Suresh Kumar Sudera

Meadow House Residential Home

Inspection report

47 - 51 Stubbington Avenue
North End
Portsmouth
Hampshire
PO2 0HX

Tel: 02392664401
Website: www.meadowhousecarehome.co.uk

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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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 22 and 23 March 2016. Meadow House provides accommodation and personal care for up to 24 people, some of whom live with dementia. Accommodation is arranged over two floors of a converted Victorian building with stair lift access to the second floor. At the time of our inspection 20 people lived at the home.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service was last inspected in November 2014 when we found the provider had not ensured infection control practices in the home were sufficient to ensure the safety and welfare of people. The provider had addressed these issues at this inspection.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Processes to recruit staff were in place which ensured people were cared for by staff who had the appropriate checks and skills to meet their needs. However staffing numbers were insufficient to meet the needs of people.

Care plans in place for people did not always reflect their needs and preferences. Risks associated with specific health conditions had not always been identified.

Medicines were stored and ordered in a safe and effective way. However the provider did not have effective systems in place for the administration of all medicines.

Systems in place to manage the cleanliness and infection control in the home were good. The provider had taken steps to address previous concerns in relation to the maintenance and decoration of the building.

Where people were unable to consent to their care the provider was guided by the Mental Capacity Act 2005 however some records of decisions made in people's best interests required improving. We have made a recommendation about this. Where people were legally deprived of their liberty to ensure their safety, appropriate guidance had been followed.

People's nutritional needs were met in line with their preferences and needs.

People's privacy and dignity was maintained and staff were caring and considerate as they supported people. Staff involved people and their relatives in the planning of their care.

Staff were caring and compassionate and knew people in the home very well.

Complaints had been responded to in an effective and timely manner and this work needed to be sustained.

The service had effective leadership which provided good support, guidance and stability for people, staff and their relatives. People, their relatives and staff spoke highly of the registered manager and felt able to raise any concerns they may have with them. They were sure these would be dealt with effectively.

Whilst there were adequate systems in place to monitor the quality of service and ensure the safety and welfare of people, these had not always been kept up to date.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of this report.

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.

Some of the risks associated with the care people required had not always been assessed.

Whilst medicines were stored safely, the provider did not have effective systems in place for the safe management of all medicines.

Staff had been assessed during recruitment as to their suitability to work with people and they knew how to keep people safe. However, there were not always enough staff available to meet the needs of people.

The home had systems in place to demonstrate good infection prevention and control measures.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people lacked capacity to make decisions about the care they received, the provider and care staff had applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). However this was not always clearly documented. We have made a recommendation about this.

Staff had received the training they required to support their role and meet the needs of people.

People received a choice of nutritious meals which reflected their needs and preferences.

People had access to health and social care professionals to make sure they received effective care and treatment.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained and staff were

caring and considerate as they supported people. Staff demonstrated a very good awareness of people's preferences, likes and dislikes.

People and their relatives were involved in the planning of their care

Is the service responsive?

Requires Improvement

The service was not always responsive

Whilst staff knew people very well and understood their needs, care plans in place did not always reflect these needs.

There was a wide range of activities available for people.

There were systems in place to identify concerns and complaints and respond to these in a timely way.

Is the service well-led?

Requires Improvement

The service was not always well led.

Whilst there were adequate systems in place to monitor the quality of service and ensure the safety and welfare of people, these had not always been kept up to date.

Staff were motivated and supported by a manager who provided an open, honest and transparent culture in the work place.

Meadow House Residential Home

Detailed findings

Background to this inspection

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

This unannounced comprehensive inspection took place on 22 and 23 March 2016. One inspector carried out this inspection.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. In July 2015 the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR for this home.

People who lived at Meadow House were not always able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in communal areas of the home. We spoke with three people who lived at the home and three visiting relatives to gain their views of the home. We spoke with the registered manager and five members of staff, including three members of care staff, a member of kitchen staff and an activities coordinator. We spoke with one external health care professional.

We looked at the care plans and associated records for five people and the medicines administration records for 20 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, five staff recruitment files and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People felt safe in the home and looked to staff to support them to maintain their safety. One person told us, "Oh yes, all the staff are so kind and really make me feel safe." Another said, "Oh yes, I am safe, this is my home". Relatives felt their loved ones were safe in an environment where staff knew them very well and had all the support they required. One relative told us, "We just wanted [relative] to be safe, and she definitely is here."

The risks associated with people's care had been identified and care plans were informed by these assessments. For example for people who were at risk of falling or poor mobility, appropriate assessments had been completed to review these risks and ensure plans of care were in place which identified how staff should meet these needs. For people who lived with specific health conditions such as Parkinson's disease, epilepsy and diabetes, some information relating to these conditions and the associated risks was available in care records; however further work was required to ensure all risks associated with these conditions was assessed and recorded in care plans to ensure the safety and welfare of people.

Staff had a good awareness of people's needs in relation to these health conditions. For example, for one person who lived with epilepsy, staff had a good understanding of the risks associated with this condition for this person and how they should support this person in the event of a seizure. Care plans in place identified the person had seizures and that these should always be recorded. Records showed staff recorded all seizure events and followed guidance on when to seek further support for the person. However, there was no information to identify any presenting symptoms for this person or any known triggers for seizures and specific risks associated with the seizures for this person.

For another person who lived with Parkinson's disease, risk assessments identified they had problems with their gait and balance due to this condition however, there was no specific information regarding how staff should monitor and review this condition in line with the person's needs.

Medicines were stored and administered safely by staff who had received training to complete this. We looked at 20 medicines administration records (MAR) and there were no gaps in these records. Staff who administered medicines wore tabards to identify they were administering medicines and should not be disturbed; staff told us this allowed them to concentrate and administer medicines safely without being interrupted by others.

However, whilst regularly prescribed medicines were administered safely, there were no protocols in place to support the administration of medicines to be given "as required" (PRN). For 15 of 20 MAR we saw people had been prescribed medicines to be given PRN for pain relief, the management of anxiety and the management of constipation. There were no clear instructions in place to support staff in the administration of these medicines.

For example, three people had PRN prescriptions in place for medicines to reduce anxiety or agitation. There were no records in place to identify in what circumstances these medicines should be given, or any

other steps staff should follow before or after the administration of these medicines, such as other techniques to support the person's agitation or review of the effects of the medicine when it had been administered.

For 11 people, PRN prescriptions were in place for medicines to relieve pain. There were no records in place to identify in what circumstances these medicines should be given or any other steps staff should follow before or after the administration of these medicines, such as the assessment of people's pain and the effect of any medicines administered. The provider had a policy for the administration of homely remedies for people who may require medicines which could be bought over the counter, such as pain relieving medicines. This was not being used.

Risks associated with the administration of medicines had not always been identified. For example, one person was taking a medicine which thinned the blood. The risks associated with this medicine could include excessive bleeding following injury, illness due to blood clotting quickly and bruising. There were no risk assessments or care plans in place to identify these risks and how staff could monitor for and reduce these. The lack of assessments and appropriate actions to reduce the risks associated with this medicine meant this person was at risk of inappropriate treatment and care to support their safety and welfare.

The lack of proper and safe management of medicines for people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Whilst staff rotas showed a consistent number of staff on each duty through the day and night, the registered manager and staff told us at times there were not always enough staff to meet the needs of people. The registered manager told us they, and their deputy manager, regularly had to provide care and support for people to ensure their needs were met. We saw the registered manager was actively involved in supporting people in the home. This meant they did not always have time to complete their own management roles and duties. The registered manager told us they had spoken with the provider to request additional staffing numbers to support people.

During our inspection we saw staff were very busy and did not always have time to interact with people and encourage social interaction with others. For example, for one person who lived with dementia and became disorientated and confused at times, they regularly called out when they were anxious. We saw staff spoke with this person kindly as they passed them however, they were not able to sit with them for periods of time to offer reassurance and comfort as they were busy carrying out other duties.

During one meal time we observed staff were very busy supporting visiting health care professionals and visitors, as well as serving meals to three areas of the home. In one room seven people sat without a member of staff present for a period of fifteen minutes without any interactions between people and staff. One person called out regularly to staff and another person became irritated with them and spoke sharply to them. Another person upset a cup of water across the table and two other people became agitated by this. During this period, no members of staff were present in the room to support these people. When a member of staff was present in the room to serve meals, they encouraged people with their meals. However, during a second meal time we observed staff were present to support people when they required this and encouraged interaction with people.

The provider had received feedback from people and their relatives through the use of a satisfaction questionnaire which showed some people did not feel there were enough staff available in the home to meet their needs. There was no information available to show the provider had responded to these comments or taken action to address these concerns.

Following our inspection the provider told us a dependency tool was in place to ensure there were sufficient staff available to meet people's needs. However the registered manager was not able to tell us how many staff were required to consistently meet the needs of people and they told us that at times there were not always enough staff to fully meet the needs of people.

The provider had not taken steps to ensure there were sufficient staff available at all times to meet the needs of people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment records for staff included proof of identity, references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. Staff did not start work until all recruitment checks had been completed; however there was an inconsistent completion of some staff files. We spoke with the registered manager about this and they addressed the inconsistency during our inspection.

The manager was aware of their responsibilities to manage and report any safeguarding concerns to the local authority. They told us there were no current safeguarding concerns at the home and spoke of how they had worked with the local authority to support one person who had been admitted to the home following a concern for their safety. Staff had received training in the safeguarding of adults and had an understanding of how to identify and report any concerns they may have to the manager or to the local authority.

At our inspection in November 2014 we found the provider had not taken steps to ensure the maintenance of appropriate standards of cleanliness and hygiene were in place in the home. They sent us an action plan in January 2015 to show what steps they would take to become compliant with the Regulation. At this inspection we saw they had addressed these concerns and the service was compliant with this regulation.

Personal protective equipment (PPE) was available for all staff to prevent cross infection. Cleaning substances were securely stored and equipment was clearly colour coded for use in specific areas of the home to prevent the spread of infection. The home was clean and fresh and many areas of the home had recently been decorated. Cleaning schedules and guidelines were in place to ensure staff were aware of their responsibilities in maintaining the cleanliness of the home. The registered manager told us they had to do much of the change in décor and cleanliness of the home themselves and they also supported much of the maintenance of the home themselves as there was not an appointed person for these duties.

Requires Improvement

Is the service effective?

Our findings

People felt staff knew them well and met their needs. One person said, "I love it here, and the food is fantastic." Another told us, "They [staff] are always there for me, they are really helpful." People said they had a choice of food each mealtime and that it was well presented and tasty. Relatives told us staff knew their loved ones very well and were always helpful when they visited. Health and social care professionals told us people had access to their services as required.

Where people had the capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. Care records showed people had consented to their care and they were encouraged to take their time to make a decision; staff supported people patiently whilst they decided. For example, one person become distressed and disorientated as to where they were going as they walked through a communal area of the home. A member of staff spoke calmly and gently with them to orientate them to time and place and then offered to take them to the lounge for a cup of tea. The person became calmer and thanked staff for their patience and understanding. The person told us, "They [staff] always help me; I get a bit muddled sometimes."

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

For people who lacked capacity to make decisions about their care and safety, steps had been taken to assess their ability to make decisions about the care and treatment they received in line with their wishes or best interests. However, whilst some records held information regarding people who had been legally appointed as representatives for the person in making decisions about the care they received, this information was not always available.

Staff had a good understanding of the need to gain people's consent lawfully and involving others in this decision making process, however only 6 of 23 members of care staff had received training in the MCA.

We recommend the registered provider seeks appropriate guidance from a reputable source to ensure they are able to demonstrate clearly how people consent to their care and how others are involved in this decision making process.

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 application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Twelve people who lived at the home were subject to a DoLS and several other applications had been made to the local authority. The registered manager understood when an application should be made and how to submit one. Care records reflected the information regarding these restrictions. We found the home to be meeting the requirements of the Deprivation of Liberty

Safeguards.

People received a wide variety of homemade meals, of which there were two choices at each mealtime; other options were available for people should they not like these choices. Systems in place closely monitored people's dietary and fluid intake to ensure they were receiving adequate nutritional and hydration intake. The kitchen staff had a good understanding and knowledge of people's dietary preferences and needs. A list of these was maintained in the kitchen and updated by staff should there be any changes in people's requirements. Care plans identified people's preferences, specific dietary needs, likes and dislikes. The kitchen area was a clean and well managed area.

People had access to external health and social care professionals and services as they were required. For example, care records showed people had access to the GP, chiropody services, community mental health services and community nursing and therapy services. Health and social care professionals told us staff always received them in a welcoming way and knew people well. The registered manager told us they worked well with community services staff to meet the needs of people. Feedback from external health and social care providers was positive. They told us staff at the home were responsive to suggestions and always requested support when this was required.

People were cared for by staff that were supported to gain the appropriate skills and knowledge to meet the needs of people. A programme of supervision sessions, training, and meetings for staff was in place; however these had not occurred as frequently as the registered manager wished due to their workload. A staff training matrix showed staff received training in moving and handling, fire safety, health and safety and food hygiene. The registered manager told us further training was planned however, this had to be negotiated with the provider due to costs.

The provider supported staff to obtain recognised qualifications such as Care Diplomas and National Vocational Qualifications. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Staff felt supported by the training and support from the registered manager and their deputy to provide safe and effective care for people.

Good

Is the service caring?

Our findings

People and their relatives told us staff were very caring and knew them very well. One person told us, "I am very happy here, they treat me very well and the food is amazing. Can't fault them." Relatives spoke highly of all staff and were very happy with the care their loved ones received. One relative said, ""My [relative] loves it here, she is so happy and the staff are all just fantastic." Another said, "She [relative] is very happy and settled here and we can't fault the care she gets."

People and their relatives were actively involved in identifying their needs and planning their care accordingly. The manager told us how they ensured they discussed people's preferences and wishes and recorded these in care records to ensure staff had this information. Relatives told us they spoke to staff on each visit to their loved one and were kept fully informed of any changes in their needs. They felt involved in the care of their loved ones and said how well the staff worked to ensure they were welcomed to social events in the home as well as providing them with a very warm welcome each time they visited. One relative said, "It's just as [relative] would want, we are fully involved and we know they are really caring for [them] well." Staff demonstrated a very good awareness of people's preferences, likes and dislikes. For example, staff were able to identify how each person liked to be supported with their meals, their favourite kinds of entertainment and how they liked to be able to interact with others or preferred their own company.

People were treated with respect at all times and their privacy and dignity was maintained. For example, when staff supported people in their rooms or toilet areas the door was closed and staff always knocked and waited for a response before entering the room. When one person expressed concern when using the stair lift independently staff reassured them and supported them to remain independent whilst ensuring their safety and welfare. Staff spoke with people in a way which encouraged them to express their wishes in a calm and respectful way. When one person became angry, as they did not recognise the meal which had been given to them as their choice, staff spoke calmly with the person and encouraged them to express their wishes calmly and in a way which did not distress others.

Requires Improvement

Is the service responsive?

Our findings

People told us staff responded to their needs well and they felt staff knew them well. One person said, "The staff know what I like and always try to get me to do as much as I can myself." Relatives told us staff were responsive to people's needs and the staff and the registered manager spoke with them and their loved ones regularly to ensure they were receiving the care they wanted. People and their relatives felt able to raise any concerns they had with any member of staff and said their concerns were always dealt with promptly. One relative said, "The staff know her [relative] really well and know how to help motivate her to do things for herself."

Care records provided information for staff on the support and care people required. Since our inspection in November 2014, the new registered manager had introduced a new format of care planning and had taken time to ensure all information from previous records had been used to inform new plans of care. Whilst some care plans were personalised and held information on people's individual needs and how staff should support them to meet these, others required further information to ensure they were specific to people's needs and preferences. For example, one person had restricted mobility. Care plans showed they were unable to mobilise without assistance and they had , "some weaknesses," when mobilising, however it did not identify what these weaknesses were. This care plan also stated this person may get pain from time to time, however did not state where the pain may be and how this should be treated. Staff knew this person well and were able to demonstrate how to support them; however their plan of care was not specific to their needs.

For three other people who lived with diabetes, monitoring charts in place showed their blood sugar readings should be recorded once per month. Instructions stated these should be recorded on Monday's and the expected reading range should be between five and eight. There was no information for staff as to what they should do if the readings fell outside this range for each person. We spoke with the registered manager about this as each of these people had recordings just outside of this range. They told us staff would alert the GP if they felt there was anything untoward about the readings. There was no information specific to these people about the care they may require or actions staff should take. Staff were able to tell us what actions they would take, and these actions were reflected in daily records, Staff had a good understanding of the care required for these people, however some care plans required further information to ensure they were specific to people's needs and preferences.

The registered manager told us they reviewed and updated care plans monthly with support from their deputy and information from all care staff. A system of key workers had recently been put in place to involve all care staff in the review of people's needs and plans of care and this needed embedding in the service. Key workers were a named member of staff who was responsible for ensuring people's care needs were met. We saw care records had been reviewed monthly but further information was required in some of these records to ensure they met the individual needs of people. The registered manager told us they would put in place a plan to review and update care plans and we saw they started this during our inspection.

People had a range of activities they could be involved in. An activities coordinator was employed in the

home for fifteen hours per week; however they often attended the home at other times to support people with activities. They actively encouraged people to participate in games and activities through the day including singing, games, reading and arts and crafts. A programme of external activities such as singers, musicians and a travel pantomime was also in place. We saw displays of arts and crafts which people had completed ready for the festivities at Easter time which occurred just after our visit. Activities were planned for the Easter weekend which encouraged people and their relatives to celebrate the event together with quizzes, entertainment and general celebrations.

The activities coordinator was very passionate about their role and spoke of the events which had been held at the home to encourage people and their relatives to have fun. These included a summer fete, a visit by farm animals, visits by local school children and trips to the local seafront or walks to local areas. People were able to choose what activities they took part in and suggest other activities they would like to complete. The limited time and resources available for the activities coordinator to provide activities was a concern to the registered manager and they told us they had discussed this with the provider. Whilst events were held, limited resources from the provider meant relatives and staff were providing support to fund these events. People told us they enjoyed the range of activities available to them. In particular three people told us of the fun they had had when a local farm had visited and they had been able to hold each of the farm animals in turn. One also told us, "And it is lovely when the children come in, they always make me smile."

The provider had a complaints process in place which was visible in the hallway of the home. Records showed the provider had not received any formal complaints since our last inspection. The registered manager told us any minor concerns which were identified by people, staff or relatives were dealt with immediately. Relatives told us if they had any concerns they would speak directly to the registered manager or a member of staff who were always very responsive to their comments. They were aware of how to complain should this be required.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives spoke very highly of the registered manager and staff at the home. One relative said, "They [registered manager] are on the ball and really getting things sorted here", another told us, "He [registered manager] and his team are delightful, really helpful." People knew who was responsible for the service and felt they were always able to share any concerns or views with the registered manager. Staff felt supported by the registered manager and their deputy and were sure any concerns they had would be dealt with quickly and effectively. Visiting health and social care professionals said the registered manager and their staff were very approachable.

The provider had in place a system of audits to review and monitor the quality and effectiveness of the service provided at the home. This included audits for; infection control, medicines, care planning and health and safety. However, the system of audit in place had not been completed and no audits had been recorded in this system since August 2015. Audit tools in place lacked clarity and had no actions to be completed as a result of the audit. The registered manager told us they had completed some but not all audits required of them by the provider but these records had not been updated. They said due to their heavy workload and other requirements of them to support the provision of care in the home these audits had not always been completed. Other workload commitments included decoration of the service and the need for them to support maintenance within the home and the general support of staff.

Incidents and accidents were recorded and reviewed by the registered manager. An analysis of these events was completed to monitor for patterns in incidents and accidents for individual people and in the home to ensure the service identified any learning from these events.

The provider had requested formal written feedback from people and their relatives in the form of a questionnaire in August 2015. However, information from these questionnaires had not been collated and actions with regard to any concerns people had raised had not been completed.

The lack of systems and processes in place to assess, monitor and improve the quality and safety of the services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had met with people and their relatives to discuss their involvement in developments in the home and identify any concerns they may have. However, relatives and people had declined to continue having these meetings as they did not feel they were required. They felt the registered manager and their staff kept them informed of any matters they needed to know.

Staff were motivated and supported by a registered manager who provided an open, honest and transparent culture in the work place. Staff were encouraged to inform the running of the home through daily discussions, staff meetings, supervision sessions and other feedback to the manager. Staff spoke highly of the support they received from the registered manager; one told us, "He is always willing to listen and help us." Staff felt confident if they had any concerns or issues they could raise them with the manager and

they would be dealt with promptly. The registered manager was very visible in the service and understood the role and responsibilities they had undertaken to ensure the safety and welfare of 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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The lack of proper and safe management of medicines for people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of systems and processes in place to assess, monitor and improve the quality and safety of the services was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not taken steps to ensure there were sufficient staff available at all times to meet the needs of people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.