Springfield House Nursing Home

Springfield House

Inspection report

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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?	Good

Overall summary

Springfield House Nursing Home is a care home providing accommodation and nursing care for up to 27 older people, some of whom are living with dementia. There were 23 people living at the home at the time of our inspection. Accommodation is arranged over three storeys.

The inspection took place on 2 June 2015 and was unannounced.

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

People were not adequately protected from potential risk of harm because steps to mitigate identifiable risks were not always taken. For example access to staircases were not always restricted in accordance with risk assessments which placed people at risk of falling down them.

Not all staff understood their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). People could not always be confident

Summary of findings

that decisions made on their behalf fully respected their legal rights. Where people may lack the capacity to make a decision for themselves, it was not always clear that decisions had been made in their best interests.

Care plans were person centred and regularly reviewed, but did not always contain sufficient information about how complex care, such as how pressure wounds were managed. There were no guidelines in records to assist staff in effectively supporting people who were living with dementia.

Whilst there were a variety of activities, these were not always meaningful to the people who lived at the home. The feedback we received from some people was that there was not enough to do and that they felt "Bored." We observed long periods where people were left sitting without interaction or engagement.

People said they felt safe and that staff protected them from harm. The registered manager had systems in place to ensure that any safeguarding concerns were investigated thoroughly and reported to the appropriate external agencies where necessary.

Appropriate checks were carried out in the recruitment of new staff to help ensure only suitable staff worked in the home.

There were enough staff deployed in the home to meet the needs of the people who lived there. People received personal care when they needed it and their calls were answered in a timely way.

The home was clean and well maintained. A team of housekeeping staff were employed to clean the home and undertake the laundry.

People received their medicines in a safe way. There were good systems to ensure people received the medicines they needed at the right time.

There was a programme for training staff in core areas, but not all staff had specialist skills such as supporting people living with dementia or suffering from bereavement.

People received adequate food and drinks and were complimentary about the choice of meals that they were offered each day. We saw that mealtimes were a social occasion. For those people who required help to eat, this was done I an unhurried way.

Staff supported people to access health care professionals, such as doctors, dietician, dentist and optician and had choice over which professionals they saw.

People told us that staff were kind and caring. We saw that people's privacy and dignity were upheld. Staff knocked on bedroom doors before entering and offered support with personal tasks in a discreet and sensitive way.

Complaints were treated seriously and managed well which encouraged people to voice their opinions.

The management team operated a good system of record keeping and undertook continuous quality checks.

Relatives were made to feel welcome when they visited and they and their relatives met together for meetings to discuss the running of the home. People and relatives were happy with the care provided.

During the inspection we found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people were not always adequately assessed and acted on.

Staff were trained in safeguarding adults, but did not know how to appropriately report concerns externally.

Staff managed and administered people's medicines safely.

There were sufficient staff on duty to meet people's needs and there were appropriate checks when new staff were employed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Not all staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act. People's care was not always provided in the least restrictive way.

Staff had access to training, but lacked some knowledge about some people's specialist or more complex needs.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to external health care professionals and people had choice about the health care support that they received.

Is the service caring?

Good

The service was caring.

People felt that staff treated them with kindness and respect and we observed positive relationships between people and the staff who supported them.

People had choice and control over their daily routines. The registered manager took active steps to involve them in the running of the home and listen to their views.

We saw care that promoted people's privacy and dignity and treated them as individuals.

Relatives were made to feel welcome in the home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not have sufficient opportunities to take part in activities that meant something to them.

Summary of findings

Care plans were person centred and regularly reviewed, but did not always provide sufficient information to ensure people received care that was responsive to their needs. Some staff did not always follow the guidelines that were in place and this placed people at risk.

People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated.

Is the service well-led?

Good

The service was well-led.

The home had a positive and open culture where people were encouraged to express their ideas and thoughts.

The manager maintained accurate records which were easy to read.

Quality assurance audits were carried out to ensure the quality and safe running of the home and identified actions from these audits were routinely addressed.

The manager provided staff with a programme of training and undertook her own personal development in order to provide best practice care.

The manager had systems in place to ensure that staff received ongoing supervision and appraisal.

Springfield House

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 2 June 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Our expert by experience had personal experience of care homes that supported people living with dementia.

As part of our inspection we spoke with 15 people who lived at the home , five staff, one relative, the manager and two healthcare professionals. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink. We also observed the registered nurse administer lunchtime medicines.

We reviewed a variety of documents which included six people's care plans, five staff files, medicines records and policies and procedures in relation to the running of the home.

In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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. This was because we were carrying out this inspection in relation to some concerns we had about the home.

The home was last inspected in November 2013 when we had no concerns.

Requires Improvement

Is the service safe?

Our findings

People were not always adequately protected from risks. During the inspection we observed a new member of staff hand someone a drink that was not safe for them to drink and we had to intervene to protect their safety. The person's care records showed that they had been assessed by the speech and language team as requiring thickened drinks because they were at risk of aspiration. Another member of care staff and the registered manager confirmed this was the case. The new member of staff said that they did not know this and also did not know how to thicken drinks. This presented a risk of choking for the person involved.

Springfield House is laid out over three floors and there are two staircases. Earlier this year, a person fell down six steps onto the landing between the first and second floors. Following this incident, the home had reviewed the risk assessments for people who were mobile and whose bedrooms were upstairs to prevent this happening again. The back stair case was fitted with a series of stair gates and used only by staff during the course of the inspection. A removable guard had been fitted across the stair entrance to the first floor. The risk assessment for one person stated that this should be used if they were upstairs and mobile. Staff spoken with were clear about the use of this safeguard. The care plan for another person highlighted that they were at risk of falling from the stairs due to their bedroom being located next to the entrance of the second flight of stairs. The risk assessment required "Staff to ensure that the fire door is closed at all times." This fire door was open for the duration of the inspection, including periods when the person at risk was in their bedroom which meant that they were not adequately protected from the risk of falling down the stairs.

Nursing care was provided, but clinical risks were not always managed appropriately. One person was in bed and lying on an air flow mattress which is a specialist piece of equipment to reduce the risk of pressure wounds for people with limited mobility. This person confirmed that they were comfortable and did not have any sore areas on their skin. The care plan however did not provide any guidance to staff about what setting the mattress should be. The two nurses were clear that this was determined by weight, but there was no evidence that this was checked and had been reviewed as the person's weight changed. This placed the person at risk of not receiving the right pressure care.

Staff not always ensuring that people were protected from possible harm was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care and support would not be interrupted or compromised in the event of an emergency. Guidelines were in place for staff in the event of an unforeseen emergency and there was a contingency plan in place in the event the home had to close for a period of time. Each person had an individual personal evacuation plan which detailed their needs should they need to evacuate the building and staff were aware of these.

People told us that they felt the home was a safe place to be and that their possessions were secure. People repeatedly commented; "I'm absolutely sure I've been safe" and "I've been very safe, it's a very happy home." Staff were trained in safeguarding adults, but did not demonstrate that they knew how to appropriately report concerns. Despite staff telling us that they had completed training in safeguarding, staff were not clear about their roles and responsibilities in this area. The five care staff spoken with, including the two registered nurses, were not aware that the

local authority was the lead agency for safeguarding and as such did not know how to appropriately report concerns externally to the home. The registered manager maintained clear records about the safeguarding concerns that had been reported to them and could evidence that these had been appropriately referred to the local authority and the Care Quality Commission (CQC). This helped to ensure that people were safeguarded because concerns were investigated thoroughly and subject to external scrutiny.

Medicines were handled safely and securely. People told us "I get my medication when I expect it." We observed one of the registered nurses administer the lunchtime medicines. We saw that this was undertaken in a person centred way, with each person being asked if they were ready for their medicines and how they wished to take it. One person asked to have their medicine in their room and this request was respected. People were given a drink to assist the swallowing of their tablets and the nurse spent time with

Requires Improvement

Is the service safe?

them to ensure they were not hurried. The nurse was able to explain the correct medicines procedures and why it was important medicines were dispensed to people in a safe way.

We noticed that two people had received pain relief outside of the scheduled medicine time which demonstrated that staff responded people's requests for pain relief. There was a policy on the use of "homely" or "domestic" remedies, such as those for minor ailments and this was reviewed each year by the doctor. This helped to ensure that people could have swift access to treatment if they suffered a cough or cold.

We saw that Medication Administration Records (MAR) were completed accurately following administration of medicines. Each record contained a photograph of the person it related to, to ensure the medicine was given to the right person. There was a list of specimen staff signatures so it was possible to track who had administered which medicine.

Medicines were audited and accounted for regularly. There was a system for recording the receipt and disposal of medicines to ensure that they knew what medicine was in the home at any one time. Staff also carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly.

At the time of our inspection, there were sufficient staff on duty to meet people's needs. Most people told us that they thought there were usually enough staff about and that their calls for assistance was mostly very prompt. We observed people receiving the support they needed in a timely way and that call bells were responded to promptly. The registered manager, relative and four staff spoken with said that current staffing levels were adequate.

The registered manager told us that staffing levels were flexible according to the needs of the people accommodated. If the home was full there would be two registered nurses on duty throughout the day and seven care staff in the morning and five in the afternoon. At night, this reduced to one registered nurse and two care staff. The registered manager was supernumerary to staffing levels and there were additional, domestic, housekeeping, catering and maintenance staff. We looked at the rotas for the previous two months and saw that staffing levels were mostly as described. We saw that people received the personal care they required, adequate food and drink and the home was clean and well maintained which indicated that staffing levels were appropriate.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files had all the required information, such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Requires Improvement

Is the service effective?

Our findings

Not all staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The DoLS protect the rights of people who lack the capacity to decide where they live and/or receive treatment. This is done by ensuring that any restrictions to people's freedom and liberty have been authorised by the local authority as being required in their best interests to protect them from harm. Following concerns raised by the local authority about the staff understanding of these safeguards, the management team had undertaken some research and devised a useful tool to assist them in assessing who may need a DoLS authorisation in respect of their care at Springfield House. As a result the registered manager had re-submitted more detailed DoLS applications for seven people whom she believed may be being deprived of their liberty.

We observed that the two registered on nurses were updating care plans. They told us that they had been asked to do this to ensure that they were compliant with the MCA. In discussion with them, it was apparent that they did not have a good understanding of the MCA and were reviewing information about people's care without including the person. Staff also did not understand who had the legal right to make decisions on behalf of people who lacked capacity and therefore people were at risk of not having their legal rights upheld.

We noticed that bed rails were being used for some people without evidence of appropriate consent or best interests decision making. For example, bed rails were in use for one person despite their care records repeatedly stating that they were not at risk of falling out of bed and their risk assessment stating that bed rails were "not recommended". There was no evidence of any discussion around this decision or consideration about their capacity, best interests or whether a less restrictive option had been considered. This meant that this person may be being unnecessarily restrained.

Consent was not being properly recorded or reviewed. Do not attempt resuscitation (DNAR) forms were found in some people's care plans and whilst these had been completed appropriately, it was not clear why people who were recorded as having capacity about DNAR were not involved in other decisions about their care.".

People's consent was not always being sought. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People commented that staff; " have a lot of training here" and "They seem immensely competent." The home had a rolling programme of training for staff which covered a range of mandatory and specialist training courses. We observed that in many areas staff exercised best practice, such as moving and handling people safely and maintaining good infection control practices. The registered manager showed us that they had developed their own version of the new care certificate which was based on Skills for Care, the fundamental standards and CQCs key lines of enquiry. This certificate was being rolled out to new staff members initially. Staff said that they felt supported by each other to provide good care.

With more specialist needs however, staff were not always clear about how to support people effectively. For example, two people had complex emotional needs and it was evident that some staff lacked the skill or confidence to meet their individual needs. In the services' Statement of Purpose, it states that it is able to provide nursing care for people living with dementia. Whilst some staff had completed training in dementia awareness, it was not clear what steps staff were taking to support people with the emotional needs arising from their dementia. Similarly, despite staff having completed training in safeguarding, they were not clear about how to fulfil their individual responsibility to report abuse externally if needed. As such, training had not been embedded in their practice.

We recommend that the provider finds out more about training for staff based on current best practice, in relation to the specialist needs of people living with dementia and considers how training is implemented in practice.

People were provided with food and drink which helped them to maintain a healthy diet. People were complimentary about the food and made comments such as; "The food's excellent" and "I can get what I like to eat."

We observed the lunchtime meal. People told us that they could choose where to take their meals and that there were sufficient staff to support them. For those people eating in the conservatory, we saw that the lunchtime meal was a social occasion and people chatted happily to each other and staff. There was a choice of two main courses with a

Requires Improvement

Is the service effective?

vegetarian option, three desserts followed by cheese and biscuits. Squash was served with the meal and tea/coffee afterwards. People remarked that the food was good. It was observed to be appetising and served hot. In addition to the main meal, tea or coffee and biscuits were served to people in the morning and the afternoon. Water in jugs and juice was available for people in the lounge and their bedrooms during the day.

People who required support were assisted to eat their meals in an unhurried way. People were involved in decisions about what they ate. Meal choices were offered on the day from a four-weekly rotating menu based on the likes, dislikes and feedback of people who lived in the home.

Where staff had concerns about people food or fluid intake, monitoring charts had been implemented. From looking at these, we saw that people had been supported to eat and drink sufficient quantities to keep adequately nourished and hydrated. Specialist dietary needs were met, including appropriate provision for those people with diabetes or requiring soft diets.

Staff ensured people had access to external healthcare professionals and people had choice about the health care support that they received. People had access to health care professionals, including doctors, dentists, opticians and dieticians. People had choice over whether to see a professional arranged by the home or their own if they preferred. For example, one person told us “I choose to use my chiropodist.”

Good

Is the service caring?

Our findings

People consistently told us that the quality of care delivered was good. People said “The people who work here are very good” and “The girls are nice and kind.” We observed positive interactions between staff and the people, with chatting and laughter between them. People were well dressed in accordance with their lifestyles and preferences, with attention being paid to people’s clothes and hair. A relative told us that they visit regularly and their mother was always looked well cared for. They described the registered manager as “Amazing” and staff as “All very kind.”

Staff demonstrated a commitment to providing good care. They were enthusiastic about their job and spoke compassionately about people. Through talking to staff and listening to their conversations with people it was evident that they had a good knowledge about people, their histories and their likes and dislikes. The diversity of people was respected with people treated as individuals with their own needs, beliefs and preferences.

People said that their privacy and dignity were respected; “They do respect my dignity and they always knock on the door”. Throughout the inspection, we noticed that staff routinely knocked on people’s doors before entering and respected their personal space. People’s choices about whether to receive support by a male or female staff member were seen to be respected.

We saw that bedrooms had been personalised and people said that they had been encouraged to bring personal furnishings to make their rooms their own. People said that their visitors could call in at any time and the visitor we spoke with confirmed that they were always made to feel welcome whenever they visited.

People had choice and control as to where to spend their time and throughout the day were seen to be moving freely around the home. We observed that one person wasn’t sure what they wanted to eat at lunchtime and a registered nurse spent a long time sitting with them, offering a variety of alternatives and encouraging them to eat.

A relative told us that the staff had spent a long time with their mother when they moved in making sure that they were as comfortable as possible. They said that the staff and registered manager really advocated for their mother and managed to get their medicines changed to improve the quality of their life. We saw staff take prompt and practical action assist people when they expressed pain or discomfort.

Care records showed that where appropriate, discussions had been held with people about their end of life care. There was good links with palliative care specialists and the registered manager explained that staffing levels were increased if someone was approaching end of life, so that staff had sufficient time to provide support sensitively and compassionately.

People said that they felt valued and included. The registered manager took active steps to involve people in the running of the home and listen to their views. We saw people were regularly consulted with about how the home could be improved. Residents’ meetings took place in which people were consulted on decisions about menus, decoration of the home and the places people would like trips to visit.

Requires Improvement

Is the service responsive?

Our findings

People said that whilst there were a variety of activities for them to get involved in, most people felt that there was "Not enough to do." People told us that there was a programme of quizzes and entertainment, but that the activities were not always appropriate for them and said "There's not much to do here." A religious service had been cancelled on the morning of the inspection and no alternative was provided in replacement. As a consequence, people spent the morning either sitting in their rooms or in one of the communal areas, without any activity other than watching the television or reading a newspaper. People told us that there were monthly outings which were enjoyed by those who went and one person said "I like the exercise classes."

There was a lack of individualised and stimulating activities, especially during the mornings. People told us that other than the outings, most of the activities available were not really of interest to them. Some people said that they preferred spending time alone, whilst others said that they were "Bored" and would welcome new activities. There were no activities which were specifically appropriate for people living with dementia.

Whilst people were consulted in practice, they were not routinely involved in developing or reviewing the documentation contained in their care plans. One person told us that they didn't know they had a care plan. Assessments about people's care that had been completed prior to them moving into the home showed that people had been consulted about their need, but follow-up discussions were not recorded once the person was at Springfield House.

Care plans did not always provide sufficient information to ensure people received care that was responsive to their needs. Some staff did not follow the guidelines that were in place. We identified concerns with the way pressure care was being managed for two people. One person had been previously treated for a pressure wound. There were no photographs of the wound to evidence the stages of healing. The registered manager stated that nursing staff had not completed the appropriate recording to evidence how the wound care had been managed. What was evident from the records however was that despite a wound having healed, the same area had broken down again. There was no plan of care to show what preventative measures had been taken to ensure the healed wound remained intact.

Another person told us that they were experiencing pain in their heels. When we asked a nurse to have a look it was confirmed that the person's heels were red and showing markings of pressure. The person's care records stated on 21/05/15 "Noticed blisters on both heels". None of the measures detailed in the care plan to prevent further breakdown were being followed at the time of the inspection. This indicated that people were not receiving appropriate pressure care because staff were not responding to the signs of pressure damage.

Two people had complex emotional needs. Neither person had a care plan in place for how these needs were to be managed. The manager provided evidence that they had requested professional input for these individuals, but in the meantime these needs remained unmet.

There was a call bell system in place, which when positioned correctly allowed people to call staff for assistance. We saw when the call bell was used, staff responded quickly. We observed that the

call bell for two people was not located within their reach. One of these people was in distress when we found them in their room, but had been unable to call for help. Once alerted, staff responded immediately, but no staff could give an explanation as to why the person's call bell was wrapped around the leg of the armchair when the person was in bed.

The lack of person centred care, responsive to people's needs was a breach of Regulation 9(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All of the people we spoke with said that they knew how to complain and would feel confident to do so if they needed to. Comments such as "I've never needed to complain, but if I did complain, I think they would respond to my words" were typical of the feedback given. Copies of the complaints policy were clearly displayed on noticeboards around the home and people and were aware of who to contact in the event of any concern. Relatives spoken with said they hadn't had to complain, but would do so without hesitation if needed.

Requires Improvement

Is the service responsive?

The registered manager showed us a log of complaints and compliments and it was evident that any concern was recorded, whether it was made verbally or in writing. Each complaint was acknowledged and investigated, in accordance with the complaints procedure. It was evident that changes to the service, such as altering the menu on a certain day were made as a result of the feedback received. This meant that people could feel confident that their complaint would be listened to and acted on.

Good

Is the service well-led?

Our findings

People were positive about the leadership of the home and described the registered manager as being well liked and approachable. People told us that they had confidence in the management team to sort out any issues they had and we found the atmosphere in the home was relaxed and calm throughout the inspection.

People, relatives and stakeholders were encouraged to give feedback about their experiences of the care they received or that was provided to their family members . The results of the most recent residents and relatives satisfaction survey were provided to us and we read people were happy with the care provided by staff at Springfield House. People and their relatives were consulted on how the service was run and what changes they would like to be implemented. As a direct result of feedback from people and their relatives, menus have been changed, new crockery and napkins purchased and upgrades to the garden had been implemented.

The registered manager had a good understanding of their legal responsibilities as a registered person, for example sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals. The registered manager was also knowledgeable about the people who lived at the home, the staff employed and displayed an openness and transparency about the areas that needed to improve. For example, the registered manager was already working on improving the programme of activities within the home prior to us identifying this as a shortfall. The standard of record keeping was found to be good with clear actions where necessary.

The registered manager had systems in place to ensure that staff received ongoing supervision and appraisal. It was evident that new staff undertook a probationary review before becoming permanent members of staff. A recent safeguarding incident at the home had provided a period of high scrutiny and challenge at the home. This has led to the registered manager having to update and review documentation which has meant they have had less time to support staff and work in a hands on capacity. The management team have recognised the benefit of having a deputy manager and are actively recruiting to this role.

Staff were involved in the decisions about the home. There were regular staff meetings where staff discussed a variety of topics including developing best practice and highlighting the introduction of new policies. We heard staff speak to each other in a friendly, companionable way and it was clear they worked well together as a team.

Policies and procedures were in place to support staff so they knew what was expected of them. The registered manager held a file which contained policies useful for staff. For example, this included the provider whistleblowing policy, safeguarding information, the fire procedure and MCA and DoLS guidance. Staff told us they knew where the policies were kept and could refer to them at any time.

There was a monitoring system to check that a good quality of care was being provided. The management team carried out a number of checks and audits, which quality assured areas such as accidents, medicines and care plans. Actions were set on areas that required improvements and there was evidence that these led to improvements.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected from the mitigation of identifiable risks.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Care and treatment was not provided with the consent of the relevant person.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Care and treatment was not provided to ensure people's needs were met.**