contained specific information about possible triggers and de-escalation strategies.

The care files of two people who used the service were respite and were also reviewed. The risk assessments in place for these people were not robust and did not contain sufficient information for staff to mitigate risks. For example, one person was fitted with a medical device that should not get wet during personal care. Although their personal care plan stated that the person did not like to get their head wet, it did not explain why and did not inform staff what actions they should take if the medical device got wet. This person's care plan did not contain any information about this medical device or information on what any complications may look like. This meant there was a risk that staff would not identify or act on complications with the medical device. Another person who received respite care at the service was identified as being at risk of developing pressure wounds. The related plan and risk assessment told staff "[Person] must be sitting correctly." However, there was no information to inform staff what the correct posture was for this person.

These issues were bought to the attention of the regional manager who took immediate action to improve the risk assessments including liaising with other services involved in people's care to ensure the service had the information required to provide safe care. The provider created a plan to update all the risk assessments for people who used the service for respite before their next stay at the home.

The service supported people to take their medicines. One person said, "They help me with my medicines. They have three locks to keep them safe." The service received medicines in compliance aids from their local pharmacy who also supplied medicines administration records (MAR) for the home to use. People had medicines care plans which included the details of the medicines they had been prescribed, their purpose, how to support people to take their medicines and any potential side effects staff should be aware of. Where people were prescribed medicines on an 'as needed' basis there were clear guidelines in place to instruct staff when to offer these medicines.

Medicines records for one person who had recently moved to the home were not clear. The MAR did not match the medicines in the compliance aid as staff were signing to state they had administered four medicines at 8pm but the compliance aid contained five medicines. In addition, the morning medicines included some medicines that should be administered before food, and other medicines that should be administered with or after food. Staff were unable to identify the medicines within the compliance aid so were not able to administer medicines according to the prescribing instruction. This was brought to the attention of the regional manager who took immediate action to clarify the prescription information and ordered medicines to be delivered in a way that ensured staff were able to identify them and administer them according to the instructions of the prescriber.

People and their relatives gave us mixed feedback about whether or not they felt safe in the home. One person said, "I feel safe, they [staff] can't do enough for me." However, another person told us they did not feel safe. They said, "I do not feel safe, staff do not know how to support me." Records showed staff completed training on safeguarding adults. Staff demonstrated they were knowledgeable about safeguarding adults. One member of staff said, "If you are worried that someone is being abused, you go straight to the office." Records showed the service appropriately escalated concerns to the local authority safeguarding team for investigation and took appropriate action when there were allegations of abuse against staff members.

Incident records were reviewed and these showed the provider took appropriate action following incidents. For example, they made referrals to healthcare professionals when people had falls. The provider took robust disciplinary action where investigations showed that staff had failed to follow care plans or policies and this had led to incidents.

Recruitment records were reviewed and these showed the service did not consistently follow the provider's recruitment policy. The provider's policy stated references must be provided by employers and that references provided by friends or relatives were not acceptable. The policy stated that if people were unable to provide employment references a referee "From school, college, or other professional body" would be sought. Records showed that four of the seven recruitment files reviewed contains references from colleagues or friends that were deemed unacceptable by the provider's policy. Records of interviews completed were inconsistently completed. Although some records showed the applicant's answers had been assessed, others did not and it was not clear how the judgement they were suitable to work in the service had been made. This meant it was not clear the service was ensuring recruitment of new staff was completed robustly in a way that ensured staff were suitable. The service completed checks on staff identity and criminal records to ensure they were not barred from working with adults who may be vulnerable to abuse.

We recommend the service seeks and follows best practice guidance from a reputable source about recruitment practice.

Staff and people told us the service did not have enough staff. One member of staff said, "We work short. We have to take people to other flats to help out. We don't have the staff to take people out." A person told us, "There have not been enough staff for ages." Records showed the service had a high turnover of staff and had recently recruited new staff to work in the service. During the inspection agency staff were used to ensure the service had sufficient numbers of staff in the building. Records showed the service had enough staff on duty to ensure that people had allocated one to one staff where required. However, it was noted that staff allocations meant that staff members were working across different flats, sometimes two floors apart. Observations showed that this meant when people were on a different floor to their allocated staff member they had to request support and wait for the staff member to be able to come and support them.

We recommend the service seeks and follows best practice guidance from a reputable source about staff deployment.

Requires Improvement

# Is the service effective?

## Our findings

At the last inspection in February 2016 the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not received the specialist training they needed to perform their roles. Since the last inspection staff had received training to meet people's specialist needs, such as swallowing difficulties, specialist communication methods, autism and learning disabilities awareness.

However, due to high staff turnover the proportion of staff who had received the specialist training required to meet people's needs remained low. For example, out of 34 staff 21 had not received training in swallowing difficulties. There were people living in the home who had difficulties swallowing. There were people living in the home with epilepsy and autism. 13 staff had not received training in autism or epilepsy awareness. Everyone living in the home had a learning disability and 11 staff had not received training in learning disability awareness.16 staff had not received training in Makaton. Makaton is a specialist sign language developed for use with people with learning disabilities and was the primary method of communication for one person living in the home. This meant staff had not had the training required to meet people's needs.

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

Records showed that staff had received training in other areas, including fire safety, health and safety, moving and handling and nutrition and hydration.

The provider's policy on supervision for staff stated this should happen every three months. Records showed that staff had received supervision within the last three months. However, the quality of supervision records varied. While some supervision records showed the needs of people who lived in the home were discussed with staff, and the development and training needs of staff and performance issues were discussed, other records did not show appropriate support or development of staff. Records showed that one member of staff who was completing supervisions had not had training in doing this. These records which did not show appropriate support or development of staff were discussed with the regional manager who told us staff would be given training to improve their supervision practice. .

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest 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 service was working within the

principles of the MCA. Records regarding capacity and consent were unclear. One person's file contained an incomplete mental capacity assessment for daily life activities which suggested the person had capacity to make choices about daily activities. There was no record that this person had consented to their care and the only signatures in their care plan and assessment were those of the staff member who had completed the assessment.

Where people lacked capacity to consent to their care appropriate applications had been made to deprive them of their liberty. However, records showed that the conditions on these deprivation of liberty safeguards were not being adhered to. One person's DoLS authorisation stated that it was a condition of their DoLS that they be supported to attend activities and access the community as scheduled in their care plan. Records showed they had not been supported to do this and therefore the conditions of their DoLS authorisation had not been followed.

The above issues are a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People and relatives gave us mixed feedback about the support they received with their meals. One person said, "They [staff] check it first, the food is good." However, a relative told us they were concerned their family member was not supported to make choices about their meals and was not supported to eat in an appropriate way. The level of detail about people's dietary preferences within their care plans varied. Some care plans contained a high level of detail about their dietary needs and preferences, including where they followed a specific diet for religious or health reasons. One care plan contained detailed information about the consistency of food and the posture the person needed to maintain to eat safely. Other plans contained limited information. For example, one plan stated the person could become fixated on specific foods but did not give examples. Their plan stated, "Likes chocolate and coke" and told staff to encourage healthy eating. Records showed some people were supported to complete weekly menu plans, but these were inconsistent and were not completed the week of the inspection. Daily records of care recorded what people ate and showed people were supported to eat a balanced diet.

A relative told us the service supported their family member with their health issues. They said, "They're on top of all [my relative's] health issues. There are no problems there." People living in the home lived with a range of complex health conditions, including epilepsy and diabetes. Care plans contained details of people's health conditions and the support people needed to access healthcare services. Two people's epilepsy guidelines were reviewed and these included clear descriptions of people's seizures and instructions for staff regarding seeking additional medical support. People who were permanently resident at the home had health action plans and hospital passports in place, which contained key information for health professionals. Records showed staff recorded the contents of people's health appointments and care plans were updated to include updates from health professionals. This meant people were supported to access healthcare services and receive on-going healthcare support.

Requires Improvement

# Is the service caring?

## Our findings

People told us they liked the staff and had good relationships with them. One person said, "They [staff] are kind." Another person told us, "There are some [staff] who are wonderful, who have great understanding." However, people and relatives also told us the strength of their relationships with staff was affected by how staff were deployed across the service and how some staff spoke about people living in the home. People and relatives told us that some staff spoke about other people living in the home in a way that made them feel uncomfortable. A relative told us, "It's not something you can put your finger on, but it's the tone of how staff speak about [other people who live in the home] to other staff."

Staff training records showed only the newly appointed manager had completed training in dignity and respect. After the inspection the provider told us this had previously been included in their equality and diversity training. Records showed four staff had not completed this training and 14 staff had completed it in 2014. This was reflected in the feedback received from people and their relatives who told us that staff did not always knock on their doors or respect their choices about how they received their support. A relative told us, "It feels like sometimes staff provoke [family member]. They [staff] let themselves in without checking if it's OK first."

Records of conversations with staff showed that some staff did not recognise the importance of respecting people's preferences. One record of feedback from staff stated, "[Person] expects things to be done in a certain way and this is why [person] refused care." Other records showed some staff refusing to provide support to specific people who lived in the home. This showed that staff had not understood that people's preferences should be respected and this will form the basis of strong, caring relationships.

Staff told us they gave people private time when they wanted it. A member of staff said, "If people say they want to be alone we give them time. We'll check they're OK and ask if they want us to come in. If they say no we don't go in."

Care plans contained details of people's religious believes and cultural backgrounds. Where people wished to be supported to practice their faith this was recorded in their plans. People showed us their flats and bedrooms and these contained photos of family members and had been personalised. Observations showed people were offered choices during the day

Care plans contained details of people's significant relationships with family members. Records showed people were supported to maintain their relationships with relatives. Observations showed family members visited their relatives in the home during the inspection and people were supported to talk about their family with staff. Care plans contained a section called "Lifestyle / social needs / activities." In the files reviewed this contained information about activities preferences and family relationships. None of the care files viewed contained information about friendships or romantic relationships or people's wishes in relation to these areas. Staff were asked if anyone living in the home identified as lesbian, gay, bisexual or transgender as this was not recorded in people's care plans. A staff member said, "I wouldn't know about that." This meant there was a risk people were not supported with the full range of relationships.

We recommend the service seeks and follows best practice guidance from a reputable source about supporting people with relationships.

Requires Improvement

# Is the service responsive?

## Our findings

At the last inspection in February 2016 we recommended the service seek and follow best practice guidance on record keeping as records of care had not contained an accurate record of care delivered. At this inspection we found the provider had changed the format of daily records and these contained details of the care people had received, activities undertaken, mood and meals eaten.

Before people moved into the home staff completed a through needs assessment. Records showed this included details of people's past medical history, personal care and domestic needs, mobility, behavioural needs and completion of initial risk assessments. Records showed the service included a period of increased monitoring as staff got to know people when they moved into the service. This meant the service had ensured they had the information required to complete care plans that met people's needs.

The quality of the completed care plans varied. Some of the care plans contained high levels of detail and personalisation. For example, one person's care plan contained a highly specific communications profile and gave specific details of how to support the person throughout the day. This included details of how to support them when they presented with behaviour that could harm themselves or others. Another person's care plan contained details of how much they could be involved in care tasks and their hair styling preferences. However, other care plans contained limited information regarding people's care preferences and choices. For example, one person's care plan stated staff should complete tasks but gave no detail on the person's preferences for how these tasks should be completed. This was discussed with the regional manager who created a plan to complete full reviews and care plan updates for people receiving a respite service ahead of their next planned stay at the service.

Records showed that people's care plans were reviewed on a monthly basis by keyworkers. A keyworker is a named support worker who took the lead on support planning for each person. Review records showed people were supported to consider the progress they were making towards their goals and to consider any new activities or goals they would like to explore. Some people told us they were involved in reviewing and updating their care plans. One person said, "They can't do enough. We talk about the things I want to do." However, relatives and other people told us they were not involved in the review and update process. One person said, "They update the paperwork in the office then ask me to sign it. They do have meetings, but I don't feel involved in it."

Care files contained details of people's preferences for activities and included timetables with details of which activities people planned to do each day. However, staff told us and records confirmed that activities did not happen as scheduled. One member of staff said, "People are so bored. People hardly have any choices." Records showed that people were not supported to participate in the activities as detailed in their care plans. For example, one person's timetable included swimming and horse riding on a weekly basis. A staff member who had worked at the service for over six months was asked when this person was last supported to go swimming. They said, "I don't know, I've never known it happen." Staff told us the person had also stopped going horse riding. Their records of care showed that in a three week period they had accessed the community for shopping and a group activity four times.

Another person who lived in the home told us accessing their activities was sometimes limited by staff availability, ability and willingness to support them to their activities. Records showed this person had made a complaint about missing activities due to staff being unable to support them in a timely manner. The complaint was still under investigation at the time of our inspection. Records of complaints were reviewed. These showed that complaints were investigated and responded to in line with the provider's policy on complaints. However, where complaints were made about staff behaviour it was not clear what actions were taken to resolve the issues. Records showed investigations were completed and updates provided to complainants, but the actions taken to ensure incidents were not repeated were not clear.

We recommend the service seeks and follows best practice guidance from a reputable source about resolving complaints.

Requires Improvement

# Is the service well-led?

## Our findings

At the last inspection in February 2016 we recommended the service seek and follow best practice guidance about monitoring the quality of the service. The provider had taken action to address this issue, but it had not been completely effective.

The provider had introduced a new programme of monitoring the quality of the service. The regional manager produced monthly quality monitoring reports which showed they had reviewed various documents in relation to the management of the service including incident reports, training records, care records, audits and the home development plan. These reports included an observation of care and included actions for the service to complete in order to improve the quality of the service. These reports had identified that training records and audits were not being completed to the required standard and had implemented actions to address them. However, they had not identified or addressed issues identified during the inspection such as the variation in the quality of supervision records, the variation in the quality of respite care plans or that records of care did not show care plans were being followed. This meant the quality assurance mechanisms had not been effective in improving the quality of the service.

The provider told us that duties and one-to-one allocations were allocated to staff through shift plans, and this was how the home's management ensured that people were being supported correctly. The shift plans for April 2017 were reviewed. These had been poorly completed, although they named staff and the people they were allocated to support, they did not show that activities with people were allocated, just that cleaning tasks had been allocated. The shift plans were collected by the office on a daily basis, and included a section where they were meant to be reviewed by the home manager. None of the records showed they had been reviewed. This meant the home management were not checking the effectiveness of the shift planning system.

Records showed the home completed regular health and safety checks, including maintenance and infection control audits. Observations around the service and inside people's flats showed although the audits had identified the need for deep cleans and minor repairs, these had not been completed effectively as some of the flats remained unclean and one en-suite toilet was missing the lid to its cistern.

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home did not have a registered manager. The previous registered manager had left the service in February 2017. The home had two different deputy managers during the year. This meant there had been a further two changes to the management team in the last year on top of the three changes in the previous year. The regional manager overseeing the service had remained consistent over this period. The provider had recruited a new manager who had recently started at the service. They were not available during the inspection but the regional manager and the deputy manager were available to assist with the inspection.

Feedback about the management of the home was mixed. Some people and staff told us they found the

management approachable, but others told us they felt their access to management was restricted. One member of staff said, "I can't approach the manager, but I can always speak to the deputy manager." A relative told us, "I find the manager unapproachable, I'm always told to wait when I want to speak to them." The changes in management and mixed feedback meant there was a risk that people did not feel confident in the management of the service.

Records showed the home held regular meetings for day and night staff. These were used to discuss staff roles, performance expectations, staffing levels and individual issues relating to people who lived in the home. The home also held meetings for people and their relatives. Records showed these were used to discuss activities. This meant the service was providing opportunities for staff, people and their relatives to be involved in making decisions about the service.

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 11 HSCA RA Regulations 2014 Need for consent<br><br>The conditions on deprivation of liberty safeguard authorisation were not being met. Regulation 11 (3) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Quality assurance systems had not identified or addressed issues with the quality and safety of the service. Regulation 17 (2)(a) |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Staff had not received the specialist training they needed to perform their roles. Regulation 18 (2)(a) |