Care Quality Commission

Royal Bay Care Homes Limited

Royal Bay Residential Home

Inspection report

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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**

Overall summary

This inspection took place on the 16 December 2015 and was unannounced. The home was previously inspected on 05 September 2013 and there were no concerns were identified.

Royal Bay Residential Home provides accommodation and care for up to 42 older people. People living at the home had a range of needs and required differing levels of care and support from staff related to their health and mobility. The home is close to the seafront in the residential area of Bognor Regis. The accommodation is provided in 32 single rooms and 5 double rooms over three floors. There was lift access to all floors. There was a large lounge, conservatory and a separate dining room

The service has a registered manager. 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.

Summary of findings

Prior to the inspection the provider informed us that the deputy manager had been appointed to the role of manager. The process was underway to register the new manager with the CQC.

People were positive about the home, staff and the care and support they received. People were cared for by kind and caring staff. One person told us, “The staff are kind and help you.” Another person said, “We are very lucky the atmosphere is nice, we are comfy and happy.” Some people had increased needs related to living with dementia and sometimes demonstrated behaviour that could challenge others. There was not sufficient guidance in care records or training for staff to enable them to respond in a consistent and effective manner to meet the needs of people whose behaviour could challenge others.

People told us they got the care they needed when they needed it. However, whilst the service was consistently short of the numbers of staff they had determined they needed, this did not impact on the care that people received. The manager told us they had now recruited another member of staff. When the provider employed new staff at the home they followed safe recruitment practices. Staff received training to meet the needs of people in the home. Staff were positive about their roles, felt supported and were confident about working with the new manager.

People felt safe living at the service. The service had good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Accidents and incidents were dealt with in a timely manner and actions taken recorded and reviewed by the provider. Staff knew what action to take if they suspected abuse and had received training in keeping people safe. Arrangements were in place to keep people safe in the event of an emergency.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed it when they needed it. . People were supported to maintain good health and had access to health care services when needed. They had sufficient to eat and drink throughout the day.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). People’s capacity to make decisions in different areas of their life had been assessed. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS exist to provide a proper legal process and suitable protection in circumstances where deprivation of liberty appears to be unavoidable, in a person’s own best interests. Staff observed the key principles of the MCA in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff knew the people they were supporting well and the choices they made about their care and their lives. The needs and choices of people had been clearly documented in their care records. People were supported to maintain independence and control over their lives. Activities took place within the home in line with people’s interests. People were supported to maintain contact with family and friends.

The provider sought feedback on the care and support provided and took steps to ensure that care and treatment was provided in a safe and effective way, and where necessary improvements were made. Any complaints received were recorded along with actions taken in response. The new manager had identified areas for improvement.

We found a 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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. There were sufficient staff to meet people's needs.

People were supported by staff who understood their responsibilities in relation to keeping people safe. The provider followed safe recruitment practices.

Medicines were managed, stored and administered safely. Premises were well maintained and equipment maintained and replaced as required.

Good

Is the service effective?
The service was not always effective. Staff did not always have the knowledge and skills to effectively meet the needs of people whose behaviour may challenge others.

People were supported to have sufficient to eat and drink and maintain a healthy diet. They had access to healthcare professionals and were supported to maintain good health.

Staff had an understanding and acted in line with the principles of the Mental Capacity Act 2005. This ensured people's rights were protected in relation to making decisions about their care and treatment.

Requires Improvement

Is the service caring?
The service was caring. People were supported by kind and friendly staff who responded to their needs quickly.

People were involved in the planning of their care and made everyday choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence promoted.

Good

Is the service responsive?
The service was responsive. People's needs and preferences were clearly documented in care records and they undertook activities in accordance with their needs and preferences.

People were supported to maintain relationships that were important to them.

People and their relatives knew how to raise complaints if they were unhappy with the service and action was taken to resolve them.

Good

Is the service well-led?
The service was well-led. The provider had appointed a new manager and the process of registration with CQC was underway.

Good

Summary of findings

There was a shared understanding of issues and challenges between management and staff.

There were systems in place to measure and evaluate the quality of the service provided.

Royal Bay Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 16 December 2015 and was unannounced.

Two Inspectors and an expert by experience with an understanding of the care of older people and nursing undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents had occurred at the home. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of our inspection, we observed care and support provided to people in communal areas. We spoke with 12 people living at the home, three relatives and a health professional. We spoke with the manager, lead senior care assistant, senior care assistant and four care staff. After the inspection we spoke with a health and social care professional who had experience of the service. We spent time looking at records including the care records of four people, the records of three staff and other records relating to the management of the home including training records and staffing rotas.

The home was previously inspected on 5 September 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "Oh yes I'm safe here and they are definitely kind". Another person told us, "I do feel safe here. I came from home and my relative used to help buying me frozen food, but I couldn't remember whether I'd eaten or not".

Staff were aware of their responsibilities in relation to keeping people safe. They told us the different types of abuse that people might be at risk of and the signs that might indicate abuse took place. Staff described the correct procedures for reporting abuse and confirmed they had information on how to contact the appropriate external agencies including the local authority safeguarding adult's team and Care Quality Commission (CQC). Leaflets were available in the reception area of the home with information on what to do if abuse was suspected which included contact details for the appropriate external agencies. Staff told us they had safeguarding training on induction, face to face training every three years and an annual refresher where they completed a workbook to demonstrate they had understood the training.

Systems were in place to identify risks and protect people from harm. Assessments of risk had been undertaken for each person. Risk assessments were reviewed monthly and areas assessed included vulnerability to abuse, bed rails (where people used them), falls and activity hazards. Accidents and incidents were recorded with actions taken to help prevent reoccurrence. Any incidents were followed up three months afterwards in order to monitor outcomes or any reoccurrence. Records showed that one person had experienced a fall. Advice had been sought from district nurses in how best to support the person and there had been no reoccurrence of falls.

There were sufficient staff to meet people's needs and keep people safe. Records of the length of time it took staff to answer call bells demonstrated that people were responded to promptly and we observed this. One person told us, "They are swift to answer, up here in no time". Staffing numbers were calculated on what had been in place for some time. The needs of people living at the home had increased due to their fragility and living with dementia and the manager advised he was to review staffing levels required. The manager told us they had recently recruited another member of staff to work at night.

The provider followed safe recruitment practices and ensured that people were cared for by staff that were fit to do so.. The required Disclosure and Barring checks had been carried out to ensure that prospective new staff were suitable to deliver safe care and were not barred from working with vulnerable people. Staff records held the required documentation including two references and proof of identity. The provider had policies and procedures in place to manage any unsafe practice they identified. The provider ensured that people were cared for by staff that were fit to do so.

People's medicines were managed so that they received them safely. Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicine. We reviewed Medication Administration Records (MAR) and saw these were completed correctly. There were systems in place for reviewing the charts and any issues identified, such as records not being completed. Staff had training in safe handling in the administration of medicines and we observed medicines being given in line with policy and procedures.

Premises were well maintained and maintenance work carried out as required. We saw that legal requirements such as Portable Appliance Tests (PAT), gas and fire safety checks were up to date. General maintenance tasks were undertaken as required. People had equipment relevant to their needs and checks were completed.

Contingency plans were in place to ensure the safety and well-being of people in the event of unforeseen circumstances. The provider had another home nearby that could be used if the building had to be evacuated. Staff had received fire safety training and there was information for emergency services located in the reception area of the home.

Requires Improvement

Is the service effective?

Our findings

People were supported to maintain good health and had access to health care professionals. One person told us, "I had a tummy upset for several days. They got the doctor to me. It's better now". A relative told us, "I know the doctor comes quickly if he's needed".

Some people's needs had increased due to living with dementia and sometimes they displayed behaviour which could challenge others. We asked staff how they responded to these behaviours. Staff were not consistent in how they responded to the behaviour. Some described how they managed aggressive behaviour which would put themselves at risk of physical injury. We looked at the care plan of one person living with dementia. The care plan did not include information on how the person should be supported with their behaviour. Staff were not trained in physical interventions and the manager advised they did not use restraint. Some staff had received training in behaviour that challenged. People with behaviours that challenged were at risk of not receiving consistent and effective support and of being restrained inappropriately. Staff were put at risk of physical injury and aggression. The manager expressed concern at the inconsistent responses and advised they had identified supporting people living with dementia as a training need for staff.

These matters were a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to have sufficient to eat and drink and maintain a healthy balanced diet. Once settled in the morning people were given a drink. All people had drinks in their rooms available and close at hand. We observed lunch. People chose if they wanted to eat at the tables in the dining room or in the lounge with over tables or in their rooms. People told us where they wanted to eat varied from day to day. The food looked and smelt good and there were two main choices every day. Dishes such as fish or omelette were also available if people wished. Special diets were catered for and staff knew these needs well. People who needed support to eat and drink from staff received it promptly. People who ate in their rooms had food taken to their rooms, presented attractively on a tray under a lid and promptly to ensure that it was hot. One person's relative told us, "He loves the food, says it's nice and hot and he gets a beer with it too". Lunch was a social and enjoyable, chatty time with a cheery atmosphere. There was natural interaction between staff and people and assistance was given readily.

We spoke to one person who required a particular diet. She told us staff were, "Very careful to get it right, and they do a good job of making it interesting, too". The person's room had a kitchenette and they told us, "Chef gives me my gluten-free bread in the morning, and I can toast it in the kitchenette's toaster, so it doesn't get mixed up with the other bread".

The provider used the Malnutrition Universal Screening tool (MUST) to identify people who were at risk of poor nutrition or hydration. There was guidance for staff about when people's body mass index (BMI) score reduced and they were identified at risk, the person should be referred to health professionals. A staff member said, "If a person is losing weight we call the GP, weigh them weekly and then monitor their diet; if there is no improvement a dietician is called." Care records showed that referrals were made in line with what we had been told. Food and fluid monitoring charts were in place and complete. Where a person had not eaten lunch this was communicated to other staff at the handover so that they could encourage them to have something to eat later.

Staff told us they felt supported to deliver the care and support people required. They received one to one meetings on an eight week basis with a senior care staff or manager. Staff told us one to one meetings covered, "How we have worked over the past eight weeks, any improvements we need to make and any training needs we have". Another staff member told us they were asked for feedback about their work and progress on objectives.

Staff completed training so they had the skills and knowledge to provide the support people needed. New staff completed an induction and training based on Common Induction Standards. Skills for Care's Common Induction Standards (CIS) are the standards people working in adult social care need to meet before they can safely work unsupervised. Staff completed a workbook within 12 weeks of starting work. In addition new staff shadowed an experienced or senior staff member for a 2 week period to be assessed as competent prior to working alone. Staff confirmed they had completed an induction as required.

Requires Improvement

Is the service effective?

Training records showed that staff had completed training in fire safety, manual handling, health and safety, safeguarding, continence, end of life care, dementia awareness, food hygiene, first aid, medication, infection control and diet and nutrition. The home had recently updated the intervals for refresher training and was ensuring staff completed training in line with this. Additional training had also been recently introduced into the home and this included Communication, risk assessments, equality and diversity, falls, the Mental Capacity Act, person centred approach, continence and pressure ulcer update. The senior care lead told us that other training was available to staff such as managing diabetes delivered at the GP surgery and dementia awareness (Dementia Friends) and end of life care training was provided by the hospice. Staff were supported to undertake further qualifications relevant to their role such as NVQs at different levels. One told us their objective was to finish Level 5 National Vocational Qualification (NVQ) award in health and social care. NVQ's are work based awards that are achieved through assessment and training

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed. The manager was knowledgeable about MCA and had made applications to the Deprivation of Liberty Safeguards (DoLS) Team to ensure that people who were deprived of their liberty had legal protection. The safeguards exist to provide a proper legal process and suitable protection in circumstances where deprivation of liberty appears to be unavoidable, in a person's own best interests. One person had a DoLS in place and this was recorded on the file. Staff were aware and told us, "We have a DoLS in place to prevent them going out because they would be at risk". Care records contained information for staff in respect of decision making , for example letters confirming where people appointed someone as their power of attorney. Power of attorney enables a person to appoint one or more people (known as 'attorneys') to help them make decisions or make decisions on their behalf.

Staff observed the key principles of the MCA in their day to day work, checking with people that they were happy for them to undertake care tasks before they proceeded. Staff told us, "I ask if I can enter people's rooms and whether they would like to get up, washed and dressed". They told us that people living at the home were able to express what they wanted.

People were supported to maintain good health and had access to health professionals. Where someone was at risk of developing pressure ulcers district nurses were called. Staff described how they followed the instructions they were given to manage the wound and that it had healed. A district nurse who was providing healthcare to people at the home told us that she had no concerns about the care people received at the home.

At the handover between staff coming into work and those finishing their shift up to date information was shared regarding people's needs. Staff gave updates in relation to people who were supported with hydration and treatment for pressure areas. A dentist had been called for a person with broken dentures. Records were kept of health care professionals' visits and their outcomes. For example, one record showed that the GP had visited and confirmed a person's chest was now clear. Daily care records contained information on people's health. One person's care records showed their blood pressure was recorded and where they didn't wish it be taken was noted. People's blood sugar was monitored when required and body maps completed where people were at risk of developing pressure ulcers.

Good

Is the service caring?

Our findings

One person told us "The staff are nice, kindly, they laugh a lot" .Another person told us, "Definitely they are kind". A relative told us, "He loves it here, he's safe, he's happy and he's blossomed here; he has a real laugh with the carers".

People were treated with respect. Staff were attentive, smiling and kind when supporting people. When staff supported people to go into the lounge in the morning they greeted and chatted with other people already sat in the lounge. This created a feeling of inclusiveness. People appeared relaxed when being supported by or talking with staff and able to ask for any assistance they required. Staff showed affection for the people they cared for and spoke about them in a caring way. One told us how they supported people who required equipment to move. They said, "I explain to people what I am going to do. Especially when moving people in a hoist as it can be frightening. I say where we are going to move them and reassure them".

Staff knew the choices and preferences of the people they supported well. One told us, "When people first come in we ask them about what they like. This changes as we go along as we learn more". Staff were able to describe the individual preferences of people they cared for. One staff member told us, "I blow dry their feet they love it". Another told us, "I put music on the TV and I sing, she loves music, pudding, biscuits and chocolate with a cup of tea". Care records contained information for staff on people's preferences and life histories.

People's views were listened to and respected and people were involved in making their own decisions. Staff assumed people had the ability to make their own decisions about their daily lives and presented people with choices. Staff told us care was organised around people's needs and preferences, For example a staff member said, "We start with the person who wants to get up. If people say come back in an hour, we do". Staff told us about a person who had remained in bed on the day of our visit. They told us the person liked to stay up late and stay in bed during the day, "That's what they like doing and today they were tired so they stayed in bed they did not want to get up so we left them and recorded it in their care plan". We saw that it had been recorded in the person's care records.

Care records gave information for staff on how to ensure people were involved in making decisions, given the information they needed and were listened to. One person's care plan stated, `Ensure (name) is wearing her hearing aids, that you are at eye level so she is able to see you speaking to her. Give (her) plenty of time to respond and repeat if necessary. Ensure her hearing aids are working correctly. Ensure full choice is given with all aspects'. We observed that staff made sure they were at eye level when speaking to people, offered choices, checked they had been understood and gave people time to respond. Leaflets were on display in the home with information on advocacy services. Advocates are people who can speak on behalf of a person in order to express their views and ensure their rights are protected.

We observed that people were treated with respect and dignity at all times during our visit. Staff offered care discreetly. People were able to meet with health professionals in privacy. Care records gave guidance for staff about one person's clothing. Records advised that trousers rather than skirts supported a person to maintain their dignity and privacy. We observed that the person was dressed in this manner during our visit. Staff were clear how they supported people with privacy and dignity. One told us, "I do hair and makeup and paint nails for people, it helps to keep them looking like themselves". We spoke with two different staff who were consistent in their descriptions of how they respected people's privacy. They explained how they used towels to maintain people's privacy whilst they helped them to dress. One told us, "We use a screen for a person who prefers their privacy and then we can sit and chat on the other side and pass them the things they needed". We observed people were supported to dress in clean and appropriate clothing.

People had opportunities for privacy and where they could meet with friends or relatives. There was a heated conservatory which people could use if they did not want to join in with activities, or watch television. There was also a small, private, quiet lounge on the first floor which could be accessed.

People were supported to be independent as possible. Staff encouraged people to do as much for themselves as they were able to. Staff told us, "We ask what they would like help with and what they can do for themselves". One staff member told us, "I try to keep people's dignity as much as possible and to keep their independence and do as much as they can for themselves. The first thing I say is can you wash your hands and face?" Another told us, "I

Good

Is the service caring?

encourage people to keep walking when they can". Some people had items of equipment to support their independence. For example; one person had a mobility scooter that enabled them to access the local community independently. One room had a kitchenette and the person was able to use it to make toast. They told us they chose to have meals provided by the home. Staff knew what people were able to manage and what they needed support with. One told us," "Although they need help with washing and dressing they can hold a sandwich and a banana".

Care records contained 'do not attempt resuscitation' (DNAR) forms for some people. They recorded who had been involved in the decision and were signed by a medical professional. For example one showed that a person's relative had also been involved and was signed by the person's GP. The records also recorded that the person wished to be cared for at Royal Bay residential home at the end of their life.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the care provided, One person told us, "We have no complaints at all. The atmosphere is nice, we are comfy and happy". People and their relatives told us they were involved in the planning of their care and that it was person centred and responsive to their needs. One relative told us, "I am very much involved in her care. If I'm not here they ring me up about it. I was impressed because Mum likes to get up early, and go to bed early, they changed the times of her evening tablets to an hour earlier, so they didn't have to wake her up". This had been done with the advice of the GP and was recorded in the person's care records.

People's views were taken into account and respected. Staff described that one person was at risk of a pressure ulcer. The person had decided not have a pressure relieving mattress, preferring their own bed. Staff told us, "We ask her to turn but she doesn't like to do this, we have explained the risks to her but it is her own choice". The person's decision was clearly documented in care plans and noted when the person did not wish to turn. The person received care from district nurses who attended to dress and monitor the pressure ulcer.

Staff were knowledgeable about person centred care, they knew people well and could describe their needs, history and their preferences. One staff member told us, "I remembered he loved snooker, so I put it on (TV) for him every day". Care records contained an assessment of people's needs and care plans. People and/or their relatives were involved in the review of the care plan, for example one person's care plan was signed by their daughter to show they had been consulted. Staff told us they found the care plans useful. One told us, ""The care plans are good for new staff to learn about people as they cover so much". Daily records were up to date and contained information about people's health and well-being. At the staff shift handover the senior care staff talked about each person and gave an update about their needs. This included people's health, mood and behaviours and concerns including for example, lunch not eaten and updates in relation to a pressure area. This ensured that staff had the information they needed in order to provide the care that people needed at the time they needed it. There was also a communication book which staff used to share information in relation to tasks undertaken.

People were supported to follow their interests and take part in activities. There was an activities co-ordinator who worked at the home four days a week and arranged for entertainers and pet therapy dogs to attend. We observed a game of bingo in the afternoon. This was well attended and people were engaged in the game. One person assisted with running the session calling and recording numbers. People were also making arts and crafts related to the festive season. The manager told us they had sought to increase activities and a staff member told us, "We have now got activities allocated at the weekend, last weekend we had skittles and a film and nibbles". People were supported to maintain relationships that were important to them. One person was assisted by the activities co-coordinator to send out Christmas cards to friends and relatives.

We looked at how people's concerns, comments and complaints were encouraged and responded to. The manager was able to demonstrate a good understanding of the provider's complaints procedure. We saw that where a complaint had been raised by a relative, that action had been taken in response and feedback given. A copy of the complaints policy was displayed in the entrance of the home. The complaint policy had details of the timescales for responding to complaints. The policy and poster told people where they could follow up the complaint if they were unhappy with how the home had dealt with it.

Good

Is the service well-led?

Our findings

There was a shared view between staff and management of how care should be delivered. When we asked staff about what they did well and/or what was important in delivering care they were consistent in their responses emphasising individual needs, dignity, supporting choice and encouraging independence. One staff member said, "I feel proud to work here, when I hear people say how nice the home is. We are kind, caring and I approach people with respect. I am happy to recommend the home to family". Another staff member told us, "I love my job. They (people living at the home) like to spend time with you. I spent time with a person this morning and they were so happy".

Feedback was sought through surveys and residents' meetings. We reviewed the surveys and saw feedback was positive. Due to the recent change of manager a residents' meeting had not been held recently but the manager planned to introduce these again.

The manager had only recently taken up the post but staff were positive about the appointment and the changes he had already introduced. One told us, "The staff room has been re done, the wet room is being refurbished, care plans are being updated. He is doing very well".

Staff told us they were encouraged to question practice. One told us, "We are encouraged by the senior staff to speak up". Staff understood what was meant by whistleblowing and how to raise concerns with external agencies. They told us they felt able to approach the manager with any concerns. One told us, "I could go to the manager because they deal with things swiftly".

Staff told us they were asked for feedback about the service. One staff member told us, "At staff meetings we get to say what we think and have our say on improvements and think through a way we can achieve them". Staff gave examples of where there feedback had been acted on. One staff member told us about a recommendation they had made for improvement regarding staff rotas and said, "It was put in place the next day". Another person told us" Some people were finding it hard to eat a pie out of a ramekin dish so I raised this and they changed it, we do get listened to".

Staff talked positively about teamwork and communication. Staff told us the manager kept them up to date with information, "I get asked by the manager for my ideas and they run changes past us. These are mentioned in handover and at our monthly meetings".

We discussed with the manager any challenges and areas for improvement they had identified and actions taken or planned since their appointment. The manager had recruited a new member of staff in order to address reduced staffing levels. He had identified training needs around people living with dementia and the increased needs of people living at the home. Action was being taken to update care plans. Staff had expressed a preference for more face to face training and this had been introduced for safeguarding. The manager also discussed the plans for improving practice and assuring himself that staff were competent to deliver the care and support people required. The challenges he identified were consistent with what we found during our inspection.

The manager completed a weekly return to the provider in which they identified any issues. Accidents and/or incidents were recorded, actions taken and a summary sent to the provider. Audits were completed in relation to health and safety. This meant the provider and manager had information in order to monitor the quality of the service. Robust quality assurance systems were in place.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not have suitable arrangements in place in order to ensure persons employed by the service provider in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, Regulation 18 (2) (a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.