Barchester Healthcare Homes Limited

Austen House

Inspection report

Kilnsea Drive
Lower Earley
Reading
Berkshire
RG6 3UJ

Tel: 01189266100
Website: www.barchester.com

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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 well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Austen House is a residential care home providing personal and nursing care for to up to 79 people. The service provides support to older people and younger adults who may also have dementia. At the time of our inspection, there were 73 people using the service. Austen House accommodates people across four units in one building. Each unit has separate adapted facilities. Two of the units specialise in providing care to people living with dementia.

People's experience of using this service and what we found
Medicines were not always managed safely. People and staff felt there were not always enough staff deployed and the provider had not ensured sufficient staffing levels in order to safely meet the needs of people. The provider had not ensured risks and actions identified in relation to fire had been undertaken. We recommended the provider reviews their recording and documentation regarding incidents and accidents. People told us they felt safe. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We recommended the provider improves the decor of the premises in order to make it more dementia friendly. We also recommended the provider review their staff training provision in line with current best practice guidance.

The provider did not ensure systems were embedded to ensure compliance with the fundamental standards. The duty of candour was not always followed when required.

Staff worked well with people, families and health and social care agencies to support people's wellbeing. People reported that they were supported with their nutritional requirements. Staff knew people they supported well and cared about their wellbeing.

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

Rating at last inspection
The last rating for this service was good (published 14 November 2019).

Why we inspected
We received concerns in relation to people's nursing care needs, staffing levels and documentation. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Austen House on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance, medicines management, staffing, fire safety, duty of candour and the Mental Capacity Act. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Austen House

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by three inspectors and a specialist advisor.

Service and service type
Austen House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Austen House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, an application had been submitted to CQC by the current manager to register.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed notifications and information we had received about the service since the last inspection. We contacted the local authority for feedback regarding the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with eight members of staff including the manager, nurses, care assistants, maintenance staff and an administrator. We reviewed a range of records. This included six people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely.
- One medicines trolley had a broken lock. The registered nurse used it during the administration of medicines. They said it was broken for "…a while" and they had reported it to the management team in the month prior to the inspection. We pointed this out to managers, so the trolley could be repaired.
- Documents to help staff to administer when required 'PRN' medicines were not always in place. For example, one person was prescribed PRN morphine. There was no PRN protocol in place to tell staff how they would communicate that the medicine was required or the symptoms the medicine is used to alleviate. Providing PRN protocols is good practice as it directs staff as to when, how often and for how long the medicine can be used, improves monitoring of effects and reduces the risk of misuse. Not having protocols may put people using the service at risk.
- There were some discrepancies between a person's allergy status on the individual's information page and the documented allergies on their medicine administration record (MAR). This put people at risk as staff could not be confident about whether people were allergic to a medicine or not.
- Where new medicines had been delivered to the care home for people, these had not always been signed in by staff. Medicines delivered to the care home should be checked against a record of the order to make sure that all medicines ordered have been prescribed and supplied correctly.
- Where medicines had not been given, there was not always a record or documentation to explain why it had not been given. Failing to record why a medicine had not been given could put the person using the service at risk of missing further doses or no action being taken if a concern had been identified in relation to the particular medicine.

We found no evidence that people had been harmed, however, the provider failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Only staff who had undertaken medicine management training were responsible for the administration of medicines.

Staffing

- During the inspection, at times throughout the day, it was very difficult to find a member of staff. When we asked people if staff respond quickly if they needed them, one person told us, "… sometimes they don't. It depends if they are dealing with someone else."
- There were insufficient staff to ensure adequate engagement or stimulation of some people in one unit.

We observed several people walking with purpose, but staff were busy with other tasks or people and did not interact with them unless the person required care, such as medicines or meals.
● People and staff told us there were not always enough staff. One person told us, "There aren't enough [staff] really... we could do with more." One staff member said, "I think there could be more staff. The staff here work hard and try their best."
● Relatives felt there were not always enough staff to meet people's needs especially during mealtimes and when personal care support was required.
● The NHS funded one-to-one support for a person who experienced behaviours which may challenge others. The care worker assigned to the person spent long periods of time in communal areas. They restocked cutlery and crockery and supported other people who walked with purpose whilst allocated to provide one to one support for this person. This meant the person was not receiving the care they required putting them at potential risk or harm from their needs not being met. We informed the managers and the commissioner for the person's care.
● The service used a dependency-based staffing levels calculator to identify the number of staff required on each unit within the care home. This was reviewed monthly for each unit to monitor if the staffing levels remained accurate.

The provider had not ensured enough suitably qualified staff were deployed to meet people's needs safely. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing premises risk, safety monitoring and management
● We were not assured that people were protected by the provider's fire safety management processes and procedures.
● An external fire safety risk assessment completed on 16 June 2021 identified actions that needed to be completed to ensure people's safety before 16 December 2021. We found the provider had failed to act without delay to make the required improvements.
● Although fire checks had taken place, actions including fixing fire doors that had excessive gaps had not been completed. There was a signed review sheet stating there were no outstanding actions five months after the fire risk assessment had been completed but this was inaccurate.

The provider had not ensured risks and actions identified had been undertaken in order to maintain the premises to a suitable standard. This was a breach of regulation 12 (2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection, the provider replaced the fire doors identified as requiring action within the fire risk assessment.
● There was some evidence environmental safety had been managed. We saw records of legionella checks and electrical checks that took place.
● Routine safety checks had been carried out and were within the safe and expected levels, such as monthly hot water temperature checks at taps accessible to people who use the service.

Recruitment
● We reviewed four staff recruitment records. Robust recruitment and selection procedures were in place to keep people safe.
● All other staff files contained all the necessary evidence including employment history and relevant qualifications and were in line with legal requirements. This included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the

Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong
● Incident and accident records were completed, however, the quality and quantity of information recorded varied.
● There was not always matching evidence in the paper and electronic versions of the incident and accident reports. Some paper-based records were not entered into the provider's electronic system.
● One person developed a pressure ulcer and staff categorised this as the lowest level of tissue damage. Conflicting information was sent to the local authority, where the report stated the wound was 'stage 2'.
● Another incident involved a fracture sustained after a person fell. A letter to a relative referred to an enclosed 'root cause analysis' (investigation). The report stated, "We can't prevent falls." This was typed in the section indicating what the service could learn from the incident.

We recommend the provider reviews their systems for recording incidents and accidents.

Systems and processes to safeguard people from the risk of abuse
● The manager knew how to report allegations of abuse or neglect to the local authority, so they could be investigated.
● People reported feeling safe at the service. One person told us, "Absolutely. I am not frightened of anyone here."
● All staff had received training in safeguarding adults at risk. The staff were able to explain how to recognise the different types of abuse and how to report any concerns. Staff also said they were familiar with the provider's whistleblowing policy and how to raise concerns about poor care practices. Staff were confident the management team would act on concerns reported to ensure people's safety.

Assessing people's risk, safety monitoring and management
● People had individualised risk assessments in place to mitigate the risk of harm. Examples of risks covered in risk assessments included: pressure sores, falls, nutrition and hydration and bed rails.
● People had personal emergency evacuation plans in place in case of an emergency.
● The service had a business contingency plan which included COVID-19 in place to meet the support needs of people.
● Hanging call bells in multiple communal bathrooms and toilets were tied up. In the event of a fall, a person would not be able to reach them from the floor. We informed the managers this should be remedied.

● 'Wellbeing observation' records were completed for some people to record safety measures. This included the person's location, if the call bell was in reach and whether bed rails were correctly positioned.
● Two people had mesh sliding gates on their doors as requested by the person and family members. Staff said this was to stop people going into others' bedrooms. Appropriate risk assessments were in place.

Preventing and controlling infection
● A dirty linen trolley had clean aprons hanging on the side and some of the shelves were visibly dirty with cleaning products on them. There was a risk of cross contamination. We pointed this out to staff and the managers and immediate action was taken.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● We were assured the provider was facilitating visits for people living in the home in accordance with current guidance. The staff at the service carried out checks before the inspection team were allowed to enter the premises.

Requires Improvement

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Managers told us they did not have an up-to-date list of which people had DoLS authorisations, which had expired and those due for renewal. Staff in one unit were not aware of which people had a DoLS authorisation.
- There were six folders in the manager's office with relevant documents. The manager stated it was their plan to make a list of each person's DoLS status on the weekend. DoLS help to ensure the correct process is used to protect people's human rights and provide the care they need. If these are not reviewed regularly, the person may be at risk of receiving inappropriate care.
- Some DNACPR 'do not resuscitate' orders on file were from hospitals, and not completed at the care home. One was dated 2017, but not reviewed since. Therefore, we could not be assured that these reflected people's current needs.
- Consent was not always obtained or established correctly. One example recorded was telephone consent by a relative for a person's healthcare intervention. The relative did not have the legal right to make the decision. A person's consent for healthcare information sharing was recorded with the relative as the 'decision maker'. They did not have the right within the MCA to make that decision. A relative had signed a consent form for a person to have a vaccination three times; they did not have the legal authority to consent on behalf of the person.

● Mental capacity assessments were completed where a person's ability to make a decision might be impaired. Examples included for types of restraint, such as bedrails. Record keeping in some examples was insufficient. Staff had failed to record whether the person had an enduring or lasting power of attorney, an appointed advocate or if a Court of Protection order was in place.
● Two staff members recorded they completed a mental capacity assessment. The involvement, or lack of involvement of the person's relative was not documented. It was therefore not clear whether they participated in the process or if it was appropriate for them to do so.

The registered person failed to ensure consent was correctly established in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 (1)(3)(4)(5) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience
● The service provided mandatory training in topics, such as fire awareness, manual handling, medicines and food hygiene.
● However, during the inspection it was confirmed staff had not yet received refresher training in relation to oral care. This was discussed with the management team who advised in-house training for oral care would be implemented in the coming weeks.
● All new staff were placed on an induction which included shadowing senior staff and completing all practical training required including manual handling.
● We found staff received additional training in specialist areas, such as dementia. This meant staff could provide better care to people who experienced living with dementia.

Adapting service, design, decoration to meet people's needs
● One unit for people living with dementia had insufficient adaptation to ensure the environment was in line with best practice.
● Lighting choice, flooring, colour schemes and decoration of the unit were not suitable for people living with dementia.
● Some directional signage had rubbed off, was too small for people with visual impairments, and not at eye level to ensure it was easy to view.
● During the inspection the manager and peripatetic manager told us they planned to review and assess the environment on the floors where people were living with dementia. This was to ensure the environment was as dementia friendly as possible and helped to encourage and promote people's independence and sense of wellbeing.

We recommend the provider reviews evidence based best practice in relation to ensuring the premises is suitable for people living with dementia.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Care plans contained information covering a summary of daily routines, including how the person would like their care to be carried out.
● Prior to arrival, an assessment was completed with the person and their relatives to ensure the service could meet their needs.
● People felt involved in their care. One person told us, "Yes. I have had the doctor through, and I know the they update my care plan with any changes. I get exercises for my legs and staff help me."
● People's care plans were reviewed every month. This ensured they were accurate, up to date and reflected the current needs and preferences of people.

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

● People did not always have enough access to drinks to ensure adequate hydration. In two areas, drinks were not displayed so people could help themselves. People were reliant on asking for one or staff offering drinks. This was brought to the attention of the management rea and addressed immediately.

● There was a declared heatwave at the time of the site visit. Managers stated there was a plan to include increased fluids offered, ice lollies and cold jelly and this was observed throughout the days of inspection. Managers stated that staff were informed to record fluid intake charts for all people.

● One person sometimes took up to an hour to eat their meal. They were supported by a care worker to ensure their meal was provided slowly and carefully.

● People received calorie rich foods, such as smoothies and meal supplements if they were assessed as at risk of malnutrition.

● Nutrition and hydration care plans were in place when required. These were reviewed on a monthly basis and the reviews documented input from professionals such as speech and language therapists in order to meet the needs of the person. For example, one person's care plan said, "advice given to provide level 1 fluids (slightly thickened) and level 5 diet (needs very little chewing and no biting)." Although the review documented the required changed, it had not been updated on the person's care plan.

● People told us that the staff and kitchen knew their likes and dislikes when it came to food and drink, "The meals are organised very well. They come around with a menu and let me pick what I want. They know the food that I like and how I like my drinks. Whenever I would like a drink, they always give me one."

● Staff, including kitchen staff, had received training from a speech and language therapist in relation to monitoring people's eating and drinking and to ensure they understood the levels of thickened food and pureed diet.

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

● The service had regular involvement with speech and language therapists, chiropodists, GPs and the local authority to support people to receive effective care.

● Evidence of GP and other primary heath appointments were recorded in folders along with individual care plans, such as for people living with diabetes and other long-term conditions.

●We found evidence of regular conversations between the provider and other professionals to ensure the best outcome for the person.

● Professionals reported good communication in order to meet the needs of the person.

Requires Improvement

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were several notifiable safety incidents which required the service to comply with their duty of candour. For example, circumstances where people had sustained fractures or developed pressure ulcers. The manager had not always sent a written notification to the person or their representative, where required.
- In one letter sent to a relative, they were not informed the person had sustained a fracture.
- A fall by another person also resulted in a serious injury. There was an incident report, a safeguarding referral and letter to the relative, but no explanation of the injury. The letter stated the person's risk assessment and care plan were updated; however, this was not reflected in the 'manager's accident/incident investigation'. There were no supporting statements from staff or witnesses.
- A pressure ulcer was reported for one person. There was no written explanation sent to the person, and no apology provided.

The registered person failed to ensure the duty of candour was effectively followed. This was a breach of Regulation 20 (1)(2)(3) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At this inspection, we found non-compliance with six regulations. The provider had failed to ensure good governance, safe management of medicines, need for consent, staffing, fire safety and ensured duty of candour was applied as required. The provider's governance systems had not identified these issues and therefore we were not assured about their effectiveness.
- Actions had not been taken following a fire risk assessment completed in June 2021 although the action plan had been signed to state the risks had been addressed.

The provider did not ensure there were established governance systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 (1)(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The location had a condition of registration that it must have a registered manager. Although there was not a registered manager in post at the time of the inspection, the provider had taken satisfactory steps to recruit one.

● The new home manager had the knowledge, skills and competence to effectively plan and drive change. They were experienced as a manager previously registered elsewhere by the Care Quality Commission, with a proven track record of ensuring high quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The prior inspection ratings poster was clearly displayed in the building's entrance, and on the provider's website.
● The management team were welcoming and demonstrated an open and transparent approach.
● Evidence of team meetings was reviewed and identified that staff had the opportunity to raise concerns.
● Staff told us they felt listened to by the management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback.
● An annual survey took place for people who use the service and relatives to take part in. This was analysed in order to identify areas where improvement was required.
● Staff told us they knew how to raise concerns and felt they would be confident enough to do so to the new management team.

Continuous learning and improving care
● Quality assurance systems and audits reviewed identified areas of improvement within the service.
● A recent review of the décor of the home had been undertaken and the management team had discussed the improvements they planned to make in order to make the home more dementia friendly. The management team were aware of The Kings Fund (an independent charity working to improve health and care in England) and were planning to use evidence-based research to guide the improvements to the home.
● Where any incidents or accidents had occurred and learning was needed, this was also seen to take place at team meetings as appropriate.

Working in partnership with others
● The local authority confirmed that they worked in partnership with the service.
● There were regular reviews of people's health and social care needs by community-based professionals.

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 11 HSCA RA Regulations 2014 Need for consent How the regulation was not being met: The registered person failed to ensure consent was correctly established in accordance with the Mental Capacity Act 2005. Regulation 11 (1)(3)(4)(5)

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 How the regulation was not being met: The provider failed to ensure the proper and safe management of medicines. The provider had not ensured risks and actions identified had been undertaken in order to maintain the premises to a suitable standard. Regulation 12 (1)(2)(a)(b)(e)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment How the regulation was not being met: The provider had not ensured risks and actions identified had been undertaken in order to maintain the premises to a suitable standard.

Regulation 15 (1)(e)

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 How the regulation was not being met: The provider did not ensure there were established governance systems in place to monitor and improve the quality of the service. Regulation 17 (1)(2)(a)(b)(c)(d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA RA Regulations 2014 Duty of candour How the regulation was not being met: The registered person failed to ensure the duty of candour was effectively followed. Regulation 20 (1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: The provider had not ensured sufficient staffing levels in order to meet the needs of people. Regulation 18 (1)