

Blue Opal Limited

The Meadows

Inspection report

Anstey Way
Instow
Bideford
Devon
EX39 4JE

Tel: 01271861124

Date of inspection visit:
27 February 2020
11 March 2020

Date of publication:
07 May 2020

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Meadows residential care home providing personal and support care to 12 people at the time of the inspection. The service can support up to 14 people with learning disabilities and mental health conditions. The Meadows accommodates people in one adapted building. Accommodation is set over two floors with a lift to access the first floor. Communal space is on the ground floor. The home is set back off the road with easy access to the local village.

The service was registered to provide support to up to 14 people and there were 12 people using the service at the time of our inspection. This service had not been designed taking into account best practice guidance and the principles and values underpinning Registering the Right Support (RRS). This was because the service was registered prior to this guidance being issued. The service is larger than recommended by best practice guidance. The RRS ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. This was not being achieved, mainly due to staffing levels and numbers of people living in one building.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons. People were not always happy with who they were living with. Other people's behaviours impacted significantly on people's quality of life at times.

People's experience of using this service and what we found

People were not always kept safe. This was because improvements were still needed in the way people's medicines were being managed. We also found one risk assessment had not been updated following a significant incident. The registered manager said they had verbally discussed the incident and how they should support the person but their risk assessment was not yet updated but they would give this priority following our feedback.

Improvements were still needed in respect of how the provider ensured quality assurance processes. This included ensuring there was sufficient staff with the right skills for the number and needs of people living at the service. The new registered manager had with the two deputies been trying hard to ensure staff had skills and training. Despite their efforts some staff still lacked the necessary key skills to keep themselves and others safe. We were assured this would be addressed promptly.

The provider had not acted with any urgency to address the need for refurbishment of the building. Other professionals providing feedback following the inspection said the home was tired and in need of some work to ensure it was more homely. We also found some parts of the home in need of a deep clean. One professional said one person's room was very bare and what furniture was there was of a poor quality. We fed this back to the registered manager at the inspection and they agreed to look into this.

There had been improvements to the way staff were being recruited. The recruitment process was robust

and ensured only staff who were checked and seen to be fit to work with people who may be vulnerable, were employed.

People's plans and risk assessments were being updated in line with best practice. Staff promoted people's privacy and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had advocates to ensure their best interests wherever possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was requires improvement (published 28 February 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Meadows

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included an inspector, member of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

The Meadows is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of the inspection the manager was in the process of applying to register with the Care Quality Commission. At the date of publication the manager was registered with CQC. We therefore refer to their status throughout this report as the registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with the registered manager, deputy and eight staff. We observed people in their own environment and spoke with seven. We looked at medicine records, three care plans and risk assessments, three staff recruitment records and a number of audits relating to records and safety audits.

After the inspection –

We contacted eight healthcare professionals and received feedback from four.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement . At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At the last inspection we found people were not always fully protected as there was not always sufficient staff with the right skills to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some staff told us they had not received training in diffusing expressive behaviours and protecting themselves and others. This was a similar picture to the inspection last year. This had the potential impact to place people and staff at risk, as there were daily incidents of expressive behaviours from some people.
- The new registered manager said they were working to ensure all members of staff had this training in place but to date only nine out of 20 had received appropriate undated training from BILD (British Institute of learning Disabilities.) The services' own training schedule confirmed this.
- Staffing rotas showed there were some gaps where staffing levels had not met the preferred levels as determined by the providers tool for assessing levels. Their assessment showed they should have eight support workers on per shift.
- Staff told us due to sickness, people leaving and agency not being able to fill gaps, they regularly worked with less than eight support workers per shift. The rotas showed this was one to three shifts per week.
- In addition to providing care and support, support workers were expected to ensure the cleanliness of the whole building and to cook all meals.
- People told us they did not believe there were sufficient staff on duty at all times. Comments included "We used to have set days to do our laundry, but due to staffing this is now when they can fit it in" and "I would like to go out more but there is not enough staff, sometimes I don't even get to go on my allocated days out."
- Staff said there were sufficient staffing to meet people's basic needs, but with additional tasks of housekeeping, laundry and cooking, they were often task focussed and did not spend enough quality time with people.
- One staff member said "some people have particular behaviours and so they get to go out more to give others a break, but it's not fair if other people haven't had the chance to go out. More staff that could drive would help."
- It was not always clear how individuals' additional one to one support was being utilised. The registered manager was in the process of breaking this down, but this was not completed for everyone who had additional funding.
- The registered manager said they had been working hard on actively recruiting more staff, but the formula for staffing levels was determined by the provider, who worked on a basic figure of one staff member to four people and then additional staff depending on peoples assessed and agreed needs for one to one support.

The rotas did not clearly define how this one to one support was being used.

We therefore concluded there was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because recruitment processes had failed to ensure people's safety.

- At this inspection, we found improvements had been made to recruitment processes. Staff were only employed once all their checks and references were back. This ensured new staff were assessed as suitable to work with people who may be vulnerable.

Using medicines safely

At the last inspection we found people were at potential risk of not having their emergency medicine when needed due to lack of training and out of date medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were protocols for some medicines prescribed to be taken 'when required', to guide staff as to when it would be appropriate to give a dose, although these were not present for one person's medicines. However they did not always give person centred information on when it would be appropriate to give a dose or identify other ways of helping people to avoid the need for medication.

- We saw that daily and weekly audits were completed by staff to pick up any discrepancies or gaps in the charts. These audits had identified some issues with incorrect stock levels of two people's medicines. However, robust actions had not been completed or recorded in order to fully investigate the issues found. Following the inspection the manager completed a further medicines audit to account for the incorrect stock levels.

- There were systems in place to report any medicines errors or incidents. We saw one incident which had been reported and handled in an appropriate way. However, the audit which identified the discrepancy issues above had not been followed up and addressed.

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

- At this inspection we found there had been some improvements to the way medicines were managed since our previous inspection. There were suitable arrangements for storing and disposal of medicines, and storage temperatures were now being checked.

- There had been some improvements to the management of rescue medicines. We saw that these were available and in date. Records showed that these were signed in and out of the home to provide a clear audit trail. There had been updated training for staff on the use of these medicines.

- Most medicines records appeared well completed and doses signed as administered in accordance with the prescription.

- People could look after their own medicines if it had been assessed as safe for them.

- Medicines were given by trained staff using a safe method. Further training was booked to help staff move to a new electronic medicine recording system. The manager told us that competency checks were being updated, and staff competency would be checked again after the change to the new system was complete.

Assessing risk, safety monitoring and management

- We were made aware of an incident which placed staff at potential risk of being scalded by a person living at the service.
- Two staff spoke about their fear of this incident occurring again and said they felt they had been given mixed messages about how this situation was being risk managed. The registered manager said they were in the process of updating the risk assessment for this person, but had spoken with staff about how to manage the situation.

Lack of clear guidance for staff about how to manage significant risks is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw other files where risk assessments were up to date and included what staff should do to diffuse any risk situations using positive support plans. This helped identify what people's triggers were and how to minimise and avoid situations which may cause distress and expressive behaviours.

Preventing and controlling infection

- Not all staff had received training in infection control, but training was being organised to ensure this would be completed within the next few months.
- Not all areas of the home were as clean as they should be. For example there was dust on some sills in the kitchen. Some of the communal areas look tired and in need of a deep clean and refurbishment.
- The registered manager said they were beginning the process of repainting and freshening up the interior and hopefully the garden areas.

Systems and processes to safeguard people from the risk of abuse

- Staff knew who to report any concerns about abuse to.
- Staff received training in safeguarding processes including the company's policies and procedures as part of their induction.

Learning lessons when things go wrong

- Accident and incident forms were reviewed and any lessons learnt were shared with the care team. For example, there had been an incident where an agency staff member had said they had training in epilepsy, but this had not included how to administer emergency rescue medicine. They had gone out with a person who subsequently had a seizure and was unable to administer the emergency medicine. The person was close to the home so staff were able to attend. The lesson learnt was to ensure all staff were specific about the training of epilepsy they had received to keep people safe.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement.

This meant people's outcomes were not always consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- There had been no new people move into the service since the last inspection. The registered manager said they were in the process of reassessing people's needs to look at whether The Meadows was the most appropriate service for them. They had recognised their model of care needed to be reviewed to ensure they were following best practice and guidance.
- The reassessment of people's needs was being completed in conjunction with their family where appropriate, their funding authority and independent advocates. This was to ensure the right decisions were being made for individuals but also in terms of the ethos of the service and moving onto a model which would better fit registering for the right support.

There was one main lounge and dinning area and then a few smaller break out areas for people to use. This included the main lobby area where one person chose to stay for most of their day. This impacted on other people. The garden was slopped and in need of some tidying up to make it more appealing for people to use.

- Some parts of the home were shabby and lacked a homely feel. The registered manager said they had begun a programme of repainting. We fed back that there had been no real improvement in the refurbishment since our last inspection. The provider informed us of the investment that had made to the home since the previous inspection. This included major changes to their heating system and some work needed following a flood to a part of the building.
- Three professionals who gave feedback said they felt the decoration of the building needed some improvements. One said the person they visited had a very bare room with very little furniture and what was provided was of poor quality. We fed this back to the registered manager. Following the inspection, we were informed the person preferred a bare room.

Staff support: induction, training, skills and experience

- Whilst the training programme was work in progress, healthcare professionals who were delivered some of this training were impressed with the commitment to get staff the right skills and support.
- Staff said they had recently received a number of really useful training sessions with the local nurse educator on specific health conditions.
- The deputy manager was working with trainers to develop a comprehensive annual programme of training. This needed to include more specific training in working with people with complex needs. The registered manager gave assurances this would be given priority.
- Staff said they felt their training needs were being covered although two staff said they were still awaiting

some essential safety training.

- A programme of one to one supervision had been set up and were being completed. Staff confirmed they found these useful and supportive.
- Staff who were new to care were expected to complete the Care Certificate and shadow more experienced staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People who lived at the Meadows held a weekly meeting to decide on menus for the following week. Staff gave some guidance on healthy options and choices.
- People's likes, dislikes and any allergies were known to staff. These were considered when planning the menu.

- People's weight was monitored and if required they were referred to their GP. One person was on build up drinks due to low weight. Some people were being supported to have a lower calorie diet or reduce the consumption of sweet fizzy drinks due to health conditions.

People said they liked the meals being offered. Comments included "the food is lovely" and "I'm on a calorie-controlled diet and sometimes it's a bit limited what I can have"

"There wasn't enough chicken the other night so someone had to go out to get some. I asked for low calorie yoghurts but I never got them."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with GP's and nurses and mental health specialists to monitor and assist with people's ongoing health issues.
- People confirmed they were supported to see their health care workers. One said "I go for blood tests with the nurse – she's nice and she weighs me. I go to the dentist every six months."
- Daily records showed good communication with health professionals was happening.
- Staff were working closely with the learning disability specialist team to develop plans and ways of working with some individuals.
- Dental plans were in progress, to ensure people got the right support and encouragement to maintain good oral hygiene and have regular check-ups.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people had an authorised DoLS in place which staff were aware of and was being reviewed on a regular basis.
- The staff team worked really well with independent advocates to ensure they had the right information to

assist with any best interest decisions.

- Staff worked in the least restrictive way to ensure people were kept safe but also had opportunities to go out in the community with support.
- Where restrictions were in place, these were clearly described so staff were able to provide a consistent approach.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said they felt staff were kind and caring towards them. One said I like it very much here. I've got support workers. They're helpful. It's comfortable and there's hot meals and teas." Another said, "It depends who is in, some staff are better than others, but I guess they are all caring."
- People's diversity was understood and respected. For example staff went out of their way to ensure the activities and outings that were important to each person were whenever possible facilitated.
- Staff spoke passionately about wanting to ensure people's wishes were fulfilled. For example ensuring one person got to go and see music events. Another person had an interest in learning to play the guitar. They were having weekly lessons and staff were encouraging and supporting this.
- Plans contained detail about what was most important and held dear by each person. This also included their preferred routines. For some this was an essential part of their well-being, that staff honoured these routines. For others it was important that staff worked sensitively with people so they were not stuck on one obsession to the detriment of their well-being.

Supporting people to express their views and be involved in making decisions about their care

- Lots of people had independent advocates to help them with decision making processes.
- Some people did not wish to remain at The Meadows and were being supported to look at other options.
- Staff were respectful when talking with people about their care needs. They understood that at times of mental health crisis some people may need more support and encouragement with care, but may find accepting this support difficult.
- The service held weekly house meetings where menus, refurbishment plans and future activities. Each person was encouraged to have their say.

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff were always respectful and ensured dignity and privacy was upheld.
- Staff understood the importance of ensuring people's dignity and privacy was considered at each stage of their care delivery.
- Staff spoke about times when they needed to try different approaches to assist someone with their personal hygiene to maintain their dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was responsive to their needs. This was achieved through having detailed personalised care plans. These were in the process of being updated and reviewed.
- People confirmed staff ensured their wishes and preferences were honoured. For example, one person told us "I like to go for walks and there are good shops. I'll go to Morrisons for tea and a KitKat. Sometimes my sister-in-law takes me to her house. I go to the hairdressers on a Friday." They also mentioned some things they would like to do in-house such as bingo. Staff confirmed this and other activities were offered on a regular basis.
- One person had particular preferences of staff with whom they wished to go out with. Staff were flexible as they could be to facilitate this for them and for other people. Where possible they matched people with staff who had similar interests or who the person had expressed a wish to work with. This was not always possible, but it was clear staff tried their best to get this right for people.
- Most people living at The Meadows needed high levels of support to ensure their emotional wellbeing as well as their activities of daily living were maintained. Staff were working towards ensuring people had opportunities for enhancing their independence but this was often needing to be balanced within a risk management framework. For example, some people were unsafe to access the kitchen without staff support. Some people were unable to access the community without at least one member of staff being with them. Plans reflected these risks and detailed how staff should support people to be as independent as possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Plans of care included what staff needed to think about in terms of people's communication needs. For example if they had hearing aids, wore glasses or difficulty processing information due to their learning disability and or mental health.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff spent a great deal of time planning to ensure people had their set days out to visit friends, shops,

cafes and places they enjoyed.

- People confirmed staff supported them to be able to access the local community, but not always as often as they would like.
- The registered manager said they were working on a more fluid and flexible approach rather than sticking rigidly to people having set days out. This was work in progress, but for example he said several people had gone out the day before because the weather had been good and staff could facilitate them doing this.
- There was also some activities in house. These included music sessions and arts and crafts. The registered manager said they needed to expand on this and include more activities of daily living. For example, supporting people to do their own laundry and making simple meals.

Improving care quality in response to complaints or concerns

- People said they knew who they could make a complaint to. One said they wouldn't bother because it would not be listened to. They did not expand on this.
- The service had a complaint process that was in an easy read format.
- Complaints were investigated and responded to in a timely way.

End of life care and support

- Most people living at the Meadows were young or middle aged and generally enjoyed good physical health. Due to the nature of their mental health, it may not be appropriate to talk with them about planning for their end of life.
- People's religion and faiths were recorded, so staff were aware should they need to consider for end of life plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement . At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement . At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection we found the governance systems required improvement. This was breach of regulation 17 of the Health and Social Care Act 200814 (Regulated Activities) Regulations 2014.

- At this inspection we found that despite the provider sending an action plan to show how governance would improve, these were not sufficient to meet the requirement.
- There were ongoing issues with staff not having all the essential training.
- The refurbishment and upkeep of the building still needed more timely actions.
- Medicine audits were being completed but where issues were identified , there was no robust action plan to address these.

Failure to make the necessary improvements in governance processes means there is a repeated breach of 17 of the Health and Social Care Act 200814 (Regulated Activities) Regulations 2014.

The registered manager completed weekly audits and these were overseen and checked monthly by the regional manager. The regional manager also spoke to people living at the home and staff.

- The registered manager who was not in post when we last inspected, said most of these issues were in the process of being addressed and they had introduced more training and begun their programme of refurbishment
- The registered manager was working to ensure risks both to individuals, staff and the environment was being kept under constant review. They were in discussion with the provider, commissioners and people to review placements and individual risks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People said their views were taken into account. One said, "We have a weekly meeting where everything is discussed." Another said they would not talk in this meeting but would raise any issues with some staff.
- People's equality characteristics were upheld. Staff understood how to work in a person-centred way, delivering care whilst respecting people's diversity.
- Staff said their views were mostly listened to and there was an open and inclusive approach from the new registered manager. Some staff felt their views on people's behaviours impacting on others had not always been fully considered.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. For example, where there had been medicine errors, making sure audits were more comprehensive and ensuring staff had updated training.

Working in partnership with others

- The registered manager said they worked closely with the local specialist learning disability team, in particular for people with complex needs.
- One visiting advocate said they were uncertain whether the service did work in conjunction with this specialist team as they had asked them to be in contact in relation to one person with obsessive behaviours and was still waiting for a response.
- One specialist said they knew the service well, recognised the mix of people was not always right for good service delivery but also acknowledged that the new manager was working on this. The specialist said "I do tend to work with some of their most challenging people and they do reach out and communicate with me. They face many frustrations from outside agencies e.g. waiting on commissioners, court of protection processes, etc."

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 12 HSCA RA Regulations 2014 Safe care and treatment Failure to risk assess when people's needs or behaviours change place people and staff at potential risk
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had failed to identify staff training needs, staffing levels and records were not always completed. This placed people at potential risk
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Failure to ensure staffing levels and skills were sufficient to meet peoples complex needs placed people at potential risk.