Four Seasons (No 7) Limited

Morecambe Bay Care Home

Inspection report

Gleneagles Drive
Off St Andrews Grove
Morecambe
Lancashire
LA4 5BN
Tel: 01524 400255
Website: www.fshc.co.uk

Date of inspection visit: 14 July 2014
Date of publication: 13/02/2015

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

Overall summary

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 and to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection visit at Morecambe Bay Care Home on 14 July 2014 was unannounced.

Morecambe Bay Care Home provides care and support for a maximum of 87 older people. At the time of our visit there were 85 people who lived at the home. Morecambe Bay Care Home is a purpose built home situated in the town of Morecambe. It offers single room accommodation. It is set in it's own grounds in a residential are.

Summary of findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

The registered manager assessed staffing levels to ensure there was enough staff to meet the needs of people who lived at the home. However, people who lived at the home and staff told us there were not always enough staff on duty, which meant sometimes people had to wait to be supported with their care needs. We witnessed staff interactions with people were rushed and task oriented.

We found the support delivered to people to ensure they ate and drank enough was not always sufficient to meet peole's needs.

We looked at how medicines were prepared and administered. We found safe systems were in place and staff were appropriately trained to help ensure people received their medicines safely.

We spoke with people and their relatives about their involvement in care planning and reviewing the care delivered to them. We received mixed messages from people and relatives as to their involvement. We reviewed care plans which contained information about people's needs, likes and dislikes but were not easy to follow. Our specialist advisor felt the care plans were not very focussed on people's individual needs. There were very limited activities available for people to engage in.

Staff spoken with were positive about their work and confirmed they were supported by the unit manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs. However, staff told us they had not received practical training on areas such as dementia or challenging behaviour.

The management team used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, residents' meetings and care reviews. People and relatives we spoke with told us they had not been asked to complete a satisfaction survey nor had they been invited to a meeting for some time. People told us they were not routinely involved in reviewing the care delivered to them.

Systems to monitor the health, safety and well-being of people who lived at the home, had not been effective in identifying areas where people's safety was compromised. This included ensuring adequate staffing levels to consistently meet people's needs and ensuring meaningful activities were provided for people to engage in.

You can see what action we have told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People were not supported by sufficient numbers of staff to safeguard their health, safety and welfare.

Policies and procedures were in place to protect people from harm. Staff had been trained in safeguarding and were able to tell us how they would deal with and report abuse. People were kept safe by effective systems for preparation and administration and disposal of medicines.

Policies and procedures were in place around the MCA, DoLS and safeguarding. Staff had a good understanding of these to keep people safe and protect their human rights.

Is the service effective?

Requires Improvement

The service was not always effective. Staff had limited access to training to meet the individual and diverse needs of the people they supported.

People were assessed to identify the risks associated with poor nutrition and hydration. Where people were at risk, advice was sought and appropriate measures put in place to reduce the risk. People were not always supported with assistance to eat their meals.

The management and staff at the home worked well with other agencies and services to make sure people's health needs were managed.

Is the service caring?

The service was not always caring. People and their relatives were not routinely asked for their views and opinions about the care provided.

People were treated with kindness and respect by staff, however staff interactions were rushed and task oriented.

We saw that people's privacy and dignity was respected and maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive. We saw that very little stimulation was available for people who used the service. There were no personalised and meaningful activities provided for people to engage in.

People's needs were regularly assessed and generally met. However we were told of occasions when personal care had not been delivered due to staffing levels not being sufficient.

People told us they could raise concerns and make suggestions, but were not sure whether they would be acted upon.

Summary of findings

Is the service well-led?

Inadequate 

The service was not well-led. The provider had systems in place to monitor and assess the quality of their service. These systems were not utilised effectively.

Systems to monitor identify, assess and manage risks to the health, safety and welfare of the people who lived at the home had not addressed insufficient staffing levels and very limited activities provided for people who used the service.

Staff did not feel their views and opinions were taken into account with regard to how the service was run.

Morecambe Bay Care Home

Detailed findings

Background to this inspection

The inspection team consisted of a two Adult Social Care inspectors, a specialist dementia and nursing advisor 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. The expert by experience for the inspection at Morecambe Bay Care Home had experience of caring for older people.

The last inspection was carried out on 22 July 2013, when there were concerns identified around the completeness and updating of written plans of care. We carried out a review in November 2013 where we looked at samples of care plans. We found the plans had been brought up to date, were complete and provided enough information for staff to meet people's needs safely and appropriately. Before our inspection on 14 July 2014 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. This helped inform what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included the registered manager, the regional manager for Four Seasons Healthcare, nine staff members, ten people who lived at the home and three visiting family members.

We also spoke to the commissioning department at the local authority and healthcare professionals, such as GPs, in order to gain a balanced overview of what people experienced when they accessed the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included five people's care records, staff training records and records relating to the management of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. We looked at the staff rotas and spoke with the manager about staffing arrangements. We saw staff members were responsive to the needs of the people they supported. Staff spent time with people, providing care and support. There were differences between the units of the home with regard to the length of time it took to respond to the call bell when people required assistance.

We received mixed comments from people who lived at the home about the amount of time staff have to spend time with them. One person told us; "There seems to be a lot of people, you do get care when you need it." Another said; "Yes, there are enough staff, they are always very helpful." Other people we spoke with told us; "We could do with an extra carer and an extra carer at night." And; "It gets busy and they are a bit short."

We spoke with staff members about staffing levels at the home. One staff member told us; "No there is not always enough staff and on occasions we do get short staffed… Sometimes they take one off us to cover on the residential unit." Another member of staff told us; "We have had to cover other units many times and quite often we have less than three carers." Whilst another commented; "Staffing is not good. We are normally running three carers to 30 Residents. The hostess can't do personal care and the nurse tends to stay in the office doing paperwork." We discussed staffing with one of the nurses on duty, who told us; "If everybody [staff] comes in, we do reasonably well, but there are lots of occasions where people [staff] don't turn in. We can't always cover it between us and we're told we can't use agency carers."

Staff gave examples of where welfare checks and observations were not carried out as they should be because staff did not have time to complete them along with their other duties. Staff also gave examples of where personal care was not delivered, for example baths, showers and changing continence pads. Staff also commented that lots of staff had recently left or were intending to because of the pressure of the workload due to short staffing.

We spoke with the registered manager about the feedback we had received. They told us the staffing levels were regularly reviewed to meet people's needs and dependency levels. However in light of the feedback received they would review staffing levels, to ensure there was a consistent level of staff to meet people's care and support needs. They also suggested the problem may be with staff deployment rather than the number of staff on duty and they would look into it as a matter of urgency.

Failing to ensure there are sufficient numbers of staff to keep people safe and meet their needs places people's health, safety and welfare at unnecessary risk. This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who lived at the home told us they felt safe when being supported. One person told us, "Yes, I'm very happy here." Another said; "I do feel very safe, I would tell [staff member] if I didn't." One regular visitor to the home told us, "Yes, [relative] is kept safe."

The service had procedures in place for dealing with allegations of abuse. Where incidents had occurred, we saw detailed records were maintained with regards to any safeguarding issues or concerns, which had been brought to the registered manager's attention. This evidenced what action had been taken to ensure that people were kept safe. We saw safeguarding alerts, accidents and incidents were investigated. Where appropriate, detailed action plans had been put in place to prevent recurrence. This demonstrated the home had a system in place to enable managers and staff to learn from untoward incidents.

Staff were able to confidently describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. Training records confirmed staff had received training on safeguarding vulnerable adults. This included care staff as well as domestic and kitchen staff.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Staff demonstrated a

Requires Improvement

Is the service safe?

good awareness of the code of practice. This meant clear procedures were in place to enable staff to assess people's mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People's capacity was considered under the Mental Capacity Act 2005 and we saw details of these assessments included in people's care records. Where specific decisions needed to be made about people's support and welfare; additional advice and support would be sought. People were able to access advocacy services and information was available for people to access the service should they need to. This was important as it ensured the person's best interest was represented and they received support to make choices about their care.

We reviewed three people's files where there had been applications made to deprive a person of their liberty in order to safeguard them. We found the paperwork to be in order. However, records of discussions relating to decisions taken in people's best interests were not always in people's files, only a record of the decision was present.

Where people may display behaviour which challenged the service , we saw evidence in the care records that assessments and risk management plans were in place. This meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of the individual plans and said they felt able to provide suitable care and support, whilst respecting people's dignity and protecting their rights.

We looked at how medicines were prepared and administered. We saw people's medicines needs were checked and confirmed on admission to the home. Only trained staff administered medicines. This was confirmed by talking to staff members. The registered manager confirmed that monthly medicines audits took place. This meant there was a system in place to ensure medicines were ordered, administered and recorded in line with the home's policy and procedure in respect of medicines administration. We spoke with people about the management of their medicines. They told us they were happy for staff to administer the medicines and had no concerns. One person told us they liked to self-administer some of their own medicines and confirmed they had everything they needed to do this.

Requires Improvement

Is the service effective?

Our findings

Staff training records showed staff had received training in safeguarding vulnerable adults, food safety, moving and handling, health and safety, medication, infection control, fire training. In addition, five staff were enrolled on a package of training which reflected good care practices for people who lived at the home.

Staff confirmed they had access to a training programme. However, staff we spoke with told us this was virtually all in the form of E-Learning. E-Learning is training by way of a member of staff working through an interactive computer program. Staff explained the E-Learning was 'pretty good' but that they did not have practical training on areas such as managing challenging behaviour or dementia. Good training and development programmes are essential to ensure that people in the care of the service are supported by a skilled and competent staff team.

We asked staff about whether they had regular supervision and appraisals. All the staff we spoke with said this was an area that had really fallen down and that they rarely received supervision. One staff member said; "In five years I can count on one hand how many supervision sessions I've had." Regular supervision and appraisal is important to ensure staff are supported in their role and have the skills and knowledge necessary to meet the needs of people who are in their care.

This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on of the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by receiving appropriate training, professional development, supervision and appraisal.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. However, on the day of the inspection, three people complained about how salty the soup was, one person refused to eat it. People told us and the hostess confirmed they were informed daily about meals for the following day and choices available to them. The hostess was someone employed by the service to attend to people's basic needs, for example, making sure they had drinks and were comfortable. The service had recently recruited a new chef, people told us this had made a positive difference, although people were not involved in choosing what food they would like to see on the menu.

There was a good choice of sandwiches provided at lunchtime on the day of our inspection which were well presented and looked appetising. We saw people were provided with the choice of where they wished to eat their meal. Some chose to eat in the dining room others in the lounge or their own room. The people we spoke with after lunch all said they had enjoyed their meal.

We observed lunch being served in a relaxed and unhurried manner. Tables were set with linen tablecloths. People were given the choice of what they wanted to eat or drink. We saw staff members were attentive to the needs of people who required assistance. However, due to the shortage of staff, interactions between staff and people were task oriented and rushed. We were told that one person was at risk from choking, but there were times during lunch when there were no carers in the room. This presented a risk to this person's welfare. We also witnessed, in a small lounge in one unit of the home, one lady dropped some food on the floor. This was not spotted for quite some time until a staff member who was passing picked it up and put it on the table. The person then proceeded to eat the food. During lunch on the same unit, a relative approached staff to ask for assistance. This meant people who were eating had to wait longer for assistance.

Not ensuring that people receive support, where necessary, to eat and drink sufficient amounts to meet their needs is a breach of Regulation 14 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We spoke with the staff member responsible for the preparation of meals on the day of our visit. They confirmed they had information about special diets and personal preferences. They told us this information was updated if somebody's dietary needs changed.

Staff at the home worked with people and their relatives to understand people's likes and dislikes. Care plans we looked at showed information about people's food and drink preferences. Care plans also assessed people's nutritional requirements. Assessments were monitored on a regular basis. Where there had been changes to a

Requires Improvement

Is the service effective?

person's care needs, care plans had been updated. We also saw appropriate referrals had been made to other health professionals, where there had been concerns about a person's dietary intake. This confirmed procedures were in place to reduce the risk of poor nutrition and dehydration.

People's healthcare needs were monitored as part of the care planning process. We noted people's care plans contained clear information and guidance for staff on how best to monitor people's health. For instance, we noted timely referrals to the dietician for people who were at risk of poor nutritional intake. The information received from the dietician had been translated into guidance in people's care plans, for staff to follow.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. We did not observe any other potential restrictions or deprivations of liberty during our visit apart from those people for whom applications had been granted.

Is the service caring?

Our findings

People told us they had a good relationship with staff, who they described as "Kind and respectful." A family member we spoke with told us, "The staff are very nice."

We received mixed responses from people as to how they were encouraged to express their views about all aspects of the service. We asked people if they could approach staff and whether they felt the staff would listen. One person said; "Yes and no, you say something and when you turn round they've gone." Another told us; "They seem to, whether they take any notice I don't know, but they try to put things right." People were happy to approach staff with problems or concerns, but were not sure whether their views would be taken into account.

Staff spoke fondly and knowledgeably about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people within their care. All were respectful of people's needs and described a sensitive and empathetic approach to their role. Staff told us they enjoyed their work because everyone cared about the people who lived at the home.

We observed good practice where staff showed warmth and compassion in how they spoke to people who lived at the home. Staff were seen to be attentive and dealt with people's requests for assistance. However, staff seemed hurried and task oriented. Interactions between staff and people were functionary, for example, asking whether people wanted a drink or "Are you OK?" in passing.

We looked in detail at five people's care records and other associated documentation. We saw evidence people had initially been involved with developing their care plans. This helped to demonstrate people were encouraged to express their views about how their care and support was delivered. A member of staff told us they had ready access to people's care plans, however, due to limited time, they were unable to spend time reading them. The plans contained information about people's current needs as well as their wishes and preferences. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This helped to ensure staff had up to date information about people's needs.

The service had policies in place in relation to privacy and dignity. We received positive comments from people about staff treating them with dignity and respect. One person told us; "Yes they are very respectful." We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff told us that they understood how people liked to be treated from working with them over time, but that due to staffing levels, they were unable to spend much time with people.

During our observations we noted people's dignity was maintained. Staff were observed to knock on people's doors before entering and doors were closed when personal care was delivered.

There were a number of relatives visiting people during our inspection. We noted that staff respected people's privacy and did not interrupt people whilst they had visitors unless it was necessary. Relatives we spoke with confirmed they could visit any time they liked and were not aware of any restrictions on visiting their loved ones.

Requires Improvement

Is the service responsive?

Our findings

We asked people what they thought about the activities that were provided. People told us; "We all get bored, there's nothing to do." And; "I don't do a lot because of my poor eyesight. There is nothing special for those with poor sight because I'm only temporary." Other people told us about trips out, bingo games and occasional craft sessions. An activities coordinator was employed by the home to ensure that appropriate activities were available for people to participate in each day. There were boards in each unit which displayed what activities were available that day. We did not witness these activities taking place. During our inspection, we observed very little activity in the home. People were sitting in the lounges or in their rooms alone. Staff we spoke with also commented that there did not seem to be enough activities for people to get involved in. This meant people were at risk of becoming socially isolated and their wellbeing may be at risk due to a lack of stimulation and meaningful activities. We fed this back to the manager and the area manager who assured us they would look into it.

People were given information about the service in the form of leaflets and booklets. The information was illustrated and set out in an easy read style. There was a range of information leaflets on display in the reception for people who lived at the home and their visitors.

We looked at people's care records to see if their needs were assessed and consistently met. We found an example of good practice where following a fall at the home, staff had put a short term care plan in place for one person. The plan included a falls risk assessment, a body map to show any injuries suffered, a falls dairy and a plan of care to support the person. We also saw a referral had been made to the relevant health professionals for advice. This showed the home had responded to a person's changing care and support needs and sought timely medical advice as appropriate.

However, records indicating people or their relatives were involved in the care planning process were inconsistent. Records we looked at did not clearly show people or their families had been involved in regular reviews of the care provided. We asked people whether they had seen their care plan. We received mixed responses which included; "No."; "Yes, bits of it, I do it with [staff] when she says we need to do it."; "No , but I could ask for it."; "No never seen it."; and "I've got a book in my room." We asked people whether they had been asked for their opinions on the care they received. People commented; "I've only been here six months, I can't remember any meetings."; "I've never been asked to have a meeting." People we spoke with and their relatives felt the service did not fully engage with them during the care planning and review process which meant the care delivered to people may not always meet their needs. The plans we looked at contained lots of information but were not very well organised. People's likes, dislikes and preferences were not very well recorded in written plans of care. We did not find evidence of advanced care planning or end of life care planning where people had 'Do Not Attempt Cardio Pulmonary Resuscitation' notices in the care plans.

People were enabled to maintain relationships with their friends and family members. Throughout the day they was a number of friends and family members who visited their relatives. They told us they were always made welcome at the home and that they could visit any time.

The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or complaint. Family members we spoke told us they were aware of how to make a complaint and felt confident these would be listened to and acted upon.

Inadequate

Is the service well-led?

Our findings

The manager was registered with the Care Quality Commission (CQC) in July 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. We asked people and staff what they thought about the leadership of the registered manager. All the people we spoke with, except one, declined to comment. The person who did comment spoke negatively about the registered manager.

We spoke with staff to find out how well-led they felt the service was. Staff told us that they felt supported by the unit managers and only rarely had interaction with senior management.

Staff told us they did not feel that their views were considered and responded to. All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who lived at Morecambe Bay Care Home. Staff we spoke with gave examples of having raised concerns over staffing, staff deployment and portion sizes at meal times. We were told these concerns had not been addressed and staff had received no feedback apart from being told there is no further budget for staffing. This showed how concerns raised by staff had not been taken into account and responded to.

The provider had systems and procedures in place to monitor and assess the quality of their service. We were told by the registered manager these included seeking the views of people they support through resident's meetings, satisfaction surveys and regular care reviews with people and their family members. However, from speaking with people and family members, we found that meetings did not take place regularly, people had not been asked to complete a satisfaction survey and people were not routinely involved in reviewing their care. This meant people who lived at the home were not given as much choice and control as possible into how the service was run for them.

Not regularly seeking the views of people who use the service, persons acting on their behalf and persons employed by the service is a breach of the requirement of Regulation10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

All staff spoke of a strong commitment to providing a good quality service for people who lived at the home. Staff were motivated, caring and knew their responsibilities. Nurses attended handover meetings at the end of every shift. This kept them informed of any developments or changes within the service, which they then fed to care staff.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. Records reviewed showed the service had a range of quality assurance systems in place. These included health and safety audits, medication and staffing as well as checks on infection control and housekeeping. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

However, systems to monitor the health, safety and well-being of people who lived at the home, had not been effective in identifying areas where people's safety and well-being was compromised. This included ensuring adequate staffing levels to consistently meet people's needs and ensuring people were provided with meaningful activities to engage in.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers How the regulation was not being met: The registered person had not regularly sought the views (including descriptions of their experiences of care and treatment) of service users, others acting on their behalf and persons who are employed for the purposes of the carrying on of the regulated activity, to enable the registered person to come to an informed view in relation to the standard of the care and treatment provided to service users. Regulation 10 (2) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing How the regulation was not being met: The registered person had not taken appropriate steps to ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff employed for the purposes of carrying on the regulated activity, in order to safeguard the health, safety and welfare of service users. Regulation 22.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs How the regulation was not being met: The registered person had not ensured that service users were protected from the risks of inadequate nutrition

This section is primarily information for the provider

Action we have told the provider to take

and hydration, by means of support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs. Regulation 14 (1) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: The registered person did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on of the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by receiving appropriate training, professional development, supervision and appraisal. Regulation 23 (1) (a).