

Ratan Care Homes Limited

Grove House Residential Care Home

Inspection report

215 Tamworth Road
Keresley
Coventry
West Midlands
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Tel: 02476335600

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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?

Inadequate ●

Summary of findings

Overall summary

About the service: Grove House provides accommodation and personal care for up to 29 older people. At the time of our visit 15 people lived at the home. Accommodation is provided in a two-storey adapted building. The home is in Coventry, West Midlands.

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

People's experience of using this service:

Low staffing levels negatively affected people's experience and standards of cleanliness in the home. Medicines were not managed in line with regulatory requirements and best practice guidelines. People felt safe and risk associated with people's care was assessed and regularly reviewed. However, individual and environmental risk was not well-managed. Lessons had not been learnt when things went wrong.

Some staff did not receive the initial support and on-going training they needed to be effective in their roles. People spoke positively about the food available and their nutritional needs were met. The meal time experience required improvement. People's needs were assessed prior to moving into the home to ensure these could be met. People had timely access to health care professionals. The manager and staff worked in partnership with other professionals to improve outcomes for people.

People and relatives spoke fondly of the staff who provided their care and support. Staff were caring in nature but did not have the time needed to consistently provide person centred care. People's privacy and dignity was not always considered, and choice was limited. Staff encouraged people's independence and supported them to maintain contact with their family and friends.

Complaints were not managed in line with the provider's policy and procedure. People's care plans required improvement. Action was being taken to address this. Opportunities for people to engage in meaningful activities of interest were limited. Staff knew the people they cared for and used people's preferred methods of communication to support decision making.

Lack of effective oversight by the provider continued at this inspection. Required improvements had not been made which affected the safety and experiences of people living at the home. Systems to monitor the quality and safety of the service and support continuous improvement were not effective. A new manager had been post since April 2019 during which time they had started to develop positive relationships with people, relatives and staff.

The registered provider was in breach of Regulations 10, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Rating at last inspection: At the last inspection the service was rated as 'Requires Improvement' (Report

published 16 May 2018).

This is the third consecutive time the service has been rated 'Requires Improvement'.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 not well-led

Details are in our Well-Led findings below.

Inadequate ●

Grove House Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by two inspectors and an expert by experience (ExE) with experience of care of older people and those living with dementia. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Grove House 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.

Notice of inspection:

This comprehensive inspection was unannounced.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as alleged abuse. We sought feedback from the local authority who worked with the service. We assessed the information we require providers to send us annually that gives us key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with:

- Two people who lived at the home and three relatives of people.
- We spoke with the new manager and five staff including, senior care staff, care staff, housekeeping staff and maintenance staff.

We looked at:

- Three people's care records to ensure they were reflective of their needs, and other documents such as medicines records.
- We reviewed the provider's quality assurance systems and records relating to the management of the service such as quality audits, staff training records and complaints.
- We also reviewed three staff files to check staff had been recruited safely.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations were not met.

Staffing and recruitment

- At our last inspection visit in April 2018 the provider had not assessed people's dependency levels to determine the number of staff needed. This meant they had not ensured there were enough staff available at the times people needed to keep them safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. At this visit improvements had not been made regarding this.
- Despite receiving assurance following our last inspection that a 'nationally recognised dependency tool' was being used, the manager told us, "At this moment in time we don't have a dependency tool. Staffing is based on occupancy."
- Staffing levels impacted negatively on people's safety and experiences of living in the home. For example, one person had been left by staff sitting in their wheelchair with their back to other people in the room, for 18 minutes. The person told us, "I am waiting." Another person in the room said, "She will have wait like that now until someone comes." Another person was sitting outside in the wheelchair in the hot sun without a hat. The person's face was very red. We asked the manager to assist the person as no staff were available.
- Three care staff supported 15 people who lived at the home, 10 of whom required assistance from two staff to provide their care safely. When this support was being provided one staff member was available to care for the remaining 14 people. Care staff availability reduced further when care staff were taking breaks, administering medicines and undertaking 'non-caring duties', such as preparing the evening meals.
- All staff felt low staffing levels affected the quality of care they provided. One told us, "Staffing was cut down because of the number of residents. There aren't enough staff. You can see people have to wait."

This is a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

- Despite our findings people told us they felt safe. One person explained this was because, in their experience whenever they pressed their call bell staff came to help them.
- Safe recruitment practices were followed, and the use of agency staff had significantly reduced.

Using medicines safely

- In April 2018 we found the provider had not ensured the proper and safe management and administration of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. At this inspection improvements had not been made and some areas previously demonstrated standards had not been maintained.
- The management and application of prescribed creams and lotions was not in line with best practice guidance. For example, some staff were applying cream without being trained to do so. Opening dates had

not always been recorded to ensure creams in use remained in date and were effective.

- Temperature monitoring of the medicine storage area and fridge was not completed in line with best practice.
- Medicines which require stricter controls (CD's) had not always been managed safely. For example, there was no record of a single vial of diamorphine being stored at the home. Daily checks of CDs had failed to identify this. This was addressed during our visit.
- Staff had not follow instructions to record why 'as required' medicines had been administered. A staff member said, "We can't the back of the MAR (medicine administration record) is blank."
- We identified discrepancies with physical stocks of medicines and medicine administration records. For example, 112 tablets for one person were unaccounted for.
- Staff were not familiar with the codes to record if a medicine had not been given. A senior care worker told us they did not know why Code O (other) had been used on three occasions for one person's medicine adding, "It might have been out of stock." This meant we could not be sure the person had received the medicine which had the potential to place them at significant risk.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Assessing risk, safety monitoring and management: Preventing and controlling infection: Learning lessons when things go wrong

- Risk assessments had been completed and reviewed. However, some risks associated with people's care were not safely managed to protect people from avoidable harm. Settings for air filled mattresses, used by people at risk of developing sore skin, were not linked to people's weight. This is important to ensure mattresses that are not self-regulating are working correctly. The new manager and staff were not aware of this requirement.
- Air filled mattress checks were not effective as they did not include checking mattress settings. •One person's mattress required attention because the maintenance light was illuminated. Staff had not identified this. After our inspection, the manager confirmed the required maintenance had been completed.
- Individual risk was not always identified. Two people were using walking frames which were unsafe because the rubber ferrules had worn away exposing the metal frame. Staff told us no system was in place to check walking frames were safe to use. Rubber ferrules were replaced on both walking frames at our request.
- Staff did not always follow safe practice when assisting people to move. On one occasion staff did not apply the brakes on a wheelchair when assisting a person to stand. On another, a staff member placed a walking frame in front of a person by lifting it over the person's head.
- Equipment in use was not always safe to use. For example, electrical tape used to secure an electric cable to the junction box on a bath hoist was not effective. We found the cable was loose. Also, foot pedals and lids on bins in some toilets and the kitchen were broken.
- The new manager told us an emergency contingency plan was not in place in the event of the home being evacuated. They added, "There was an arrangement with a local home, but the relationship broke down." We asked the new manager to prioritise this. After our visit, they confirmed a plan was in place.
- Fire safety training for some staff was not up to date. However, staff understood the action they needed to take to keep people safe.
- Staff had access to and used single use disposable aprons and gloves. Infection control training was not up to date for all staff.
- Cleaning schedules were not followed, and some areas of the home were not clean. A staff member explained they had been unable to do any cleaning as they were covering care duties.
- The manager reviewed accidents and incidents and action was agreed to prevent reoccurrence. However, learning and agreed actions had not always been followed by staff. For example, staff had not conduct

hourly checks of a person who had fallen on two occasions at night-time as instructed in an updated risk assessment.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- Following our inspection, the provider informed us of the actions taken to address some of the concerns we raised and those planned to drive forward improvement.

Systems and processes to safeguard people from the risk of abuse

- The manager and staff understood their responsibility to safeguard people from harm.
- Staff received safeguarding training and most understood the different types of abuse people may experience. Staff knew to report suspected or witnessed abuse to the manager and whilst confident these would be addressed, understood how to escalate their concerns if they were not.
- The new manager had shared information with the local authority safeguarding team to ensure any allegations or suspected abuse were investigated.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were met.

Staff support: induction, training, skills and experience

- Previously, we found the induction for staff with no experience of working in a social care did not reflect nationally recognised guidance for induction. Whilst no staff had been recruited since our last visit the new manager told us they would be responsible for ensuring future inductions met the expected standards.
- Staff training was not up to date, including fire safety, equality and diversity, moving and handling, health and safety, safeguarding, safe handling of medicines, nutrition and end of life support. The manager told us training was being planned.
- Staff had not been supported to complete training specific to the needs of people living at the home. For example, catheter care training.
- The new manager met with staff individually to provide support and guidance. One staff member said, "I had a supervision about four weeks ago. It's good to talk about things."

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

- Previously, the mealtime experience was not positive for people. At this visit the need for improvement remained. Some people waited in the dining room for over 40 minutes before their meal was served. There was no staff available to support them if they required assistance.
- People were not offered a choice of where, and with whom they would like to sit. Some people ate their meals whilst seated in wheel chairs. A staff member said, "People eat in their chairs because they need hoisting. . . There aren't enough chairs anyway."
- Wheelchairs did not fit under the dining room tables and people had to take their feet off the footplates, leaving them unsupported, to prevent their knees from banging on the table. One person used their hands to eat because they could not reach their knife and fork. Other people had to stretch to reach their meals.
- Hot puddings were served before people had eaten their meals. People were not asked if they would like custard. This was added prior to serving.
- People had to wait for staff to assist them to leave the dining room.
- People described the quality and range of meal options available as 'good'.
- Staff knew people's specific dietary requirements, and these were catered for.
- Staff offered people a variety of drinks and snacks during our visit.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People did not always receive care in-line with the requirements of the MCA. The previous manager had submitted a DoLS application without completing a mental capacity assessment to determine if a DoLS was needed. The DoLS authorisation for another person had expired in January 2019. This meant the person was being unlawfully deprived of their liberty. The new manager had identified this and submitted the required application.
- The previous management team had asked people's relatives to make decisions about people's care when they did not have legal authority to do so. The new manager acknowledged this and gave assurance it would be addressed.
- Staff who had completed MCA training and understood the principles of the Act. Other staff had limited knowledge, one commented, "... I'm not sure what it's all about."

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

- People's needs, likes and life style choices were assessed before they moved into the home.
- People, and where appropriate their family had contributed to the assessment.
- Information from assessments was used to develop care plans which were shared with staff to help them understand people's needs.

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

- The environment did not always meet people's needs. For example, there were insufficient chairs in the dining room to give people the choice of where they sat at meal times.
- Signage around the home assisted people to identify where bathrooms and communal rooms were located, and a lift was available to enable people to access the first floor of the home.
- People's bedrooms had been personalised to reflect their needs and interests.

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

- People had access to health care professionals. One person told us staff had arranged for their doctor to visit because they had swollen legs. We saw this visit take place.
- Staff worked closely with health and social care professionals. One person had fallen twice in April and the new manager had liaised with the community matron to seek support to prevent reoccurrence.
- The manager and staff monitored people's health and understood their responsibilities to obtain further advice or support if they noticed any changes or signs of illness

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.

Requires Improvement: People were not always well-supported, cared for or treated with dignity and respect. Regulations were not met.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was not always upheld. A toilet was left open which meant the person could be seen by other people in the dining room. Some toilets did not have locks on the doors.
- People's dignity was not always upheld. One person's cutlery was out of their reach which meant they had to eat with their hands. Other people's dignity was, compromised due to the length of time they had to wait for staff assistance. This meant people were not always supported to use toilet the in a timely way.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

- Staff understood the importance of promoting people's independence. For example, staff encouraged people to use their walking aids when they walked around the home.
- People were supported to maintain relationships with people that mattered to them. Relatives told us staff 'always' made them feel welcome when they visited.

Ensuring people are well treated and supported; equality and diversity

- Previously, staff demonstrated a caring attitude but were not consistently providing good care because they were rushed, and task focused. At this inspection these concerns remained.
- We saw some positive interaction between people and staff which showed staff cared about people and wanted to provide good care. One staff member asked a person, "How are you this morning? How did you sleep?" The person replied, "Well, thank you." However, throughout our visit staff were busy and task focused which meant people had to wait for assistance. One staff member said, "...if we had more staff we could spend more time with people to talk to them or take them out."
- People spoke fondly about the staff. One person said, "I love living here, the staff are very good to me." A relative told us, "My relative is happy here, the staff all seem very attentive and always have a smile on their faces."
- Staff enjoyed working at the home. One told us, "I enjoy my job. I like seeing people happy."
- Care records contained limited information about people's life histories, cultural backgrounds, values and beliefs. This meant we could not be sure people received individualised care based on what was important to them.
- Some staff could not recall completing equality and diversity training. Records showed this training for some staff was not up to date.

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

- People were offered choices such as, what they wanted to eat and drink. However, some choice was restricted. For example, there were not enough dining chairs should everyone living at the home wish to sit on a dining chair to eat their meal.
- Staff supported people to make choices where possible. One staff member explained they described clothing to a person who was registered blind, so the person could choose what to wear. The staff member added, "[Name] likes to look nice."
- People could not recall, and records did not clearly show how or if they had been involved in reviewing their care.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were not always available to respond to people's requests for assistance. One person showed signs of anxiety and repeatedly shouted out for help. Staff were busy which meant they did not provide the reassurance and comfort the person needed. When another person asked for assistance to use the toilet a staff member responded, "I'm really sorry, you'll have to wait everyone is busy." The person waited 15 minutes for staff assistance.

- One person's care plan informed staff it was important for the person to have a clock nearby because it helped the person 'to orientate themselves to time and place'. Staff did not know this, and we saw the person spent most of the day during our visit in a room without a clock.

- Care plans contained limited information about people's cultural and spiritual needs, values and beliefs. One person's care plan stated, 'Religion - staff to offer regular services.' It was unclear what this meant. A staff member said, "I don't think anyone is religious, I'm not sure."

- People's care plans were not up to date and contained conflicting information. The new manager had identified and was addressing this. They told us, "I am doing a massive piece of work on improving the care plans." We reviewed a care plan that had been rewritten which was detailed, personalised and outcome focused. A staff member said, "The manager is really trying to make the care plans better."

- We saw one person had a dressing on their leg. A care plan was not available to inform staff how to support the person. The new manager acknowledged this and assured us a plan would be written.

- Staff understood how to communicate effectively with people. One staff member established what a person would like to eat by writing on a wipe board because the person was waiting for their new hearing aid.

- People received some information in a way they could understand. This was in line with the 'Accessible Information Standard' which is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

- Staff coming on duty attended a handover which ensured they had up to date information about the care people needed.

- There was limited social stimulation for people. There was no designated activity coordinator or activities budget. People spent time during our visit watching television and some people sat in the garden. There was little time and opportunity for staff to support people to participate in meaningful activities or to sit and chat to them. The new manager acknowledged activities was an area that needed to improve.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.

- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

- Four complaints had been received between September 2018 and April 2019. However, three complaints

had not been managed in line with the providers procedure. The new manager had identified this and gave assurance future complaint would be actioned.

End of life care and support

- Care plans contained limited information about people's end of life wishes. This meant we could not be sure people's wishes were known so they could be respected and followed.
- Staff worked in partnership with healthcare professionals to ensure people had a comfortable and pain free death.

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

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; Continuous learning and improving care: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- At our last inspection the provider had not ensured effective systems were in place to assess, monitor and improve the quality and safety of the service provided. At this inspection we found quality monitoring systems remained ineffective. For example, medicine audits had not identified the range of issues we found. The tool used to monitor airflow mattresses was not fit for purpose because it did not include checking mattress settings.
- The provider had failed to ensure action was taken to address the regulatory breaches and concerns we identified at the last inspection to ensure people received high quality, safe care.
- The provider's lack of oversight meant improvements had not been made and some previously demonstrated standards maintained.
- The provider had failed to assess and maintain the staffing levels needed to meet people's needs.
- The provider had not used people's feedback to support continuous improvement. For example, on 21 April 2019 one person suggested staff wore name badges because, 'I would love to know who everyone is'. No action had been taken in response to this.
- The provider had not ensured people, relatives and staff had opportunities to meet to discuss their experiences, views or areas for improvement.
- The provider had failed to ensure complaints were managed in line with their policy and procedure.
- The provider did not have an action plan to drive forward improvements to benefit people. The new manager told us they had been asked by the provider to devise a plan.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

Following our inspection, the provider informed us of the actions taken to address some of the concerns we raised and those planned to drive forward improvement.

- The home did not have a registered manager. Since our last inspection there had been a number of management changes. The previous registered manager and deputy had left their employment and a new nominated individual and manager had been appointed. The new manager had been in post since 1 April 2019 and was planning to submit an application to register with us. They told us, "There are a million, trillion things that need to change. We need to improve in everything. I know I have a lot of work to do."

- Throughout our inspection the new manager was open and honest. They welcomed our inspection and feedback which they said would be used to focus and make improvements.
- The new manager had regular contact with the provider and an independent consultant working with the home. They told us, "I do feel supported."
- Staff spoke positively about the new manager. One said, "She is approachable and wants to make good changes."
- The provider had met the legal requirements to display the services latest CQC ratings in the home and on their website.

Working in partnership with others;

People and relatives were satisfied with the service provided and spoke positively about the new manager. One relative said 'things were more organised' since the new manager started.

- The new manager and staff had positive working relationships with health and social care professionals which assisted in improving outcomes for people.

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 10 HSCA RA Regulations 2014 Dignity and respect Regulation 10 (1) (2) (a) HSCA RA Regulations 2014 Dignity and respect The provider had not ensured people's privacy and dignity was maintained at all times.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) (2) (b) (e) HSCA RA Regulations 2014. Safe care and treatment</p> <p>The provider had not ensured care and treatment was provided in a safe way</p> <p>The provider had not ensured the proper and safe management and administration of medicines.</p> <p>The provider had not ensured equipment was properly maintained and safe for use.</p> <p>The provider did not protect people against risks by doing all that was practicable to mitigate any such risks.</p>

The enforcement action we took:

NOP positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 17 (1) (2) (a) (b) (f) HSCA RA Regulations 2014. Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured feedback was used to drive improvement.</p> <p>The provider had not ensured, timely, improvements to the service provided had been made and sustained.</p>

The enforcement action we took:

NOP positive condition

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18 (1) HSCA RA Regulations 2014. Staffing</p> <p>The provider had not ensured sufficient numbers of staff were available to meet people's need.</p> <p>The provider did not have a systematic approach to determine the number of staff needed to meet people's needs.</p>

The enforcement action we took:

NOP positive condition