Mrs J Stead

Chestnut Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We inspected Chestnut Lodge Nursing Home on 5 November 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Chestnut Lodge Nursing Home provides personal and nursing care and accommodation for up to 17 adults and / or older people. The service is situated in Norton and is close to local amenities with good local transportation links.

The home had a registered manager in place. A registered manager is a person who has registered with the Care

Summary of findings

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. The registered manager was on annual leave on the day of the inspection; however the registered provider, deputy manager and nursing staff were able to help us with the inspection process.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Infection prevention and control and health and safety audits were not carried out regularly. Care plan audits were just a tick box and did not inform of the actual checks that had been undertaken.

The registered provider visited the service on a regular basis but did not keep a record of such visits, the people they had spoken with or the checks they had completed.

Staff had not received regular updates on their training to enable them to carry out the duties within their role.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as choking, falls, nutrition and moving and handling, This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision on a regular basis and an annual appraisal.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

The service did not have a high turnover of staff. The registered manager and staff that worked at the service had done so for some time. The registered provider talked us through the safe recruitment and selection procedures they followed including checks they would undertake before staff started work.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed on a regular basis and nutritional screening was undertaken to identify those people at risk of malnourishment.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

We saw people's care plans were very person centred and written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated.

People's independence was encouraged and their hobbies and leisure interests were individually encouraged. Activities and outings were planned and the priest from the local Roman Catholic church visited on a weekly basis. Staff encouraged and supported people to access activities within the community.

Summary of findings

The registered provider had a system in place for responding to people's concerns and complaints. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this 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?

Good

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Appropriate numbers of staff were on duty to ensure that people's needs were met. Recruitment procedures were safe with appropriate checks completed before staff start work.

There were arrangements in place to ensure people received medication in a safe way.

Is the service effective?

Requires improvement

The service was not always effective.

Training for all staff was not up to date. A low percentage of staff had completed training in health and safety and some training such as infection control and equality and diversity had not been refreshed for many of the staff.

People were supported to make choices in relation to their food and drink. People were and nutritionally assessed.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People also had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

People did not raise any concerns. The registered provider had a system in place in which complaints could be made.

Summary of findings

Is the service well-led?

The service was not always well led.

Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.

The service had a registered manager. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Staff told us that they felt motivated and they had team meetings on average three times a year.

Requires improvement

Chestnut Lodge Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 5 November 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. The inspection team consisted of one social care inspector and an inspection manager.

Before the inspection we reviewed all of the information we held about the service. The registered provider was not asked to complete 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.

At the time of our inspection visit there were 15 people who used the service. We spoke with six people who used the service and two visitors. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms.

During the visit we spoke with the registered provider, deputy manager, two nurses, the cook, office administrator and two care staff. We also contacted a representative of the North of England Commissioning Support to seek their views on the care and service provided. They did not report any concerns. We also spoke with a district nurse who was visiting the service at the time of the inspection.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at staff files and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

We asked the registered provider to send us some records after the inspection. Some records could not be accessed on the day of the inspection as the registered manager was on annual leave. The records we asked to be sent to us included the training chart, the results of the last quality assurance survey, supervision and appraisal records of staff on duty on 5 November 2015, water temperature records and quality monitoring audits. The registered manager sent us these records as requested.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "The doors are locked on a night time nobody can walk straight in." A visitor we spoke with said, "She's [person who used the service] in safe hands I have no worries."

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with a nurse and care staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, "X [registered manager] encourages us to talk. She is very approachable and none of us would hesitate in speaking to her and knowing she would take action."

Staff told us that they had received safeguarding training within the last two years. We saw records to confirm that 23 out of 24 staff had received this training in the last two years.

There were individual risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. Risk assessments had been personalised to each individual and covered areas such as health, choking, falls, nutrition and moving and handling.

After the inspection the registered manager sent us a record of the water temperature of baths, showers and hand wash basins. We checked to see that they were taken on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly, however some water temperatures were a little cool at 39 degrees Celsius . This was pointed out to the registered manager who said that she would get the handyman to increase the temperatures to 43 degrees Celsius.We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the call system, fire alarm, fire extinguishers and gas safety. The service had also been tested for the presence of legionella bacteria in the water systems and no legionella bacteria were found. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. The most recent practice had taken place in September 2015. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The office administrator told us that accidents were analysed when the accident book was full. The accident analysis was insufficiently detailed as it did not look at times or where the accident occurred to identify any patterns or trends. This was pointed out to the registered provider. The registered manager wrote to us after the inspection to inform that they did check accidents regularly, however this was not always documented. They told us that as of now they would do a more detailed analysis on a monthly basis.

The service did not have a high turnover of staff. Staff told us that the newest member of staff had been recruited over three years ago. The registered provider talked us through the recruitment process which included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also

Good

Is the service safe?

to prevent unsuitable people from working with children and vulnerable adults. This meant that the registered provider followed safe recruitment procedures. On staff member said, “I’ve been here 25 years. I like working here.”

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that generally during the day and evening there was one nurse on duty and two care staff. Overnight there was one nurse and a care assistant. In addition to this a cook and cleaner were on duty each day. The registered manager was also on duty four days during the week and some of their time was supernumerary. People who used the service confirmed that staff were available should they need them. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, “We work really well together”

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people’s behalf.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment.We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

We asked what information was available to support staff handling medicines to be given ‘as required’. The nurse told us that written guidance (prn protocols) was kept to help make sure they were given appropriately and in a consistent way. We noted that for some people prn protocols were not in place. This was pointed out to the registered provider who said that action would be taken to address this.Arrangements were in place for the safe and secure storage of people’s medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Requires improvement

Is the service effective?

Our findings

We looked at a chart which detailed training that staff had undertaken during the course of the year. Staff received infection control and first aid training every three years. We saw that 75 % of staff had completed training in infection control and 75% of staff had completed training in first aid. Fire training is annually and the training chart informed that 100% of staff had completed this training. We saw that 75% of staff had completed training in moving and handling. However only 29% of staff had completed training in health and safety. Records we looked at during the inspection indicated that training in equality and diversity, whistleblowing, end of life and dementia were only provided as a one off. Examination of records identified that some staff had last completed this training over 10 years ago. This meant that staff had not had the opportunity to refresh their knowledge and skills.

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

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "This is a great home because everyone is well looked after." A relative we spoke with said, "Everybody seems so happy. It gives you a good feeling when you come in the place."

We asked staff to tell us about the training and development opportunities they had completed at the service. They told us even though they had worked at the service for many years they were all undertaking the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They also told us how their training had involved reading policies and procedures.

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "This is a great home because everyone is well looked after." A relative we spoke with said, "Everybody seems so happy. It gives you a good feeling when you come in the place."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "X [registered manager] is very supportive and approachable. We get supervision and I have had my appraisal."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the care records we reviewed contained appropriate assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people.

At the time of the inspection, three people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. The registered manager had submitted applications to the supervisory body (local authority) for authority to deprive them of their liberty. Applications had been authorised with no conditions attached.

We looked at a training chart which indicated that 70% of staff had attended training in the Mental Capacity Act (MCA) 2005 and DoLS. The registered manager was aware of the need to ensure that all staff receive this training.

We looked at the menu plan. The menus provided a varied selection of meals. The cook told us that alternatives were available at each meal time such as a sandwich, soup, jacket potato or salad. The cook was able to tell us about particular individuals, how they catered for them, and how

Requires improvement

Is the service effective?

they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

The cook showed us a list of people who used the service and the food they liked and disliked. The cook was aware of those people who were diabetic and as such needed a special diet. The cook told us that the deputy manager and registered manager made them aware if they were worried about any person who may have lost weight. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. We saw that portion size varied according to choice. Those people who needed help were provided with assistance. We asked people about the dinner provided. One person said, "The food is good I enjoy it." Another person said, "The food is good I just wish I had a bit more appetite." One visitor told us how they were welcomed at each lunch time to enjoy a meal with their relative (small charge applied). They told us how the table was set so that they could sit together. They said, "I come in for lunch and we have our dinner together. The dinners are good every day. No one could say they are not well fed."

We saw that people were offered a plentiful supply of hot and cold drinks.

Staff informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obese. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, "I see the doctor whenever I need to." A visitor we spoke to confirmed that communication was good and they were kept up to date with all appointments relating to health. People confirmed they had received their annual flu vaccination. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options.

During the inspection we briefly spoke with a district nurse who was visiting the service for the first time they told us that they thought staff had behaved in a professional manner.

Good

Is the service caring?

Our findings

People we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, "The staff are very understanding and caring." A relative we spoke with said, "Everybody seems so happy it gives you a good feeling when you come in this place."

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. At lunchtime some people who used the service needed help with feeding. Staff took time and patiently assisted people to eat. Whilst providing this assistance staff were chatting with people and showed a genuine interest in their wellbeing. We heard chatter about pets, family and a local firework display.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, were patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. Staff took time to talk and listen to people. Staff were skilled with communicating with those people who had some difficulty with communication. When one person who used the service tried to communicate their needs and thoughts staff took time to understand this. Over lunch staff observed that one person with communication difficulties was not eating their food. Staff sat with the person the person and worked out that extra gravy was required. The person who used the service was then able to eat their food. This showed that staff were caring.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. We saw that staff treated people with dignity and respect. Staff were attentive and showed compassion. Staff told us how they worked in a way that protected people's privacy and dignity, for example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. We saw that when one person who used the service had finished their milk shake staff discretely wiped their mouth. This showed that the staff team was committed to delivering a service that had compassion and respect for people. A relative we spoke with said, "The staff here are patient, nobody tries to dodge you they just come in." They also said, "You never hear any of the staff moaning. You see the same staff all of the time who are very patient."

The staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

Staff used friendly facial expressions and smiled at people who used the service. Staff complimented people on the way they were dressed. Staff interacted well with people and provided them with encouragement.

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. Some people preferred to spend time in their bedrooms whilst other liked to be in the communal lounge areas. This helped to ensure that people received care and support in the way that they wanted to.

Staff told us that they welcomed family and friends. A visitor we spoke with said, "I'm made to feel more than welcome."

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. We saw how staff encouraged people to walk independently but safely with their walking aids.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Good

Is the service responsive?

Our findings

Care staff arranged and provided activities for people who used the service. The deputy manager told us that people who used the service liked to go out to the local shops and cafes. In house people liked to play dominoes and other floor games such as snakes and ladder and quoits.

People liked to have their nails painted and the service had a visiting hairdresser. The deputy manager told us that a priest from the local Roman Catholic church also visited once a week to say prayers and give communion to those people who want it. A representative from the Church of England church does not visit as no one has expressed an interest for this; however the deputy manager told us this could be arranged if people wanted this.

Every couple of month's singers came into the home to entertain people. People who used the service have enjoyed doing pottery and other craft work. During the summer months some people who used the service helped with arranging the hanging baskets to decorate the outside of the service.

Some people have additional one to one funded care in which social stimulation is provided. People told us that during this time they liked to go out shopping or out for something to eat. One person who used the service told us they were going shopping to buy Christmas presents.

During our visit we reviewed the care records of four people. We saw people's needs had been individually assessed and detailed plans of care drawn up. For example the care plan for eating and drinking for one person who was a risk of choking clearly detailed that their food needed to be cut up in small pieces. It also described how this person needed to be given time to eat their food slowly. On the day of the inspection we saw that care staff supported the person to cut up their food and that the person spent much more time at the dining table than others before they were provided with assistance to go back to their chair.

The care plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing their care plans. This helped to ensure that people were cared for in the way they wanted to be.

We found that care and support plans were reviewed and updated on a regular basis.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff were aware of the life histories of people who used the service. They were aware of people's likes and dislikes and what was important to them. Staff said they got to know people through talking to them and their families and reading their care plan. This helped to ensure that staff would understand people and provide care and support in a way which was acceptable. Staff were responsive to the needs of people who used the service.

People who used the service told us that they had no complaints and that they were very happy with the care and service provided. One relative we did speak with had some concerns and we asked the registered provider to speak with the person and address these. The registered provider told us that they would speak with the relative to resolve their worries. The registered provider had a system in which to log and investigate complaints raised. The registered provider said that there had not been any complaints made in over two years.

Requires improvement

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. After the inspection the registered manager sent us a number of checks which were carried out. We were shown an infection prevention and control audit which was completed in January 2015 by an external person. No other audits in relation to infection control were completed by the registered manager at other times. The care plan audit was just a tick box and did not describe the actual checks that were being made on care plans. Following the audit no action plan was developed. The registered manager informed us that if they were not up to date the named nurse is notified and asked to update it.

The registered manager does a walk round of the service and identifies areas of the home that require repair or equipment that needs replacement, but there isn't a formal health and safety audit which clearly identifies the checks that need to be made.

The registered provider visited the service on a regular basis, however didn't keep a written record of each visit, who they had spoken with and the checks that had been made.

The registered provider said that meetings for people who used the service and relatives had not taken place for some time. The registered manager informed us by e-mail after the inspection that a meeting had been arranged for November 27 2015 and they would now be held every two to three months.

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

People who used the service spoke positively of the registered manager. One person said, "She' [registered manager] is lovely." A relative said, "X [registered manager] is like one of the girls. She is always going around doing something."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "If you have something to say then X [registered manager] will listen."

Staff told us the morale was good and that they were kept informed about matters that affected the service. One person said, "Most of the staff have worked here for years so I think that speaks for itself." They told us that team meetings took place on average three times a year, but that they had regular discussions at other times. Staff told us that they were encouraged to share their views and raise suggestions. They told us they had made a suggestion to develop a communication book. They told us that staff worked at different times during the week and they wanted a way of being able to update themselves quickly for each person who used the service when they returned from their days off. Staff told us that the registered manager implemented the communication book and that it has proved to be a real success.

Staff described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis.

We saw that a survey had been carried out in 2015 to seek the views of people who used the service and relatives. People and relatives were asked for their opinion on food, the environment, staff, the laundry, personal care received and complaints. The results of the survey were that both people who used the service and relatives were very happy with the care and service received.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 18 HSCA (RA) Regulations 2014 Staffing Staff had not received regular updates on their training to enable them to carry out the duties within their role.

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who used the service and others were not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place.