

Bupa Care Homes (BNH) Limited

Eastbury Manor Care Home

Inspection report

The Street
Compton
Guildford
Surrey
GU3 1EE

Tel: 01483810346

Date of inspection visit:
19 September 2019

Date of publication:
18 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eastbury Manor is registered to provide accommodation and personal care for up to 24 people who may have a nursing need, a disability or may be living with dementia. There were 19 people living at the service at the time of our inspection.

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

There were not always sufficient staff to support people when they needed care. The management of risks was not always robust. People in their rooms sometimes felt socially isolated as staff did not have time to spend with them. There were not always meaningful activities for people. People fed back that they wanted to go out on trips more frequently, but this did not happen due to the lack of transport available. Care plans did not always have accurate information about people's care.

People, relatives and staff felt that there could be improvements around the communication at the service. We have made recommendations in these two areas.

Staff received training and supervisions and staff said they were able to speak with their line manager when they wanted to. Staff were adhering to good infection control practice and equipment that was needed in an emergency was in place. People were supported with their health care and staff followed guidance provided by healthcare professionals.

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

People and relatives told us that staff were kind, caring and respectful. We saw examples of this during the inspection. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care. Relatives and visitors were welcomed as often as they wanted.

People and relatives knew how to complain and were confident that complaints would be listened to and addressed. There were quality assurance processes in place that were effective. Where shortfalls had been identified this had not been addressed.

Previous Inspection

The last rating for this service was Good (Report published 19 April 2017.)

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the Safe, Responsive and Well Led sections of this full 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.

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

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Eastbury Manor Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Our inspection was completed 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.

Service and service type

Eastbury Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had recently recruited a new manager who was present at the inspection with the registered manager. They had submitted their application to register.

Notice of inspection

This inspection was unannounced. We inspected the service on the 19 September 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The registered manager completed a Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

We spoke with five people who used the service, one relative and one visiting healthcare professional about the experience of the care provided. We spoke with the registered manager, the new manager and members of the senior management team. We also spoke with eight members of staff including nurses and care workers. We observed care to help us understand the experience of people who could not talk with us. We also observed a 'relatives and residents' meeting.

We reviewed a range of records. This included six people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to 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

- People and relatives told us there were not enough staff. One person said, "They've recently been short-handed and they [staff] all then rush in and out." Another person said, "Sometimes I have to wait [for care]." A relative told us, "There simply isn't enough staff and it's particularly noticeable when someone needs assistance to go to the toilet, that's upsetting."
- During our inspection there were periods of time where people were left without staff support. For example, during the afternoon, five people who (according to their care plans) were at risk of falls were in a lounge for 25 minutes without staff being present. People were still waiting for their morning personal care at 12.50 due to staff being busy elsewhere. Two people in the dining room had to wait over 35 minutes for other people to get served their meal before staff were available to assist them.
- Staff fed back there were not enough staff to support people appropriately. Comments included, "There are not enough staff. Today the last person was got up just before one o'clock", "We can't give people individual attention. Definitely the mornings are the worst. Most people need two carers. It happens regularly that we are running late" and "It happens every day that people are in bed late. We don't have enough time to support people to eat."
- The registered manager told us there needed to be four carers on each floor during the day which were met. However, there were a high number of people that required two staff to support them with personal care. During the morning staff were busy providing care in people's rooms which left no care staff to support those in the communal areas.

Failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider operated effective and safe recruitment practices when employing new staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk associated with people's care was not always managed in safe way. For example, one person had been admitted to the service with a wound. A wound care plan was not developed for the person until five weeks after their admission. A senior member of staff told us, "This is being investigated at the moment. There was a breakdown in communication." The person's wound had not deteriorated as a result, but this was being investigated by the provider due to the potential risk of this.
- Another person had been losing weight and was at risk of choking. Their care plan stated they needed to

be sitting up whilst eating their meal and a member of staff needed to be present to support them to eat. We observed during lunch that the person was not sitting up and staff placed the meal in front of the person and then walked away. The person's care plan stated they needed to be weighed weekly and that their food and fluid should be monitored. This was not taking place. The registered manager told us that they would address this immediately.

- There were other people at the service who weight had decreased and needed to be on a food and fluid chart. One person's weight had decreased, and the care plan stated they needed to be weighed weekly and to be offered two glasses of full cream milk every day. The chef was not aware of this guidance and the person was not being weighed weekly. The registered manager ensured us this would be implemented.
- We noted the door to the back garden had a sign stating, "To protect our residents, this door must at all times be, closed properly, alarm set to on, never leave door open, unalarmed and unattended." The door was open for a period of four hours leaving people at risk.
- There were gaps on people's medicine administration records (MAR). Staff administering the medicines had not always signed to say that the medicine had been given. For example, on 18 September a person was due to have three medicines at tea time. The records showed that these had not been given. We raised this with a senior manager who confirmed that the person had received the medicines, but staff had not signed to say that this had taken place. This had also not been picked up by the person administering medicine the next morning.

Failure to provide people's care in a safe way was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each person had a Personal Emergency Evacuation Plan (PEEP) which outlined how the person could be removed or kept safe if there was a fire at the service. There was a service contingency plan so that in the event of an emergency such as a fire or flood people could be evacuated to neighbouring services. All staff had received fire safety training.
- There were aspects of the risk management that were safe. For example, one person was at risk of pressure sores developing. Staff were to ensure that the person was repositioned regularly and should not sit in chair for more than four hours. There was photographic guidance in place for using equipment under their legs when in bed. Records showed that this took place.
- Another person was at risk of falls. A falls risk assessment took place monthly and sooner if required. The person was checked hourly when in their room and had a specially adapted chair to use when out of bed.
- There were aspects of the administration of medicine that were safe. People told us that they received their medicine when needed. One person said, "The staff manage my medication well and they always, always come at the correct times."
- There was evidence that 'when required' (PRN) medications were being given appropriately, for example when people were in pain.
- The medicine room was securely locked, and the fridge temperature was checked daily to ensure it was at a safe temperature.

Learning lessons when things go wrong;

- Incidents and accidents were recorded with action taken to reduce the risks of incidents reoccurring. We reviewed the incident and accident reports and found that steps had been taken to reduce the risks. One person had developed a sore due to the placement of their legs in bed. Staff had consulted healthcare professionals, put in place additional care and the pressure sore had healed as a result.
- Where clinical risks were identified, appropriate management plans were developed to reduce the likelihood of them occurring including around wound care, diabetes care and other healthcare concerns.
- The registered manager reviewed all accidents and incidents to look for trends.

Preventing and controlling infection

- People and relatives fed back that the service was clean. One person said, "I've seen staff wear aprons and gloves."
- People were protected against the risks of infection within the service. Throughout the inspection we saw staff cleaning all areas of the service.
- There was appropriate hand gels, gloves and aprons around for staff and visitors to use. One member of staff explained the process of ensuring that soiled washing was kept separately and washed on a hot wash to remove bacteria. They told us, "It's to reduce the risk of infections."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us that they felt safe with staff. Comments included, "I feel safe here because the staff look after me well and I feel part of it", and "The staff are kind and helpful and that makes me feel comfortable and safe here."
- Safeguarding incidents were being reported appropriately and investigated by the registered manager.
- Staff received safeguarding training and there was information around the service reminding staff of their responsibilities if they suspected abuse.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Capacity assessments had been completed where to determine whether people were able to make decisions for themselves. These assessments were specific to particular decisions that needed to be made, for example in relation to bed rails and the locked front door. Records showed staff ensured family members were involved when a 'best interest' decision was made on the person's behalf about their care and support.
- DoLS applications had been completed and submitted in line with current legislation to the local authority for people living at the service, for example in relation to the locked front door. People who were not subjected to a DoLS authorisation were not restricted in any way.
- Staff received training around MCA and DoLS and understood the principles involved. Where staff had a concern about the capacity of a person, they raised this with their line manager.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent and effective in their role. One person said, "The staff team seem to work well." Another said, "I'm well looked after here."
- Staff completed a full induction when they first joined the service. This included completing all mandatory training and then shadowing experienced care staff. One member of staff said, "The training is good."
- Clinical staff told us they had regular training to refresh their skills. They said this included training on meeting the needs of people with pressure sores, diabetes and catheters. One member of staff said, "I read information from BUPA provided about any updated clinical care. I find it very useful." All other staff were also updated with training specific to their roles.
- Care staff had received appropriate supervisions to support their development and assessed their

competencies. One member of staff said, "In addition [to supervisions] if I have any problem I just speak with my manager."

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

- Care and support was planned and delivered in line with current evidence-based guidance. BUPA's standards incorporated relevant guidance that was specific to the services they delivered. For example, from the National Institute for Health and Care Excellence, British Journal of Nursing, Royal College of Nursing, Mental Capacity Act 2005 (MCA) and NHS England.
- Information about people's needs had been assessed before they moved in. This was to ensure that the service could meet their needs. Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition.

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

- People were happy with the environment and the rooms they had. One person said, "It's very nice indeed here, I have a lovely room with lovely views." Another told us, "My room is nice and it's airy."
- There was appropriate signage on the bathrooms and toilets. The corridors were wide to allow easy access for people who used wheelchairs. There were lifts installed so that people could access all floors.
- Chairs were arranged in clusters in the communal areas to encourage conversations. Each room had an ensuite bathroom and people were able to have personal effects including furniture in their bedrooms.

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

- People told us they enjoyed the food at the service. One person said, "The food is good, it suits me." However, people also fed back that their meal times were too close together. Lunch started at 13.20 with a late afternoon snack and the evening meal at 18.00. One person said, "The food was bunched together in a short period. I don't like it, it's too soon for these three meals." We raised this with the management team who said they were looking to make the lunch sooner. They said they would discuss this with people at the service.
- We observed throughout the day people were offered drinks and snacks in between meals. During lunch people were offered a selection of hot meals and alternatives if they wanted something different. The dining room tables were pleasantly laid with serviettes and a menu on each table. People who required adapted cutlery were provided with this to support their independence at meal times.
- The chef was provided with information about meals that needed to be pureed or for people who had allergies. The chef told us that no one at the service had any cultural needs in relation to meals but if they identified this they would ensure they had meals specific to their needs.

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

- People told us they had access to healthcare professional support. One person said, "I do think that the staff listen as I had a callus on my foot. The staff on their own initiative had the doctor brought in."
- Staff worked with healthcare professionals in support of people's care. We evidence of involvement from the GP, dentist, tissue viability nurse (TVN), physiotherapist and nutritionist. One healthcare professional told us, "The standard of care is good. The nurses know if there is anything urgent they will contact me."
- Care records showed that people had regular annual eye checks and regular involvement of the chiropodist. Staff followed the guidance provided by healthcare professionals.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were kind and caring towards them. Comments included, "I think the staff really listen and they are wonderfully kind", "They're all very nice" and "They are always friendly, and they wave as they go by."
- We observed caring interactions between staff and people. On one occasion staff entered a person's room and sang them happy birthday. On another occasion a member of staff had taken time to find a replacement comfort item for a person who had lost theirs. The member of staff told us, "I knew what it meant to her [the person]. Every night she was asking where it was. I have got a spare one now just in case."
- We saw occasions where it was clear that staff had developed good relationships with people. When people entered rooms, staff greeted them. One person had returned from a visit out of the service. Staff welcomed them back in, one said to the person, "Oh you're back, how lovely to see you."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated them with dignity and respect and this was reflected in our observations. When people were assisted to go to the bathroom, staff asked them discreetly before taking them.
- When personal care was being delivered staff ensured that the doors were closed. Staff knocked on people's doors and waited for them to answer before they entered. One person told us, "My room is private. Staff knock and wait."
- People were supported to be independent. There were drinks machines that people were able to help themselves to. One person was supported to move into the service with their pet which they told us meant a lot to them.

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

- People told us that they were given choices about the care they wanted. One person said, "I'm helped to make decisions; the staff start by giving an idea and then support me in making a choice."
- People's religious and cultural needs were considered and respected. For example, there were religious services in the home that people were invited to.
- Visitors were welcomed into the service to see their loved ones. One person said, "My nearest relative comes, the staff welcome them." Another person said, "I can have visitors anytime here and they are usually welcomed with a coffee."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us there were not sufficient activities available for them to participate in. One person said, "There's not really much going on here." The lack of meaningful activities was also a theme in the 'residents and relatives' meeting that we observed. People said they would like to be able to go out more. One said, "There's glorious sunshine today but I'm in. Staff do try to make time."
- There were people who were cared for in their rooms either through personal choice or illness. There was no evidence that activities had been planned to ensure these people did not experience social isolation. One person who was cared for in their room said, "I'm on my own but it would be nice to talk to people occasionally."
- One the day of the inspection there was an activity in the lounge in the morning, but this was only attended to by three people, two of whom fell asleep during the activity. Staff fed back that there was a lack of activities. One member of staff told us, "There is not enough stimulation for people. People don't get out." Another member of staff said, "There is not enough interaction. We don't get in the lounge until tea time."
- The provider's website stated, "There's no typical day at Eastbury Manor, but we arrange plenty to do, both here at the home as well as out and about." However, we found that this was not always taking place.
- There was not always sufficient guidance in people's care plans around their specific needs. This meant there was a risk that staff would not deliver the most appropriate care. For example, one person's care plan stated they needed to be weighed every week. However, this was outdated information. Another person's care plan lacked specific guidance on how the person needed to be supported with their meals. However, where we raised this on the day this was corrected.

Failure to plan care and treatment around people's needs and to provide meaningful activities was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were instances where there was detailed guidance for staff in care plans in relation to care. Where people had diabetes, there was information available to all staff about the management of where their blood sugar levels were too high or too low. Staff on the day of inspection were knowledgeable about people's care needs.
- Staff told us they completed a handover session at the beginning of each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicines, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken.

End of life care and support

- End of life care was planned around people's wishes. Care plans contained 'final days' records where staff had documented the wishes of people at the end of their lives. This included where they wanted to be, who and what they would like around them and any other matters that were important to them.
- Relatives were complimentary to the staff at the service about the care their loved ones received at the end of their lives. Comments sent in letters to the service included, "As her health deteriorated, the care she needed increased and it was clear she was shown kindness and love by those who looked after her. The continuing care towards both our aunt and her family was second to none" and "I would just like to say thank you for your kindness to my mother over the years, particularly in the last few days of her life."

Improving care quality in response to complaints or concerns

People and relatives told us that they would know how to complain if needed. One person said, "I've complained as someone was noisy in the room beside me. I got an apology and it was addressed."

- Complaints and concerns were reviewed by the registered manager and used as an opportunity to improve the service. They were investigated, and people and their relatives were satisfied with the response. For example, a relative complained that their mother had been found in bed with the remains of lunch on her. The registered manager spoke with staff involved who apologised to the relative.
- Compliments were also received by the service. One person wrote, "I would like to thank you all for making our anniversary such a special day. We could not have been in a nicer place to celebrate." A relative fed back, "I wanted to write and thank everyone for their true support, excellent care, delicious meals and for generally seeing to Dad's needs in every way."

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.

- Each care plan detailed how best to communicate with the person. Information was available in larger print and, where necessary, interpreting services were available for people whose first language was not English.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the last inspection there had been changes to the management of the service. A new manager had recently started and was applying to register. Staff fed back they felt supported by the current registered manager. However, they said that communication at the service was not good. One member of staff said, "There are not enough staff meetings. I feel in the dark most of the time. The heads of department go to the 10/10 [daily meetings] for an update, but they don't tell us. We only find out information via the grapevine."
- People and relatives also fed back during the 'residents and relatives' meeting that there was a lack of communication. Relatives said that they wanted to be assured that they would be contacted quickly if their family members were admitted to hospital.
- Staff said they had raised concerns about staffing levels but did not feel that their concerns were being considered. One member of staff told us, "We are under pressure to rush care. It makes us feel that we are not doing our best. We raise it, and nothing changes."

We recommend that the provider listens to all feedback from people, relatives and staff and used to drive improvements to the quality and safety of care.

- At the end of the inspection the senior management team updated us on matters that we had brought to their attention during the inspection to assure us that these had been addressed. For example, care plans were updated with relevant information that had been missing. They also told us that they were looking to change the time that lunch was provided as a result of people's feedback.
- Audits took place to look at the clinical care being provided that included reflective supervisions to look at falls, weight loss, infection control audits and health and safety audits. Each audit had an action plan to address any areas of concern.
- Other audits were carried out such as care note audits, care plan audits and medicine audits. The senior management would discuss any shortfalls with staff and record this in the event that this needed to be raised again. The records that were kept at the service were comprehensive, well ordered and easy to navigate.
- People were invited to attend meetings to feed back on any areas they wanted improvements on. This included feedback on the food, laundry and maintenance of the building, all of which had positive feedback from people.

- After the inspection the new manager sent us an action plan to show that areas of concerns that we had identified were being addressed. We will check this at the next inspection.

Continuous learning and improving care; Working in partnership with others;

- Where incidents had occurred, staff had reflective practice discussions to look at ways of improving the quality of care. For example, there was a delay in developing a wound care plan for a person. Although this did not directly impact on the recovery of the wound staff took actions to ensure that the delay of wound care plans were in place straight away.
- The provider and registered manager worked with external organisations to drive improvements in care. This included the Clinical Commissioning Group, local authorities and the local hospice. One health care professional told us, "We have a pretty good relationship with the staff at Eastbury."

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 registered manager ensured that they shared information with people and their families where things had gone wrong. Relatives told us that they were also contacted if there had been any concern in the way care had been delivered to their family member.
- Reports were completed after any incident with information detailing how the incident occurred, the investigation and who was contacted.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider failed to ensure care and treatment was planned around people's needs and failed to provide meaningful activities

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure that people's care was always provided in a safe way

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 ensure that sufficient numbers of staff were deployed to provide care to people.