

Bupa Care Homes (BNH) Limited

Ashley Park Care Home

Inspection report

The Street
West Clandon
Guildford
Surrey
GU4 7SU

Tel: 01483331955

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 14 and 15 April 2016. Ashley Park Nursing Home provides residential, nursing and respite care for older people who are physically frail. It is registered to accommodate up to 30 people. The accommodation is a large house arranged over three floors. The service also provides end of life care to people with the support of the local palliative care service. On the day of our visit 27 people lived at the service.

On the day of our visit the registered manager was assisting at another service. 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. Instead we were assisted by the interim manager and the deputy manager.

People's rights were not always met under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect them from harm. Assessments had not always been completed specific to the decision that needed to be made around people's capacity. DoLS applications had been submitted to the local authority but we were unable to establish whether people's capacity had been assessed before this was done.

Not all staff received one to one supervisions or annual appraisals to discuss their performance or training and development needs. Training for all staff was not up to date particularly around clinical care. However staff told us that they felt supported.

People were supported by staff that were given appropriate information to enable them to respond to people effectively although care plans did require more detailed information around the needs of people. Where it had been identified that a person's needs had changed staff were providing the most up to date care. People were able to take part in activities which they enjoyed.

People's needs were met because there were enough staff at the service. We saw that people were supported in a timely way with their care needs.

Accidents and incidents with people were recorded and trends analysed. Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff had undergone recruitment checks before they started work.

People's medicines were administered and stored safely. Risks had been assessed and managed appropriately to keep people safe which included the environment. The risk assessments for people were detailed and informative and included measures that had been introduced to reduce the risk of harm.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and make them safe.

People at risk of dehydration or malnutrition had effective systems in place to support them. People were weighed regularly and were supported to eat healthy and nutritious food. People had access to a range of health care professionals, such as the GP, Dentist and Optician.

People and relatives told us that staff were caring. We saw that staff were caring and respectful of people and ensured that people and relatives were involved in care planning. Staff knew and understood what was important to the person and supported them to maintain their interests.

People and relatives said if they needed to make a complaint they would know how to. There was a complaints procedure in place for people to access if they needed to.

People, relatives and staff felt that the services was managed well. Staff said that they felt valued and appreciated.

Systems were in place to monitor the quality of the service that people received. This included audits, surveys and meetings with people and staff.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

During the inspection we found one breach 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough qualified and skilled staff at the service to meet people's needs.

Staff knew about risks to people and managed them. People were receiving all of their medicines as prescribed.

Staff were recruited appropriately. Staff understood what abuse was and knew how to report abuse if required.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Although staff had an understanding of the Mental Capacity Act 2005 this was not being put into practice as capacity assessments were not always completed.

Staff had not always received up to date training to ensure people were receiving the correct care. Staff competencies were not always assessed. However staff said that they felt supported.

People were supported to make choices about food and said the food was good.

Peoples' weight and nutrition were monitored and all of the people had access to healthcare services to maintain good health.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and their dignity was Respected.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs.

Visitors were welcomed to the service.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make decisions about their care and support. However the care plans did require more detailed information about the needs of people.

There were activities that suited everybody's individual needs.

People knew how to make a complaint and who to complain to.

Is the service well-led?

Good ●

The service was well-led.

There were appropriate systems in place that monitored the safety and quality of the service.

Where people's views were gained this used to improve the quality of the service.

People and staff thought the manager was supportive and they could go to them with any concerns. The culture of the service was supportive.

Ashley Park 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 was an unannounced inspection which took place on the evening of the 14 and the following day on the 15 April 2016. We brought this inspection forward because concerns had been raised that staff were asleep on duty at night and people were not always receiving safe care. On the 14 April 2016 the inspection team consisted of two inspectors and on the 15 April 2016 the inspection team consisted of two inspectors and an inspection manager.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Due to the short notice of the inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspections we spoke with the interim manager, the deputy manager, eight people that used the service, one relative and five members of staff. We looked at three care plans, three recruitment files for staff, audits of the service, medicine administration records, supervision and one to one records for staff, and mental capacity assessments for people who used the service. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service. We observed some care being provided during the inspection particularly at lunch.

The last inspection of this home was on the 9 and 11 November 2014 where we found our standards were being met.

Is the service safe?

Our findings

People said that they felt safe. One person said "I feel safe here, I am frightened of being on my own (at their own home), with staff around I feel safe". Another person said that they felt safe around staff and knew that if they needed support from staff they would receive it. One relative told us that when they leave the service they knew their family member was safe.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. One member of staff said "I would monitor the person (who was being abused) and speak to my line manager; I would always voice my concerns." There was a Safeguarding Adults policy and staff had received training regarding this. There were flowcharts in the offices to guide staff and people about what they needed to do if they suspected abuse.

People's needs were met because there were enough staff deployed at the service. We observed that staff provided support to people when they needed it. On the evening inspection one person used their call bell and staff responded to them straight away. During the day people were responded to promptly either from using their call bell or calling out. One person called out for staff throughout the day and staff always responded to them quickly. All of the people felt that there were enough staff around. The manager told us that there needed to be six carers and two nurses in the morning and four carers in the afternoon. During the night there needed to be one nurse and two carers. We saw from the rotas that these levels were always met. One member of staff told us "People don't wait long periods of time for care." A concern was raised to us before the inspection that staff had been falling asleep whilst on duty. On the evening inspection we found staff were awake and providing care to people when needed.

Risks to people's safety were identified and appropriately managed. People told us that risks to them were managed well. One told us that they had a sensor mat in her room which they said "Give's me comfort as it makes me feel safe". Another person said they had a three wheeled walking frame which they said gave them independence and made her feel safe when they were walking around the service. Other risks had been assessed and managed appropriately to keep people safe. This included the management of bed rails, skin care and personal care. Risk assessments were also in place for identified risks such as malnutrition and choking with clear guidelines on the action that should be followed by staff.

People who needed had access to specialist equipment such as wheelchairs, walking frames, and specialist beds. We noted that communal areas, stairs and hall ways were free from obstacles which may present as a risk to the person. We saw that walking frames were kept within easy reach of people when they needed to use them.

People would be safe in the event of an emergency because appropriate plans were in place. In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and keep them safe. There were personal evacuation plans for each person that were updated regularly and a copy was kept in the reception area so that it was easily accessible.

People were protected from being cared for by unsuitable staff because there were robust recruitment processes in place. All applicants completed an application with their full employment history. The provider ensured that the relevant checks were carried out that ensured staff were suitable to work at the service and included criminal records checks and references. Staff files included a recent photograph and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or are barred from working with adults at risk. Staff confirmed that they were unable to start work at the service until these checks had been undertaken.

People's medicines were managed safely. Medicines were stored securely and in an appropriate environment. Staff authorised to administer medicines had completed training in the safe management of medicines and had undertaken a competency assessment where their knowledge was checked. It had been identified by the clinical lead that one member of staff required further medicine training and they provided confirmation that this had been completed and their competencies reassessed. People were happy with the way their medicines were managed. One person told us that they always got their medicines on time. We saw one member of staff administer medicines, we heard them explaining to the person what the medicine was and gave them time to swallow the medicine before they left them.

There were appropriate arrangements for the ordering and disposal of medicines. Staff carried out medicines audits to ensure that people were receiving their medicines correctly. We checked medicines administration records during our inspection and found that these were clear and accurate. Each person had an individual medicines profile that contained information about the medicines they took, any medicines to which they were allergic and personalised guidelines about how they received their medicines. There was PRN (as required) guidelines for staff that ensured that people received their medicines when they needed it.

Is the service effective?

Our findings

People's human rights could be affected because the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) were not always followed. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. One member of staff said "You must assume firstly that everyone has capacity can make their own decision. Although staff were able to explain what MCA was staff were not always putting this into practice.

People were at risk of having decisions made for them without their consent, as appropriate assessments of their mental capacity were not always completed. There was not enough evidence of mental capacity assessments specific to particular decisions that needed to be made. For example, one person wore a lap belt when they were in their wheelchair. One member of staff told us that this person didn't have capacity. There no was specific MCA assessment around the use of the lap belt or whether the person was able to consent to it. There was not always enough detail about why it was in someone's best interest to restrict them of their liberty where necessary. The manager told that consent to care capacity assessments were undertaken but accepted that other MCA assessments needed to be undertaken.

We were told by the interim manager that several DoLS applications had been submitted to the local authority however we were unable to establish if requirements of DoLS were being applied for where necessary and in people's best interests. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us that they felt staff were competent in their role. One relative told us that it was always a clinical member of staff that changed the dressing on their family member's wound and they were happy with the way this had been done. However they did mention that they preferred staff to put a disposable sheet down whilst the dressing was being changed and that this wasn't always done.

People felt that staff there care needs were being met. One told us "It's a very good home, it's comfortable, the staff are very good and there are some gems (staff)." Relatives felt that their family member received good care. One relative said "If (my family member) wasn't being looked after properly there would be deterioration in them and there hasn't been." Whilst another said "We think the home is better than my (family members) own home and they are healthier and brighter than before they came."

There was not always evidence that people received care from staff that had the training and experience to meet their needs. We asked the manager to provide us with evidence of the training that the clinical staff had received however we were not provided with this. For example there was no evidence of updated wound care training, catheter care or end of life care training. There was a risk that staff did not have the most up to date and appropriate guidance. However we saw that the mandatory training for all staff had been completed and this included moving and handling, infection control, dementia training, fire safety and food hygiene. The clinical lead at the service did observe practices with staff and recorded any development

needs. One member "If there were any concerns about a member of staff's work, I would discreetly observe them whilst working with them and provide them with support, training and feedback about their work." They said "If I feel there is any major concerns I would speak to (the registered manager) who would discuss this in their supervision."

Staff had not always received appropriate support that promoted their professional development. One member of staff told "We could do with some more feedback on whether I am competent in what I am doing." We reviewed the supervisions records for staff at the service and found that 17 members of staff had not had a one to one or group supervision with their manager this year. Five clinical members of staff had not had a clinical supervision this year with their manager. Although staff did say that they felt supported. One member of staff told us "I think it's important that staff have support as well as the residents, I don't expect staff to do anything that I wouldn't do."

Not all staff received annual appraisals to discuss their performance over the year and further training and development needs. The interim manager told us that appraisals had not all taken place. They were not able to provide us with a schedule of planned appraisals.

Staff were not always suitably supported, competent and skilled in their role. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People said that they enjoyed the food. One said the food is "Very, very good." They said that the chef asked them about the types of Italian food they liked and the chef had "Gone out of her way" to provide them with food that they enjoyed.

The lunchtime meal was managed well by staff who clearly knew what they should be doing and who they should be supporting. The mealtime was a very social occasion with wine and beer on offer to those that wanted it. It wasn't hurried and there were lots of conversations between staff and people. People were seated where they wanted to be with the exception of those that needed specific help with their meals. Staff were seen and heard to give choices to people. Those on a soft diet had this set out on their plates separately. People who needed support were given this at a pace that was appropriate to them and that there cups with easy to drink spouts on them for those that needed them. Staff spoke to people as they ate and there was a lot of chatter and discussion between people. I heard one person ask for more beer and they were given this. A comments book was in the dining area which people were encouraged to use, comments included 'Pudding was quite delicious', 'Pie was gorgeous today' and 'Very nicely poached fish'.

People at risk of dehydration or malnutrition had effective systems in place to support them. There were cards in the dining room with information about individual's preferences and support. For example hot drinks and hot meals to be supervised at all times. There was information around people who were on Warfarin or Statins or diabetic and what foods to be avoided. One member of staff said "We speak to the resident when they come into the home about their likes and dislikes and their dietary requirements such as if they need pureed, soft or gluten free food." Information was displayed about different textures of food. People were weighed regularly and advice sought from health care professionals if staff had any concerns. Those that needed had food and fluid charts completed to assess how much the person was eating and drinking. This meant that staff had an accurate record of what people had drunk. Drinks were within reach for people that were in bed.

People had access to a range of health care professionals, such as the GP, opticians, community dentist, physiotherapist and the palliative care team from the local hospice. The GP visited regularly and people were referred when there were concerns with their health. One person told us that they had regular

healthcare appointments and had a hearing test booked soon. They said that they had become unwell at the service and felt that they were getting better as a result of the care they had received.

Is the service caring?

Our findings

People and relatives felt that staff were kind and caring. Comments included "Staff are lovely, they look after us particularly well", staff are "Cheerful and it makes a difference", "Very kind nurses", "They can't do enough for all of us", "It is a good place to be", Staff are "Great", "If I had to choose I would still choose here", "No complaints" "Very happy", "Never find anyone so kind".

Staff were seen to and heard to speak to people with dignity and respect. It was clear that they knew people well and there was a real sense of affection between them. One person at lunchtime had a bit of food on their mouth and a member of staff pointed discreetly to their own lip so that the person was aware of what they were referring to and not embarrassed. We heard them ask people if they could enter their rooms every time and overheard one member of staff ask one person if they minded if they cleaned their room. They offered to come back later but the person said they didn't mind and the member of staff then spent time having a chat with them. People were all dressed appropriately and appeared well cared for.

Staff told us that they enjoyed working at the service and would ensure that they treated people with kindness, respect and dignity. One member of staff said "I treat people how I would like to be treated, it is a happy home; we have lovely residents and relatives." Another member of staff said "I love working here, it's a lovely home."

People were able to make choices about when to get up in the morning, what to eat, and what to wear and activities they would like to participate in. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. The home was clean and rooms were personalised with family photographs and other personal effects and people told us that they felt that they could do what they wished with their rooms. One person had an interest in birds. Staff put a bird feeding table outside their room with a pen and paper next to it so he could write down the birds they had seen each day. One member of staff told us "When one resident moved into the home they brought a small box of their favourite cereal with them, so when I discussed their what they liked they asked if they could have their favourite cereal, so I always make sure they have their cereal." We noted that this was in stock in the cupboard.

People and relatives said they felt involved in the planning of their care. Where care plans were reviewed this was done in consultation with the person and the family where appropriate. People said that staff always asked them about how they wanted their care to be provided. We saw that people's care plans included information around what they wanted. For example one person wanted their spectacles within reach and cleaned and we saw that this was done. Another person liked to have their bedroom door left open and we saw staff ensuring this was done. Information was also included in the care plans for those people who couldn't communicate verbally. There was guidance for staff on how best to communicate with people including the gestures people made and what this meant.

Family and friends were welcomed into the service by staff. One relative told us "Staff are very kind and pleasant (when I come here), I sit and have lunch with (their family member) and I always feel welcomed."

Is the service responsive?

Our findings

People told us that before they moved in the manager undertook a pre-assessment of their needs. Relatives also confirmed this. People said that staff responded well to their needs. One person said "When I first moved in my legs were peeling but this has now got better since being here." Another person said that they had been unable to walk when she first moved in but had improved and now had been able to start walking again due to the care she had received.

Staff were not always given appropriate information around people's needs. We saw that there were people who had diabetes and although their blood sugars level were checked there was detailed guidance for staff on what their safe blood sugar levels were. There was no guidance for staff on the signs to look out for should they become unwell. Another person had 'challenging behaviour' and there was not sufficient guidance for staff on how to manage the person's anxieties. The interim manager had identified that gaps in the care plans and was arranging for additional training for this to be addressed. They confirmed after the inspection that one person whose behaviour challenged was now receiving additional care to support their needs.

We recommend that detailed guidance is provided in people's care plans to ensure that staff have the appropriate guidance around their care.

Detailed pre-admission assessments had been completed for people and used to develop an initial plan of care. Care plans had been regularly assessed since they moved in. There were detailed care records which outlined individual's care and support included personal hygiene, medicine, health, dietary needs, sleep patterns, safety and environmental issues, emotional and behavioural issues and mobility. Any changes to people's care was updated in their care record and ensured that staff had up to date information. We identified that one care did not have the most up to date information around the person's mobility however this was addressed on the day by the interim manager. However communication around this change had been discussed with staff. Staff always ensured that relatives were kept informed of any changes to their family member and relatives confirmed this.

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. The information related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, how their evening and night time was, their health and a section around any changes. The staff had up to date information that related to people's care needs. One member of staff said "Whilst working with people, you get to know them. I read the handover sheets and see what kind of night (people) have had."

People and relatives were aware of the complaints process and people were supported to make complaints if they needed to. One person told us they would raise concerns about the care he received with the manager if they needed to. One relative told us that as soon as they raised any concerns with senior staff it was addressed straight away. Another person told us that they had complained about the timeliness of getting personal care in the morning and they had raised this informally with the manager, as a result the staff

patterns in the morning had been altered to ensure that people who needed personal care received it when they wanted it. Staff told us that they were aware of the complaints policy and would support people to if they wanted to make a complaint. We saw examples of complaints and saw that they had been responded to appropriately.

People were satisfied with the quality of the activities that were on offer. People told us that the activities were good and that the activities member of staff was "Splendid" and that they had compiled a list of activities people wanted to do. One person said "They are very good here with the activities, The paintings over there are mine. It helps to bring the outdoors in, there is a lot to do here which I enjoying doing like painting, gardening and singing. A lot of us have our hair done on a Friday; we have a good chat whilst people are having their hair done. It is just like being at the hairdressers."

There were no activities taking place on the day of the inspection with the exception of a film of people's choice being put on in the living room in the afternoon. Some people were having their hair done, others were taken out by friends and some went outside for some fresh air. Activities were displayed on a notice board and were in picture format. Included activities such as hairdressing, arts and craft, gardening crosswords, board games, relaxing, watching TV. There were large version of board games and cards for people to play. There were also large printed books for easy read and a large collection of films for people to watch. There were seedlings and plants that people were potting in one of the lounges. People's art work was integrated into the home, as they were on display in the lounge. Photographs of people participating in different activities were on display.

Is the service well-led?

Our findings

People and relatives told us they were happy with the management and running of service. Comments from people included "(The registered manager is) always cheerful and available" and "(The registered manager is) very nice". One person told us that they were concerned before the manager arrived that there were too many different managers however they were happy with the current arrangements and was aware that there had been some temporary management arrangements put in place recently.

Staff appeared clear about their roles and the atmosphere in the service was a positive one. One person told us that the registered manager was visible in the home and was often walking around to make sure people were okay and that everything ran "Smoothly".

We asked staff about how they felt the service was managed. One member of staff told us "I think the (registered) manager is amazing, the best manager we have had." We have had a slump in managers lately so it is good to have consistency, If I wanted something I never had to ask twice." Another member of staff said "I feel supported by staff and the (registered) manager; I wouldn't have come back to work here if it hadn't been for the manager, a good manager." Staff told us that they felt valued and appreciated. One member of staff said "I get told I'm doing an exceptional job, the comradely and team spirit is great here."

We saw during the inspection that the interim manager had an open door policy, and that people and staff accessed their office through the day. The manager engaged with people and although they had only been at the service a short time had a good amount of knowledge about the people living at the service.

People and relatives were involved in how the home was run. There were regular 'residents and relative' meetings and minutes of these available to people. People told us that they attended the meetings and matters discussed included activities, changes to the staff team, menus and any other matters that people wanted to raise. Staff also attended regular meetings, these included 'Heads of Department' meetings, clinical meetings and general staff meetings. Discussions included changes in policy, staff changes, the environment and training. One member of staff said "Yes we have staff meetings. We have Senior care and nurses meeting and there is an overall staff meeting. The last one was a month ago." They told us that they found these meetings useful.

There was a system to manage and report incidents and accidents. Staff told us they would report concerns to the registered manager. We saw incidents and safeguarding's had been raised and dealt with where relevant notifications had been received by the Care Quality Commission in a timely manner. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents occurring in the future. We saw accident records were kept. Each accident had an accident form completed, which included immediate action taken.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the home assessed and monitored its

delivery of care. Various audits were carried out such as health and safety, medicines and home maintenance. The regional manager also undertook monthly quality assurance checks and emailed appropriate actions to the registered manager for them to address. In the short time that the interim manager at been at the service they had identified the need for MCA assessments, care plans, staff one to one supervisions and additional training. They told us that they were in the process of developing their action plan to address the shortfalls.

People's and relatives feedback about how to improve the service was sought. Surveys had been carried out and an analysis of their surveys was being undertaken by the provider. People and relatives confirmed that they were sent surveys each year and were asked for feedback regularly. On a previous survey it had been identified that people wanted an improved menu and for call responses to be quicker. This had now been addressed.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. The policies and procedures were reviewed on a regular basis. This ensured that people continued to receive care and support safely.

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 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	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had not ensured that people's consent had been gained and their capacity had been assessed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had not ensured that people who used services were not always cared for by qualified, competent and experienced staff.