

Pinecourt Limited

Cross Way House Care Home

Inspection report

59 Crossway
Havant
Hampshire
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Tel: 02392455056

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this comprehensive inspection on 31 October & 1 November 2016. This inspection followed a comprehensive inspection carried out in May 2016, where we found the service was inadequate overall. The provider received four warning notices with regards to ensuring people were safe, receiving personalised care, staffing levels and quality assurance processes. Requirement actions were made with regards to safeguarding, consent and treating people with dignity and respect. The service was placed in special measures. At a meeting following the inspection in May 2016 the provider agreed to voluntarily suspend all new admissions to the home. Since the inspection in May 2016, we have been notified by the provider of significant events and concerns which they have reported to the local safeguarding authority. We received updated action plans from the provider informing us of the action they were taking to make improvements and achieve compliance with all the Regulations of the Health and Social Care Act 2008.

Crossway House provides accommodation for up to 24 people. At the time of our inspection we were told there were 20 people living at the home some with a learning disability and some older people. The age of people accommodated varied from 59 – 98.

The home did not have 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. Since the last inspection the home has had two peripatetic managers who work for the provider. Following this inspection one of these managers had stopped working at this home, but the provider had recruited a manager who had not started working in the home yet. The provider told us the plan was for the newly recruited manager to work with the peripatetic manager for a period of time to ensure consistency.

At this inspection we found progress had been made in all areas and where the provider remained in breach of the regulations the impact and possible impact on people was low. The service had demonstrated that they were no longer "inadequate" overall and therefore were no longer in special measures.

Staff understood the principle of keeping people safe and appropriate referrals had been made to the local safeguarding team. Risk assessments had been completed and staff were aware of the risks facing people and how to minimise these risks. Staffing levels met the needs of people during the day time shifts but there was concerns that the staffing levels at night did not meet people's needs in a timely fashion.

Recruitment checks had been completed before all permanent staff started work but records for agency staff were not available.

Medicines were administered and stored safely by competent staff.

There was a training programme and staff enjoyed the training and felt it equipped them to do their job.

Staff undertook a comprehensive induction and supervision had started and there was a plan going forward to ensure all staff received supervision. Staff had a good knowledge of the Mental Capacity Act (2005) which had been incorporated into people's records. People enjoyed their meals with choices being available and there was support for those who needed it. People were supported to access a range of health professionals.

People received personalised care which took into account their choices and preferences. We have made a recommendation that the care plans are always followed. People felt confident they could make a complaint and it would be responded to.

People felt the staff were caring, kind and compassionate. The home had an open culture where staff felt if they raised concerns they would be listened to. Staff felt supported by the management team and were clear about their roles and the values of the home. Records were not always accurately maintained. There was an effective quality audit system.

We found five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which had been breached at the previous inspection had now been met. Two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 have been repeated, regarding staffing levels and maintaining accurate records. We have made a recommendation regarding staff following care plans. 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 understood the principle of keeping people safe.
Appropriate risk assessments had been completed and staff were aware of the risks facing people and how to minimise these risks.

Staffing levels met the needs of people during the day time shifts but there was concern the staffing levels at night did not meet people's needs in a timely fashion.

Recruitment checks had been completed before all permanent staff started work but these records were not available for agency staff

Medicines were administered and stored safely by competent staff.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they had the skills to meet the needs of people. Staff felt supported and a programme of supervision had been started.

People were protected from inadequate nutrition and hydration.

Staff understood the need for consent and the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and privacy and their independence was promoted.

Staff demonstrated a good understanding of people's needs and knew them well.

Is the service responsive?

The service was not consistently responsive.

People had personalised care plans but attention was needed to ensure the records were accurate and always followed by staff.

Activities were provided to meet people's individual preferences.

There had been no recent complaints and the procedure was displayed in the home.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There was no registered manager in post at the time of the inspection. A new manager had been recruited but had not yet started. An interim management team was in place. The management team was available and provided a positive and open culture. Staff felt listened to and supported.

People's records were not always accurate and well maintained. There was an effective quality assurance system.

Requires Improvement ●

Cross Way House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection was also planned to check whether improvements had been made since the service was rated 'Inadequate' overall in July 2016.

This inspection took place on the 31 October and 1 November 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor who had knowledge in the care of older people

Before the inspection, we reviewed previous inspection reports, action plans from the provider, and safeguarding notifications. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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.

During the inspection we spent time talking to the manager, the nominated individual of the provider, 10 people and six members of staff. We looked at minutes of staff meetings, residents meetings, relatives meetings and policies and procedures, We looked at four staff recruitment files, records for agency staff, training and supervision records and the care records of eight people.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed interactions between people and staff.

Is the service safe?

Our findings

People felt safe living at Cross Way House. One person told us how they enjoyed going on their mobility scooter and had been involved with the risk assessment associated with this. Another person told us, "I love living here and feel very safe; the staff are lovely and wonderful and make me feel happy". Another person told us "I have lived in lots of homes and this one is the best".

At the previous inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staffing had not been planned to ensure people's needs were met by skilled staff. We served a warning notice requiring the provider to be compliant by 20 September 2016. At this inspection we found the provider had made improvements with the staffing levels but there remained concerns the staffing levels at night might not always meet people's needs in a timely fashion.

The duty rotas demonstrated there was always a senior on duty throughout the day and we were advised this would be introduced for the night shift. The duty rotas also identified which staff member was supporting each of the three people who required one to one support throughout the day and staff were able to provide this support. The provider used a dependency tool which looked at each individual's needs in certain areas to help determine the staffing levels. The last dependency assessment recorded people had high care needs in certain areas. For example fourteen people were doubly incontinent, seven people needed the support of two staff to aid mobility and six people were identified as needing 'frequent' and 'significant' care at night. One person required help from four staff for 'getting off the floor' because they were 'non-compliant with hoist'. The person had a specific night plan as there were only two staff on duty at night. If the person was on the floor, they were 'to be made comfortable with a mattress and pillows (for the person) to lie on'. However it had not been established how other people's needs impacted on people throughout the night when there was two members of staff on duty from 8:00pm - 8:00am. Staff who had worked a night shift reported there were peak times when extra staff were needed to ensure people's needs were met in a timely way. No one told us they did not receive appropriate support at night, therefore we have judged the possible impact on people was low. The provider told us they were considering this issue, but without clearly knowing people's needs throughout the night it was difficult to establish how this was being considered. The manager told us they were going to do more research into this area.

Staffing levels had not been planned to ensure there was sufficient staff on duty during the night to ensure people's need were met at all times. This was a repeated breach of Regulation 18 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

The home had a significant change with the staffing personnel since the last inspection and many new staff had been recruited. There was still a recruitment drive being undertaken. There was a process for recruiting new staff which ensured all the necessary checks were undertaken before staff started working in the home. However we found gaps in some recruitment records for some staff, including agency staff, to evidence a robust recruitment process had been followed. We have discussed this in more detail in the 'Well Led' section of this report.

At the previous inspection we found a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there had been an inability to ensure service users were safe at all times. A requirement was made. We received updated action plans from the provider about how they would achieve compliance.

At this inspection we found the provider was now compliant with Regulation 13.

Staff were able to confidently tell us about what constituted abuse and what action they would take if they suspected anyone was not being treated well. They were aware of which agencies to contact if they felt the management team did not act on their concerns. People were treated well and were not discriminated against with regards to their age, abilities and religion. The provider had worked with multi agencies following the last inspection and the subsequent safeguarding referrals. At the last safeguarding meeting all agencies reported they had seen improvements at the home. Appropriate safeguarding referrals had been made by the management team following the inspection. The incidents of behaviours which could be considered challenging had drastically reduced. Staff were aware of what action to take to prevent these incidents happening.

At the previous inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people did not have appropriate risk assessments to ensure staff knew the risks associated with people's care and therefore did not know how to keep people safe. We served a warning notice requiring the provider to be compliant by 20 September 2016.

At this inspection we found the provider was now compliant with Regulation 12.

Risks facing individuals had been identified and risk assessments were in place to alert staff to these risks. The risk assessments identified how the risks could be minimised and where possible people had been involved in making these decisions. We saw assessments for specific risks such as risk of choking, falls or becoming socially isolated. A fire risk assessment had been completed in April 2016 and the management team informed us all the identified actions had been completed. A comprehensive business contingency plan was in place which gave instruction on the action to take in the event of an emergency situation, for example a flood. The management team had received and investigated whistleblowing information. We could see this information had been investigated and acted upon appropriately. Staff were aware of the whistle blowing policy and were confident the management would look into all whistleblowing claims. At the previous inspection we had concerns about how staff managed the risk of behaviours which could be challenging. At this inspection we found that people with these needs were no longer living at Cross Way House and therefore the risks to people had reduced significantly.

We checked the service's arrangements for ordering, storing, administering and disposing of medicines. The service had a comprehensive medicines management policy. Medicines were ordered and checked in by two senior staff. Medicines were administered only by care staff who had received training and whose competence had been assessed. We observed medicines being administered safely and competently. Medicines were explained to people and they were offered a choice of drinks. Reassurance was given, for example, the carer said "Well done" to a person who had swallowed their tablets. People were offered PRN (as needed) medicines for pain relief. PRN protocols included details of when a particular medicine should be offered to a person, including minimum time between dosages and maximum dosage in twenty-four hours and in what circumstances the doctor should be informed. The disposal of drugs was recorded and we were told all unused medicines were returned to the pharmacy for disposal.

Is the service effective?

Our findings

All the people we spoke with including the staff told us how "Amazing" the food was now there was a new chef. We were told, "Everything was cooked from scratch". A member of staff told us, "I love coming to work now, we get well supported and everyone is more enthusiastic". Another staff member told "There's a good level of training for staff".

People told us staff had the skills to care for them appropriately. We were given a copy of the training matrix which identified which training staff had completed, when their training was due for renewal and when the training had expired. We could establish how many staff had completed each training course and the provider had information on the content of each training course. The provider had a trainer who had an input to the service and two other external trainers were being used. We were advised consideration was being given to using an on-line training company to keep all staff up to date with training. This was specifically being considered for new staff. All new staff underwent an induction programme, which worked towards 'The Care Certificate'. This is the standard employees working in adult social care should meet before they can safely work unsupervised. It gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. A programme of supervision and annual appraisals had started; the manager advised due to other priorities in the home this had taken a back seat. However there was plan to delegate the supervision process. The acting deputy manager and senior staff were going to undertake training so they could supervise care staff.

At the previous inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there had been a lack of assessing people's capacity and having regard of the Mental Capacity Act including sufficient details around Deprivation of Liberty Safeguards. We made a requirement action and received updated action plans from the provider.

At this inspection we found the provider was now compliant with Regulation 11.

The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS). 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 make 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).

At this inspection staff had a good understanding of the need for consent and an understanding of the Mental Capacity Act 2005. Staff told us if people were unable to express themselves vocally they tried to establish if people liked certain things by watching their behaviour and patterns of behaviour. The manager and staff knew how to undertake assessments of capacity and when these may need to be completed. Best

interest decisions had been made and were clearly recorded in people's records including, details of who had been included in making the decision.

The registered manager understood Deprivation of Liberty Safeguards (DoLS) and staff received training to support their understanding. Applications to deprive people of their liberty had been made to the local authority and the registered manager understood the need to ensure these were in date and still reflected people's current restraints. The provider had taken appropriate action in terms of removing some of the restraints we found at the last inspection, for example all stair gates had been removed.

Meal times were relaxed and unrushed. The chef asked people daily about their choices and told us for people whose verbal communication was limited, they were shown picture cards of the food. A daily menu plan was also displayed on the wall. People who needed support at meal times were offered this in a respectful and encouraging manner. For example, a staff member encouraged a person by asking "Can you finish that little bit for me? You've got one tiny mouthful left." People had drinks in their rooms and were offered drinks regularly. A staff member each day placed jugs of juice in people's rooms and dated the top of the jugs to ensure everyone knew they were fresh. The chef had information on people's special diets, which was in people's care plans and was available in the kitchen, should the service have an agency chef.

A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. The manager told us district nurses would provide support with clinical issues such as insulin administration if a person required this. We saw evidence of GP involvement in care plans we reviewed.

Is the service caring?

Our findings

People told us the staff were caring and considerate. One person told us "Staff are very good, they pop in and check on me and when I need help they are happy assisting me". Another person said, "I have a lovely bath and staff look after me very well, they help me get dressed and when I need the toilet they help me". Another person told us, "The priest comes to see me and gives me communion because I can't get out to church". Another person stated, "Yes, I'm happy – couldn't be better." They added "It's wonderful here. You're well looked after." They said the staff "all help you".

At the previous inspection we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people had not always been treated with dignity and respect. We made a requirement action and received updated action plans from the provider.

At this inspection we found the provider was now compliant with Regulation 10.

People were treated with kindness and compassion. We observed positive and caring interactions between staff and people who used the service. Staff were cheerful and the atmosphere at the home was relaxed and people seemed contented and happy. Staff spoke to people in a kind, calm and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance or space and provided this in a positive manner. Observations demonstrated people felt at ease and comfortable with members of staff and the manager.

Staff spoke with people while they were providing support in ways which were respectful and friendly. When we checked records we could see staff addressed people by their chosen names. Staff ensured residents' privacy was protected by providing all aspects of personal care in their own rooms. We noted staff knocked on people's doors and introduced themselves before entering people's rooms.

Records included information on people's preferences and what was important to them. Information on people's personal histories was included. Efforts had been made to ensure people had been involved with making decisions about the care and support they received from staff. Advocates had been introduced to people who had no relatives or friends who could work in that role to support people.

Resident meetings had taken place and it was clear from the minutes the views of people had been sought. People had been asked what they would like to improve and it was noted in the September team meeting people had asked for more varied activities. The newly appointed activities co-ordinator advised they were working on the suggested activities. Relatives meetings also recorded the involvement of people's families in the service and how this could be improved. As a result of these meetings some relatives had set up a group to be involved in fund raising and providing activities for people.

Is the service responsive?

Our findings

When asked if people felt able to complain a typical response was, "I don't need to complain about anything". People told us their care needs were being met and they were well looked after. One person told us, "I love to go and watch football and go into town, I enjoy being independent and I am really pleased I have my scooter and mobile phone. The staff are aware when I go out and I phone them if I have any problems".

At the previous inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the care and treatment of people was not always person centred. We served a warning notice requiring the provider to be compliant by 20 September 2016.

At this inspection we found the provider was now compliant with Regulation 9.

Since the last inspection the care plans of people had been overhauled. Everyone had an assessment and care plan. Care plans had a clear structure and looked at the person's current needs, the rationale of the care plan and then talked about evidence and actions. At the end of each section of the care plan were details of how, if possible, the person had been involved in the care plan. Care plans were evaluated monthly and 'Resident of the day' had been introduced. This involved the member of staff looking at all aspects of the person's care, including their appearance, environment, care records and talking to the person. Care plans had been personalised, including a section 'All about me' which included guidance on how staff should support the person. For example, 'Carers speak in short, clear sentences'. The document gave useful personal information on the person's likes, dislikes and preferences.

Information in the care plans was mainly up to date regarding people's needs. For example, one person had recently been referred to the Speech and language therapist. The advice from this assessment had been written up in the care plan and also the details were recorded in the kitchen. PRN (take as necessary) protocols included details including when a senior carer should offer a particular medicine to a person, route and dosage (including minimum time between dosages and maximum dosage in twenty-four hours) and in what circumstances the doctor should be informed. Care plans identified people's needs in terms of skin integrity and diabetes. However, we did note on one day the meal, which was pureed, was not at the correct consistency for the person to ensure they could eat safely. The staff member agreed. On the second day the one item of specialist cutlery detailed in the care plan was not used to assist the person. Care plans were audited and issues were identified. In one person's care plan, there were areas for improvement which had been identified and had not yet been addressed. For example, the person 'is on a fluid chart so it needs to be mentioned'. We saw information relating to a different person in the care plan (for nutrition) of one person and brought this to the attention of senior staff. In another care plan, a person whose medicines were administered covertly had no mention of this in their 'medication' care plan. It was also noted, records made in terms of handover and daily reporting were the same for two days in a row, so were not reflective of the actual day for each person. Most of these issues related to errors in people's care records, but did not impact on the person, as staff knew people well. We have elaborated further on concerns about accurate and contemporaneous recording in the 'Well Led' section of this report.

We recommend the provider and manager ensure all care plans are up to date and the information is followed by staff when providing care.

Efforts were made to ensure people were independent. For one person they were awaiting the help from social services to ensure the person had a specialist chair to support them so they would not need to remain in bed. Activities were person centred and records of one to one care were generally detailed and covered activities in which the person had engaged e.g. 'Enjoyed a trip to (town) to prepare for Halloween'. The person's mood was also noted e.g. 'Happy and relaxed. When asked if okay replied "Yeah!"'. Another one to one record reported the person 'seems content' without providing any further detail. On the first day of the inspection a Halloween party had been organised with people included in the preparation of the activities. Staff who were not on duty and people's relatives and friends came in to join the party which was enjoyed by all those who attended.

The home had a complaints procedure which was displayed in the home. People were asked at monthly reviews if they had any complaints or if there was anything they did not like. The registered manager told us they had not received any complaints and records reflected this.

Is the service well-led?

Our findings

A member of staff told us, "Some of the old staff didn't care, but thankfully they have gone". Another staff member told us, "The residents are so much happier, we are gradually getting the home decorated and the residents are being involved in this. We just want their home to be nice for them".

At the previous inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a failure to ensure accurate records were maintained and effective systems were not in place to monitor the service to drive improvement. We served a warning notice requiring the provider to be compliant by 20 October 2016.

At this inspection we found the provider was now compliant with maintaining an effective quality assurance programme but there was a repeated breach of Regulation 17 with regards to maintaining accurate records.

Whilst there had been many improvements in how the home was being managed and led there were still problems with records being reflective of the care provided. Whilst care plans had been improved and most were accurate there were still a few errors in some people's care plans. Care plans would make reference to the need to maintain daily records, but the daily records did not always demonstrate this care had been delivered. For example, daily records were used to record the application of prescribed topical creams but we saw gaps in these recordings, making it difficult to establish it had been carried out regularly for people. This was an issue the manager was aware of and had been discussed at staff meetings. We also noted at lunchtime one person did not eat their lunch, but the completed records did not reflect this, which made the records a false reflection of the person's daily food intake which was being monitored. The records, especially of daily care were not demonstrating the care plan was being followed, which placed some people at risk of not receiving the appropriate care.

On the whole, appropriate recruitment processes had been followed to check the suitability of staff employed. However, for one staff member the provider had failed to obtain a second reference for the member of staff. It was noted whilst the provider had copies of checks for some agency staff (provided by the agency) these were not available for all agency staff who worked in the home. This meant the provider could not evidence all agency staff had been through all the necessary safety recruitment checks to ensure they were suitable to work with people. This was of concern as there was a higher percentage of agency staff used at night. The manager told us they had had these checks, but could not find the evidence of these checks. The lack of these records made it difficult to establish staff were safe to work in the home.

The failure to maintain accurate, complete and contemporaneous records for each person was a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At the time of our inspection, Cross Way House did not have a registered manager in post. Since the last inspection the home has had two peripatetic managers who worked for the provider. Following the inspection one of these managers had stopped working at this home. The plan was for the remaining manager to stay at Cross Way House for a short period of time to work with the newly appointed manager.

The new manager had not started working in the home, but we were advised they would soon start working one day a week to get familiar with the people, staff and the general running of the home. A deputy acting manager had also been appointed who was working in the role until their probation period had been completed.

People living at Crossways were familiar with the staff working at the home and this was evident with the interactions which took place. People, and staff all told us the atmosphere of the home had improved; it was now calm and relaxed. Staff were clear about management's expectations of how they were to present themselves professionally. Staff told us teamwork was good. They reported they were confident in the new management structure and felt confident reporting any issues to the team and believed they would be dealt with efficiently and effectively. We observed the acting assistant manager inform a carer they had had left a person's record in a communal area. They advised the care staff member why this should not be left out and it was confidential information. Staff described the management team as "firm and fair".

The provider had a range of methods to ensure the service delivered to people was of a high quality. The management team had introduced more effective methods of quality assurance as they had recognised the previous methods were not effective. A recent food and health hygiene inspection had been completed and the rating given was three. The manager told us action had already taken place to improve this and there was further work planned with a new cooker and the replacement of some light covers.

Where we have identified there was still room for improvement or a breach the manager was already aware of these issues and had plans to improve these areas, for example supervision of staff. The manager had identified there had been no health and safety audit for some time, but an audit was completed and forwarded to us following the inspection.

Meetings for senior staff, all staff, people and families had all taken place and been minuted. Surveys had been completed by people and the results had been analysed and presented so people could recognise what was working well and what needed improving. As a result there had been more consultation over food and activities with improvements made in these areas. Records were maintained of checks on air pressure mattresses and good records were maintained of people's wounds. Accidents and incidents were logged and analysis of these reports took place. It was noted one recorded accident had not been recorded in the overall analysis of accidents, but appropriate action had taken place at the time of the accident.

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 17 HSCA RA Regulations 2014 Good governance Accurate, complete and contemporaneous records for each person were not being maintained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels had not been planned to ensure there was sufficient staff on duty during the night to ensure people's need were met at all times.