

# Care UK Community Partnerships Ltd

## Forrester Court

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

We conducted an inspection of Forrester Court on 12 and 15 December 2016. The first day of the inspection was unannounced. We told the provider we would be returning for the second day.

At the last inspection on 10, 11 and 12 July 2014, we asked the provider to take action to make improvements in relation to delivering person centred care and this action has been completed.

Forrester Court provides care and support for up to 113 people who require nursing and personal care. There were 102 people using the service when we visited. There are three floors within the building and each floor consists of two units. Three of the home's units are for people who have nursing needs, two of the units are for people with residential care needs, some of whom have early onset dementia and the remaining unit is home to those with palliative care needs.

There was no registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had left two weeks prior to our inspection and had been replaced by another manager within the organisation. This manager had started working at the service on the first day of our inspection.

There were not enough staff scheduled to work on the first day of our inspection and prior to this. We reported this to the manager who scheduled extra staff to work the next day and assured us they would maintain this level of staffing.

People were supported to maintain a balanced, nutritious diet. People at risk of malnutrition had appropriate assessments conducted and were referred to the community dietitian as appropriate. Advice was implemented by care staff and the kitchen staff who were also aware of people's dietary needs. People were supported effectively with their other healthcare needs and were supported to access a range of healthcare professionals. However, care plans were not always updated to reflect people's current needs in respect of their dietary needs.

People using the service and their relatives were involved in decisions about their care and how their needs were met.

The organisation had good systems in place to monitor the quality of the service. Feedback was obtained from people through monthly residents and relatives meetings as well as annual questionnaires and we saw feedback was actioned as appropriate. There was evidence of auditing in many areas of care but these did not identify the issues identified in relation to care plans and understaffing.

There were good systems in place for the safe management and administration of medicines. Staff had

completed medicines administration training within the last year and were clear about their responsibilities.

Staff demonstrated a good knowledge of their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments were completed as needed and we saw these in people's care files. Where staff felt it was in a person's best interests to deprive them of their liberty, applications were sent to the local authority for Deprivation of Liberty Safeguards authorisations to ensure this was lawful.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties and received regular supervision.

People who used the service gave us good feedback about the care workers. Staff respected people's privacy and dignity and people's cultural and religious needs were met.

People using the service felt able to speak with the management team and provide feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place. Care staff gave excellent feedback about the deputy manager and the rest of the management team.

People were encouraged to participate in activities they enjoyed and people's participation in activities was monitored. People's feedback was obtained to determine whether they found activities or events enjoyable or useful and these were used to further develop the activities programme on offer. The activities programme covered five days a week and included a mixture of one to one sessions and group activities. At the time of our inspection the service was running a specific Christmas activities timetable which included Christmas carol singing, a visit to see some of London's Christmas lights and church visits. We found two breaches of regulation in relation to staffing and good governance. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe. There were not enough staff scheduled to work on the first day of our inspection and prior to this.

Risks to people's health were identified and appropriate action was taken to manage these and to keep people safe.

The service had adequate systems for recording, storing and administering medicines safely.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People were supported to maintain a healthy diet. People were supported to maintain good health and were supported to access healthcare services and support when required. However, care plans did not consistently reflect people's current health and nutritional needs.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff demonstrated a good knowledge of their responsibilities under the MCA and Deprivation of Liberty Safeguards (DoLS) applications were made to the local authority where it was felt that a person's liberty should be deprived in their best interests.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision, appraisals and training to carry out their role.

**Requires Improvement** ●

### Is the service caring?

The service was caring. People using the service and relatives were satisfied with the level of care given by staff.

**Good** ●

People and their relatives told us that care workers spoke with them and got to know them well.

Staff took account of people's social and emotional needs.

People told us their privacy and dignity was respected and care staff provided examples of how they did this. People's diversity was respected and their needs were met.

### **Is the service responsive?**

**Good** ●

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and participate in activities they enjoyed. There were six dedicated activities coordinators who ran an activities programme that covered five days a week.

People told us they knew who to complain to and felt they would be listened to.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led. Staff gave excellent feedback about the deputy manager and the rest of the management team.

Quality assurance systems were detailed, but did not identify the issues found in relation to care plans and understaffing. Feedback was obtained from people using the service in person through monthly residents and relatives meetings and in writing through annual questionnaires.

# Forrester Court

## **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.

The inspection took place on 12 and 15 December 2016. The inspection team consisted of one inspector and a specialist advisor. On this inspection the specialist adviser was a nurse with expertise in dementia care. The first day of our inspection was unannounced, but we told the provider we would be returning for a second day.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team to obtain their feedback.

During the inspection we spoke with 11 people using the service and seven relatives of people using the service. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We therefore used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us to understand the experience of people who could not talk with us.

We spoke with 11 care workers, four team leaders, one activities coordinator, the chef, the deputy manager and the relief manager of the service. We looked at a sample of 12 people's care records, eight staff records and records related to the management of the service.

## Is the service safe?

### Our findings

Staff gave us mixed feedback about whether they felt there were enough of them on duty to meet people's needs. Their comments included, "Because of people's complex needs, we sometimes feel stretched" and "Bearing in mind the amount of work that needs to be done [the number of staff] is not quite enough, but the unit managers will help."

The manager explained that senior staff assessed people's needs on admission to determine their dependency needs. Each unit was staffed according to the dependency needs of the people on the floor using an electronic dependency tool. The manager told us the number of staff required for each unit and this tallied with what we saw on the rota for the week of our inspection. Our observations of the number of staff on duty also tallied with the rota. However, we observed that the number of staff on duty on the first day of our inspection was not enough to meet people's needs, despite the number being determined by the dependency tool. For example, on the first floor there were 19 people within the residential unit and one senior care worker and two care workers were caring for them. The senior care worker was responsible for the running of the floor as well as updating care plans and completing other paper work whilst the care workers provided the majority of care. A high proportion of people on this unit had continence issues which meant they required assistance. Some people needed assistance with eating as well as personal care and some people had behaviours that challenged. We observed periods where only one member of staff was left on the floor to respond to people's needs because the other care worker had to assist people in their rooms on a one to one basis. The lunchtime period was also rushed due to the fact that both care workers were busy helping people, leaving only one staff member to serve people their food. As a result, people had to wait approximately 25 minutes for their food. We spoke with the manager about this and they took immediate action to schedule extra staff on each unit of the building. They agreed to sustain the new staffing numbers after our inspection.

The above issues constitute a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe using the service. Comments included "I do feel safe here" and "I trust the staff." The provider had a safeguarding adults' policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse. Staff knew how to report safeguarding concerns and explained the various signs of abuse and different types of abuse. Care workers knew the service had a whistle blowing policy in place and how they could use this. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. We spoke with a member of the safeguarding team at the local authority and they confirmed they did not have any serious concerns about the care provided at Forrester Court.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Staff were aware of the specific risks to the people they were

caring for and knew how to manage those risks. For example, two care workers we spoke with told us about behaviours that challenged, triggers and appropriate ways to manage these for two different people. We saw one care worker using the method they had explained to us by reassuring one of these people later in the day. We found their management of the person's behaviours to be effective as the person became calm quickly. There was an emergency call bell in place to alert all staff in case of an emergency and this could be heard by staff on the relevant floor of the building. We saw call bells were in place in people's rooms and that these were within reach and working. People told us that staff responded to their call bells quickly and this is also what we observed during our inspection. Records indicated that call bells were usually responded to in less than two minutes.

We asked nurses about what they would do in the event of a medical emergency and they explained what training they had completed to respond to these situations. Nurses were aware of who was for and was not for cardio-pulmonary resuscitation. These details were in people's files on "Do not Attempt Cardio-Pulmonary Resuscitation" forms which had been signed by the GP in consultation with the person and/or their family members where this was appropriate. We also saw the outside of people's files were marked to indicate what their resuscitation needs were, so this information was clearly visible.

People's care records contained initial assessments covering numerous areas of the person's health and wellbeing such as moving and handling, people's mental health needs and people's communication needs. These provided initial guidance for staff about risks to individual people. This information was used to prepare care plans so that risks could be managed to help keep people safe. Each section of the person's care plan included guidance for staff in how to manage the risks to people. Each care record was reviewed on a monthly basis to identify whether the person's needs had changed and care records were updated accordingly.

Recruitment records contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms detailing the employment history of staff. Records for nurses also included their Nursing and Midwifery Council registration details.

People's medicines were administered safely by the nurse on duty. Controlled medicines were stored safely for each person in a locked cupboard within a medicines storage room along with other medicines. Copies of the most recent prescription were kept with people's medicines records. Medicines Administration Record (MAR) charts were filled in upon administration of medicines. We counted a sample of people's medicines and found the amount available tallied with the amounts recorded on their MAR charts. Medicines records were completed clearly and people's allergies were identified.

People's medicines were reviewed regularly. We saw copies of monthly and quarterly checks that were conducted of medicines which included controlled drugs. These were conducted by both nursing staff and staff from the pharmacist, and included a physical count of medicines, the amount in stock and expiry dates of medicines. The audits seen did not identify any issues.

Nurses had completed medicines administration training within the last two years. When we spoke with the nurses, they were knowledgeable about how to correctly store and administer medicines. People told us they received their medicines on time and there were no issues in relation to this area of their care.



## Is the service effective?

### Our findings

People were encouraged to eat a healthy and balanced diet. People told us they liked the food available at the service. Comments included, "I like the food" and "The food is good, but if I'm not in the mood for something, they will get me something else."

However, despite these positive comments, we found people's nutrition care records were lacking in detail and sometimes contained mistakes or inconsistencies. People's nutrition care plans included risk assessments and advice to care staff about people's dietary requirements. There were some limited details about people's likes and dislikes. However, an example of an error we found was in one person's nutrition care record where it stated that their fluid balance chart was to be discontinued because their weight was stable. We spoke with the team leader about this and they confirmed that this was a mistake and explained the correct reason as to why their fluid balance chart had been discontinued. We saw three nutrition care records which also stated that the person was supposed to be on a diabetic diet, but there was no corresponding advice as to what types of food this included. When we spoke with the chef, they were very knowledgeable about who was on a diabetic diet and what types of food this included. Another person's nutrition care plan also stated that they did not require a fluid balance chart to be filled in, but their medical notes indicated that they did require this. The chart was being filled in, but the nutrition care record gave no indication as to why this was happening. Therefore we found that people's care records were not adequately completed to ensure that they provided accurate and up to date information about people's nutritional needs.

The above issues constitute a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the chef about the food available. They explained that they obtained feedback about the food from people using the service and catered for their preferences and cultural requirements. The chef was aware of people's specific healthcare requirements which included those people with diabetes and those on a soft diet. The chef told us they altered the menu each month depending on the feedback received and we saw a copy of the menu for the month of our inspection. Food was seasonally appropriate and alternatives were available at every meal. We sampled the lunch on the first day of our inspection. The food was appetising, of a good portion and served at the correct temperature.

Multi-disciplinary teams were involved in people's care where required such as dietitians and speech and language therapists. Records showed that staff made referrals where required and we saw that advice was followed. Where monthly monitoring was required, for example monthly weight checks, we saw this was done and recorded so that action could be taken to meet people's needs with regard to any significant weight loss or gain.

Care records contained information about people's health needs. Records contained up to date information from healthcare practitioners involved in people's care. People were referred to healthcare practitioners where necessary. This included the speech and language therapy team, dietitians, the falls prevention team

and the community dentist. The GP visited the service twice a week to see people directly and people's healthcare records were updated upon receipt of advice. We saw evidence that advice was followed where necessary. For example we saw in one person's records that they had been seen by the physiotherapist and were given an exercise programme to follow. Daily notes indicated that care workers assisted the person to conduct these exercises as recommended. Senior staff told us they were in regular contact with people's families where appropriate to ensure all parties were well informed about people's health needs. When questioned, care workers demonstrated they understood people's health needs. For example, care workers were able to identify existing healthcare concerns and tell us how people were supported to manage these.

Care staff sought people's consent to their care and treatment and decisions were made following best interests processes where this was appropriate. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff asked for their consent before they provided them with care. Their comments included, "They always ask if it's alright before they do anything" and "They do ask for my permission." Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. Their comments included, "I always get people's permission before giving them care" and "If I'm worried that someone doesn't have capacity to make a decision I will report it."

Care records contained mental capacity assessments which demonstrated that specific decisions were made in accordance with the Act and that the least restrictive option was being used. Records also demonstrated that people who needed to have their liberty deprived for their own safety had authorisations in place from the local authority or applications were pending.

People told us staff had the appropriate skills and knowledge to meet their needs. Their comments included, "They are good here" and "The staff are top notch. They know what they're doing." The manager told us, and care workers confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics as part of their induction. These topics included safeguarding adults, moving and handling and health and safety. There was also specialist training available where required to meet people's individual needs. For example, staff were encouraged to undertake national vocational qualifications in health and social care.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records to indicate that staff supervisions took place every two months. The manager and care workers told us that they used supervisions to discuss individual people's needs as well as their training and development needs. The manager told us annual appraisals were conducted of care workers performance once they had worked at the service for one year. Staff who had worked at the service for over a year told us they had received an appraisal of their performance and we saw records to demonstrate this.

# Is the service caring?

## Our findings

People who used the service gave us positive feedback about the staff. Comments included "They're wonderful here", "They are nice" and "They do care for you."

Staff demonstrated a good understanding of people's life histories and demonstrated that they knew the people they were caring for. Senior staff and care workers told us they asked questions about people's life histories and people important to them when they first moved into the service and we saw evidence of this information included in people's care records on specific life story booklets. These included details about people's previous occupations, people important to them and their hobbies and other important information relevant to them. Staff were able to tell us about people's lives and the circumstances which had led them to using the service. They were acquainted with people's habits and daily routines. For example, staff were able to tell us about people's likes and dislikes in relation to activities as well as things that could affect people's moods. For example one care worker told us "I've noticed [one person] is always in a good mood after they go to a coffee morning."

People told us they were able to make choices about the care and support provided and told us their wishes were respected. One person said "They do what I want" and another person said "When I ask for help I get it." Care staff told us they respected people's choices and encouraged them to be as independent as possible. Their comments included "We give people choices and then do what they ask" and another care worker told us "I always ask what people want and then respect their wishes."

We saw good levels of interaction between people using the service and care workers during our inspection despite short staffing levels on the first day of our inspection. For example, we observed one care worker sitting around a table with other people joining the conversation whilst people enjoyed hot drinks. We observed care staff continually asking people how they were and whether they were in need of anything. We saw care staff having light-hearted conversations with people at other times in the day. Their behaviour indicated that they knew people well and were on good terms with them. We saw people's relatives visiting the service throughout the day and they also appeared to be on familiar terms with staff.

People told us their privacy was respected. One person said, "They do respect me" and another said "They're good here. They respect you and talk to you nicely." Care workers explained how they promoted people's privacy and dignity. Their comments included "This is not my home, this is their home. I make sure I respect their home", "I always knock on people's doors" and "I always talk to people when giving them personal care. I make sure they give me permission before I do anything". We observed staff speaking to people with respect and knocking on doors before entering their rooms.

Care records demonstrated that people's cultural and religious requirements and diversity were considered when people first started using the service. We saw initial assessments included details of people's cultural and religious requirements.

## Is the service responsive?

### Our findings

People told us they were involved in making decisions about their care. One person told us, "If I ask them for something, they do what I ask. Some of them already know how I like things done."

People were encouraged to express their views about their care. People were given information when first joining the service in the form of a 'resident's guide' and this included details about the service provided and what to expect. Residents and relatives meetings were held on a monthly basis. We saw minutes from the most recent meeting which included details of the matters discussed, updates on previous action points and future actions to be taken. Matters discussed included issues such as housekeeping matters, the food and outdoor activities available. Action points demonstrated that changes were made in accordance with feedback received. Care records also included people's views and staff explained that they prioritised people's choices in relation to their care. For example, care workers gave us numerous examples of how they respected people's choices in their daily lives. They told us people's food preferences, their preferred routines and their preferred activities. People and their relatives were also sent a monthly newsletter which included updated details about matters such as activities.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of various aspects of people's medical, physical and social needs. The care records we looked at included care plans in areas including nutrition, continence and moving and handling. Care plans included details about people's likes and dislikes in relation to a number of different areas including nutrition and activities. People's progress was reviewed every month and care plans were updated to reflect any changes in people's needs. People's immediate needs were met by their allocated key worker. The key worker ensured people had enough toiletries and that their rooms were tidy among other matters.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable. The service had six full time activities coordinators. There was an activities programme which included both group and individual sessions and this included two sessions every weekday. Types of activities usually on offer included films, pampering sessions, exercise sessions, including a specific falls prevention class and outdoor visits. The service also used volunteers from local schools who helped with activities such as coffee mornings and interacted with people using the service. At the time of our inspection, the service was operating a specific Christmas themed activities timetable. This included activities such as carol singing, an outdoor visit to see some of London's Christmas lights and religious services. We observed a carol singing session by local school children accompanied by their teachers. People appeared to enjoy this and joined in with the singing and spoke with the children afterwards. One person told us "The carol singing was nice. The children were lovely."

The activities coordinator spoke with people and obtained their feedback in relation to activities. People's involvement in activities was recorded in a separate 'active living' care plan. These care plans included details of what people enjoyed and which activities they intended to join in with in the future. The

information recorded was then used to alter the programme in line with people's preferences.

The service had a complaints policy which outlined how formal complaints were to be dealt with. People using the service told us they would speak with a staff member if they had reason to complain. People told us they felt their comments were listened to and acted on. People's comments included "I don't have any complaint, but I would tell someone if I did" and "I'm not afraid to complain and I have complained before. They did what I said." We saw records of complaints and saw these were responded to appropriately in line with the provider's policy and action taken to resolve matters.

## Is the service well-led?

### Our findings

The provider had detailed systems in place to monitor the quality of the care and support people received. We saw evidence of audits covering a range of issues such as medicines, health and safety and food. Comprehensive internal inspection audits were conducted every six months and this covered a range of issues that tallied with the Care Quality Commission's fundamental standards. A service improvement plan was implemented thereafter. However, internal auditing systems did not identify the issues found in relation to staffing or the inconsistencies found in care records during this inspection.

The service did not have a registered manager at the time of our inspection. The registered manager had left their employment with the service two weeks prior to the inspection and been replaced by another manager within the organisation. This manager had started working at the service on the first day of our inspection. The service had an open culture that encouraged people's involvement in decisions that affected them. We saw evidence that feedback was obtained from people using the service and their relatives. Feedback was received during residents and relatives meetings which were held every month. People told us they found these meetings helpful and felt comfortable speaking in them. The manager told us that if issues were identified, these would be dealt with individually and we saw a record of previous actions taken in the meeting minutes.

Staff gave excellent feedback about the deputy manager and other senior staff. Their comments included "[The deputy manager] is very hands on and supportive", "[The deputy manager] is brilliant" and "I love [the deputy manager] this is my miracle job." We observed the deputy manager interacting with people using the service and care staff in a friendly manner throughout the inspection.

The manager told us staff meetings were held on a monthly basis. Handover meetings took place every day so care staff finishing their shift could feed back important information to care staff who were starting their shift. Daily heads of department meetings also took place so senior members of staff could update one another on important issues that required attention. We saw the minutes of the previous staff meetings and saw these recorded details of the issues discussed and included an action plan detailing further actions that were required to improve the service. Staff told us they felt able to contribute to these meetings and found the topics discussed useful to their role.

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The manager told us they reviewed complaints, accidents and incidents to monitor trends or identify further action required and we saw evidence of this. They told us all accidents and incidents were also reviewed in monthly 'Joint Operations Group (JOG)' meetings. These were attended by the Clinical Commissioning Group. Members of the local authority and relevant members of the local multi-disciplinary team also monitored the results for trends and made further recommendations where required.

Information was reported to the Care Quality Commission (CQC) as required. Staff demonstrated that they were aware of their roles and responsibilities in relation to supporting people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to

them when they were first employed. Staff provided us with explanations of what their roles involved and what they were expected to achieve as a result. We saw copies of staff job descriptions and the details within these tallied with what staff had told us.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the Behaviour and Communication Support Services, the GP and local social services teams.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not always maintain an accurate and complete record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17(2)(c).

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 did not ensure there were sufficient levels of staff deployed to ensure all other regulatory requirements were met. Regulation 18(1).