

Bondcare (London) Limited

Beechcare Incorporating the Peter Gidney Neurological Centre

Inspection report

Darenth Road South
Dartford
Kent
DA2 7QT

Tel: 01625417800

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Beechcare incorporating the Peter Gidney Neurological Centre is a residential care home providing personal and nursing care to 59 people at the time of the inspection. Some people lived with complex health care needs, other people lived with dementia.

Beechcare incorporating the Peter Gidney Neurological Centre can accommodate 66 people across two units, each of which has separate facilities. One of the wings specialises in providing care to people living with neurological conditions.

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

The previous registered manager left the service in December 2020. A manager was leading the service at the time of inspection and had begun their application to be registered by CQC.

Staff feedback was that the culture of the service had improved with the new management. The manager had been completing a variety of audits and introduced various meetings to promote engagement in the service and to drive improvements. There was a significant amount of change under the new management to improve the service, some changes were still in progress. Due to the recency of these changes we will check at the next inspection that the improvements have been embedded.

The provider had failed to ensure there were enough staff suitably deployed to meet people's needs in a timely manner. We observed there were not enough staff to meet people's needs and this had impacted on people's quality of care and dignity. Feedback from people, relatives and staff confirmed this. A relative told us, "I think that I would give 85% rating for how effective the care is as concerns of staff shortages."

There were issues with record keeping. For example, the care recorded for people in their daily notes did not match the care needed in the care plans. Although there was no evidence of harm to people the provider could not be assured that care was being delivered in line with people's care plans. We have made a recommendation about this.

Staff had completed the training they needed to do their jobs but told us there were additional areas for further training they needed including end of life care and training for activities. This was fed back to the manager who had requested the additional training following our inspection.

Risks to people were assessed and reviewed regularly. Staff knew people's individual needs and how to manage and mitigate any risks. People's medicines were managed safely.

People's care was planned in line with best practice guidance. This covered people's specific needs including nutrition and hydration, physical and psychological health. The support people needed from staff was documented as well as guidance from other professionals such as speech and language therapists or hospice staff.

People were safeguarded from the risk of abuse. People told us they felt safe while being supported by staff. Accidents and incidents were recorded with actions taken and lessons learnt. Infection control procedures were being followed and the service appeared clean. A relative told us, "The home is always clean and tidy; they are constantly cleaning its brilliant and the cleaning staff knows the residents."

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 did not support this practice however these practices were being amended at the time of our inspection.

Staff were caring and did their best to support people in line with their wishes. However, the failure to ensure there were enough staff suitably deployed to meet people's needs in a timely manner meant this could not always happen. Staff knew people well and people gave positive feedback about the staff.

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

Rating at last inspection

This service was registered with us on 01 June 2020 and this is the first inspection. Prior to this inspection the service was registered as two separate units. The last ratings under the previous provider was Good for the Peter Gidney Neurological Care Centre, published on 26 May 2017 and Requires Improvement for Beechcare Care Home, published on 21 December 2018.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, including whether a service has received an inspection within 12 months of registering with CQC..

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to ineffectively deployed or insufficient numbers of staff to meet people's needs at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Beechcare Incorporating the Peter Gidney Neurological Centre

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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. Another inspector from CQC used 'talking mats' to gather the views of people using the service.

Service and service type

Beechcare incorporating the Peter Gidney Neurological Centre 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.

The service did not have a manager registered with the Care Quality Commission. This means that 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 inspection

We reviewed the notifications about important events that had taken place in the service which the provider is required to tell us by law as well as feedback we had received about the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and twelve relatives about their experience of the care provided. We spoke with nine members of staff including the manager, clinical deputy manager and non-clinical deputy manager, nurses, senior nurse practitioner, care assistants, chef, chef assistant and activities co-ordinator.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision matrix. A variety of records relating to the management of the service, including audits and meeting minutes were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- There were not sufficient staff deployed to meet people's needs in a timely manner. The manager had increased staffing levels and was using agency staff to supplement the rota so that the required staffing levels, according to the services staff dependency assessment, were met. Despite this, rotas confirmed the service sometimes worked on staffing numbers less than the set staffing levels. The manager was actively trying to recruit to 20% above the required staffing levels to reduce the chance of this happening.
- We observed that the call bell system was ringing for the majority of the inspection, we observed multiple call bells ringing at the same time and for over five minutes. There was an instance where a person had been sick and although they had been moved, they were still in clothes with sick on when we went back 20 minutes later.
- Two people told us sometimes they had to wait up to 40 minutes for someone to come. Comments from people included, "It is diabolical If I only have to wait for 40 minutes that is good.", "[Staffing] is a problem.", "It made me not feel safe."
- The failure to ensure there were enough staff suitably deployed to meet people's needs in a timely manner was impacting on the quality of care provided. A person told us, "There is not enough staff. It makes them rush... when staff rush, they have banged feet/legs on cupboards." The provider told us that no injury had been sustained from this.
- Feedback from some people expressed particular concern for night staffing. One person said, "Just lacks staff and worse on evenings. The evening staff are agency and not committed to the job and the residents." We raised night staff concerns with the manager who took action to put a deputy manager on night shifts to monitor the quality of care.

The provider failed to effectively deploy sufficient numbers of staff to meet people's needs. People did not always have their needs met in a timely manner, this impacted on people's physical and psychological wellbeing. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited safely. The manager had completed relevant pre-employment checks including Disclosure and Barring Service checks, full employment history and references. These checks ensured the provider that staff were suitable to provide care and support to people before they started work.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Most people told us they felt safe when staff were in attendance.

- Staff knew the signs and symptoms which could indicate a person was experiencing abuse and felt confident to raise concerns.
- The manager had reported relevant safeguarding concerns to the local authority and to CQC which they are required to do.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments and guidelines in place to help reduce and mitigate potential risks. For example, individual risks such as risk of choking, risks related to breathing difficulties, risk of falls and risk of skin breakdown had been assessed where relevant for people. The guidelines included how to identify if there was a concern and what to do in the event of an emergency.
- Staff knew people's current individual risks and how to manage and mitigate those risks and these were reviewed regularly. For example, staff were aware of people's specialist dietary requirements, escalation plans for breathing difficulties, safe moving and handling practice including repositioning people to help reduce the risk of skin breakdown.
- Environmental risks had been managed; for example mobility equipment had been serviced and fire safety checks were up to date. Electrical and gas appliances were maintained and building repairs had been addressed when necessary.

Using medicines safely

- Medicines were managed safely and in line with best practice guidance. Medicine administration records had been completed in full. Staff followed the guidance in place for people who had been prescribed medicines to be taken 'when required'. One person said, "I get toothache and get pain relief when I need it, I ring the bell if it hurts and they come quite quickly."
- Staff who administered medicines had completed training and their competency had been assessed. We observed staff completing the medicine round in line with people's needs and preferences.
- There were regular medicines audits completed to ensure medicines were managed safely. Actions identified through the audits were acted on in a timely manner.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The manager had a process in place to monitor any incidents or accidents. These were analysed to look at; trends, identify any action that needed to be taken and any areas of learning. For example, there had been incidents between people. The manager booked additional training for staff that would aid staff response in any future similar incidents. Some but not all staff had completed this at the time of our inspection, but further staff were booked to attend.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- People's ability to make decisions was assessed. Staff had a good understanding of people's capacity and supported people to make decisions for themselves for example what to wear or eat.
- However, the assessment process did not assess for each specific decision in line with guidance. The manager had identified this issue prior to our inspection and had allocated a senior member of staff to put these in place.
- The deputy manager had a tracker to give them clear oversight and follow which DoLS authorisations had been approved or were awaiting approval.

Staff support: induction, training, skills and experience

- Staff told us they had recently received the training they needed to fulfil their roles and meet people's needs. Under the previous management new staff had not received a formal induction to the service or all necessary training to deliver care safely. Staff training records confirmed the new manager had addressed this.
- Some staff told us when they had requested any additional training, this had been arranged. For example, training for syringe driving.
- People were generally happy with the support they received from the staff when they were delivering care.
- Staff told us they felt supported in their roles and received supervision. We reviewed a sample of supervisions which showed these were delivered individually and in groups for various aspects of care delivery including clinical nurse supervision, infection control and activities.

Adapting service, design, decoration to meet people's needs

- Some of the service was in general need of re-decoration and updating which had been highlighted at the last inspection under the previous provider. The new provider had a plan in place to address the redecoration needs. One unit of the service had been redecorated.
- The design and layout of the service met people's needs with communal areas being open and easily accessible. There were signs to indicate the use of certain rooms.
- People had personalised their rooms to make them feel more at home. People had access to the grounds of the service which we observed was used during our inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were undertaken before people moved into the service. People had risk assessments and care plans to address their needs which contained best practice information. People and their relatives had input into their care plans and provided personalised information including likes, dislikes and preferences.
- However, we could not be assured care was being delivered in line with the guidance. Daily logs of the care provided did not always indicate care had been delivered as specified via the risk assessments and care plans. For example, some people required repositioning to maintain healthy skin however records did not always record this was happening. Despite this, we saw evidence that some people's pressure sores had healed.
- People's cultural or religious needs had been identified. People's wishes were supported and respected. For example, there was a church service held for people who wanted to attend.

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

- Feedback about people's mealtime experience was mixed. A relative told us, "Sometimes [loved one] has had lunch in bed as they did not have enough staff to take [them] to the dining room." A person told us their meal was "very nice, enjoying it very much". They explained, "Staff come around in the morning and ask what we would like, and I can change my option if I don't want either."
- Kitchen staff had guidance in place so they could prepare food for people in line with their needs and preferences. For example, some people required their meals to be adapted due to risk of choking or had allergies. Another relative told us of a good outcome, they said, "When [loved one] was first admitted, [loved one] started on a PEG, then was on puree food and now eating chopped up food."
- Care plans made clear what support people needed to meet their dietary needs and staff knew people's needs a preference.
- People at risk of malnutrition had their weights monitored for any significant change in weight and actions were identified to address this.

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

- People's health needs were known by staff and detailed guidance was in place to manage their needs. Healthcare professionals were involved where necessary for example neurologists.
- There were people living with a range of health conditions such as diabetes and epilepsy. There was guidance in place for how staff should monitor people's well-being, how to identify if there was a concern and what to do in relation to this.
- For people who required support with their psychological well-being there was information on how to understand individual's moods. If a person was known to show signs of distress, there was guidance for staff to follow on how to support the person. The manager had also sourced training to support staff's understanding of this which some staff had completed, and others were due to complete following the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Although staff were caring and did their best to support people in line with their wishes, the failure to ensure there were enough staff suitably deployed to meet people's needs in a timely manner meant this could not always happen. People were positive about the staff and the care they received when this was delivered. People told us the staff explained to them what they were going to do before they did it while supporting them.
- Staff and people told us there was not always time to spend with people. Some people shared with us the impact this had on their quality of life. For example, staff rushing resulting in uncomfortable moving of a person or not having time to engage with people who spend most of their time in bed.
- We observed staff were kind during their interactions with people and feedback from people included the staff were "nice".

Respecting and promoting people's privacy, dignity and independence

- The provider had not effectively monitored staffing to make sure people always received timely care which maintained their dignity. There were instances where people had to wait to have their needs met such as waiting for soiled clothes to be changed.
- We observed examples of how staff tried to maintain people's dignity and privacy by knocking before entering people's bedrooms and closing the doors for people's privacy. We observed staff asked discreetly if a person would like the toilet before walking with them to support them.
- Staff told us how they supported people to promote their independence. Care records contained information about particular areas people may like additional support. The level of staff involvement was documented in people's daily care notes. For example, a person's care records said when the person was alert, they could eat by themselves with a staff member sat with them. Whereas, on days where the person was less alert, they might need support from staff to eat.

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

- Staff supported people to make choices. They told us how they achieved this, for example, one staff member said, "Giving residents choice to decide what to eat and wear and things like that."
- A relative told us, "The staff are very caring, the activities coordinator knows the residents and know what they like to do, what drinks they like and even their choice of clothing."
- Where appropriate, families were involved in making decisions about their loved one's care and staff told us they spoke to families and friends to gain a wider understanding of the people they were supporting.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- There was mixed feedback from people, relatives and staff about the activities that were offered to people. Some people we spoke with were happy with the activities. However, the majority of feedback was negative. A relative said, "There is not many activities going on, [activity] staff seem to help with residents." Another relative said, "[loved one] would like more opportunity to talk to staff as they are rushed." We reviewed the activities planner which showed it would take over two months for each person to receive one to one engagement.
- There were three activities co-ordinators employed by the service at the time of our inspection. The manager told us they had recruited a head activities co-ordinator following our inspection as well as volunteers to help engage people in more one to one, meaningful activities.
- People were supported to maintain and improve relationships with those most important to them by having regular non-restricted visits from family. These visits reduced the risk of social isolation for people.

End of life care and support

- Staff were supporting people at the end of their life at the time of our inspection. Most staff had a good understanding of providing end of life care however not many staff had received training in this area. This was an area the provider was addressing through scheduling training. The manager also liaised with hospice staff to provide a seminar to further aid staff's training.
- End of life wishes were recorded in people's care plans which detailed how people would like to be assisted. Medications were in place to ease pain for people who were at the end of their life. Staff kept in contact with people's families throughout their care and reviewed people's wishes whenever there was a change in a person's condition.

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

- People were not always receiving person-centred care. Feedback from people and their relatives was staffing levels had an impact on the quality of care.
- People's care was planned on an electronic system which allowed the provider to tailor reminders for staff to ensure people received their care as required. We found during our inspection all aspects of care were not recorded as completed. The manager told us they planned to make more use of this feature to ensure all care tasks were being recorded as completed.
- Care plans were personalised and showed that staff knew people well with information about their likes and dislikes.
- The home promoted diversity and inclusion. Assessments and care plans holistically accounted for

people's needs including cultural and religious needs.

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.

- Peoples communication needs were assessed. Guidance was available and informative to enable staff to know the most effective way to communicate when supporting people.
- Staff told us how they adapted their communication to support a person with visual impairment to make informed decisions. For example, staff described their clothes and enabled the person to feel options.
- The provider had used assistive technologies to aid people in communicating. For example, a person who could not press the original call bell system had an adjustment made which now made using the system possible.

Improving care quality in response to complaints or concerns

- Complaints were addressed and resolved. People, their relatives and staff all felt able to raise concerns and that these would be addressed.
- There was a complaints policy and procedure in place and the manager had followed their process when they investigated and responded to complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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; Continuous learning and improving care

- There was not a manager registered with the CQC at the time of the inspection however the current manager was in the process of applying to become the registered manager.
- Governance frameworks and quality monitoring had begun to be more consistently implemented under the new management. However, there were some issues we identified at this inspection that had not been effectively monitored or resolved at the time of our inspection. For example, the provider had staffed the service according to their dependency assessment outcome however feedback from people indicated that staffing levels had not been adequately managed to ensure people received timely support to meet their needs.
- We requested to review call bell monitoring as part of our inspection, however, the provider did not have a formal mechanism to maintain oversight of staff response time to people's needs. The manager took action following our inspection to request a system that would allow reports to be produced and began monitoring call bell response times.
- Contemporaneous and accurate record keeping was inconsistent. For example, daily notes did not always contain the detail to provide full oversight of the care being delivered. Medicine room temperatures were also not always recorded and therefore the provider could not be assured medicines were stored at the correct temperature which can affect the efficacy of medicines.

We recommend the provider seeks guidance from a reputable source about the standards needed for good care records.

- The quality monitoring system involved a range of internal audits including a daily walk around and assessment of the service by the manager as well as monthly checks such as care file audits and health and safety audits. Several issues identified by the management had been resolved and some areas of improvement were still in progress at the time of our inspection.
- The manager had been continuously learning and improving people's care since being in post. They had implemented new ways of working for staff and carried out reviews of all aspects of the service's delivery. At our next inspection, we will review whether improvements made have been embedded and sustained.

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

- The manager told us they had been working to improve the culture within the service. Staff feedback was that the culture of the service and its management, had improved with the new manager.
- Formal systems such as quality surveys had not been developed for people to provide feedback and monitor the quality of service. The manager did however include obtaining verbal feedback from people as part of their daily walk around.
- Since the manager had been in post, they had introduced relative meetings and additional staff meetings to engage them in the service and to drive improvement. A relative told us, "There are now residents meeting where things have been raised and are being actioned or being put into action." Relatives also told us they were kept informed by phone, email or notices in reception. Staff confirmed they found the meetings helpful and informative.

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 provider and manager had a good understanding of their responsibilities under the duty of candour. This means following an unexpected or unintended incident involving a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing.

Working in partnership with others

- The manager had worked in partnership with other health care professionals and external agencies. For example, people received integrated care with specialist nurses and speech and language therapists.
- The manager felt supported by the provider and planned to connect with other managers from the area and groups to further enable learning and improve the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to effectively deploy sufficient numbers of staff to meet people's needs.