HC-One Limited

Dingle Meadow

Inspection report

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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?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 23 September 2015 and was unannounced. The inspection was carried out by two inspectors. The home had previously been inspected in May 2014 and at that time was found to be fully compliant in the areas we inspected. The home is split into two units, the residential unit on the ground floor and the unit for people with dementia type illnesses on the first floor.

Dingle Meadow provides accommodation and personal care for up to 46 older people. Some people lived with dementia. On the day of the inspection, 42 people were living at the home and there was a registered manager in post. 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.

People who used the service, their relatives and staff told us that they did not think there was always enough staff on duty to meet people's needs. Our observations confirmed that people's needs were not met in a timely manner.

People felt safe in the home and were confident that they were supported by staff who were well trained to do their

Summary of findings

job and keep them safe from harm. Staff had been trained to recognise different types of abuse and were confident that that if they raised any issues then the appropriate action would be taken.

Staff felt well trained to do their job and had access to a range of training to provide them with the level of skills and knowledge to support people safely. Not all staff received regular supervision but felt supported by the registered manager who was approachable and accessible.

Medicines were stored and secured appropriately. People told us that they received their medicines on time.

Communication systems were in place but some staff felt that information was not always passed on to them in a timely manner.

Staff sought people's consent before supporting them and were able to provide us with a good account of how they would safeguard someone if their liberty was restricted.

People were supported to have a nutritionally balanced diet and adequate fluids throughout the day and were offered a choice at mealtimes.

People were supported to access a number of healthcare services such as their GP, the dentist and optician.

Staff were seen to be caring and kind however there were instances where people had their dignity compromised by having to wait long periods to be supported to use the bathroom. People told us they were involved in their care plan and asked how they wanted to be supported.

People and their relatives were asked to provide feedback about the service received through surveys and meetings.

Care plans were personalised and staff understood people's preferences and choices. Staff were not always aware of people's life history and documentation relating to this was not always completed.

Activities were available for people to participate in but on one of the units, there was very little in the way of activities and stimulation for people living with a dementia type illness.

People told us they had raised complaints and they had been dealt with, however there was little documentary evidence available to demonstrate that complaints were fully investigated and acted upon.

People, their relatives and staff described the registered manager as supportive and approachable. The registered manager undertook a number of regular checks on the quality of the service and action plans were in place to follow up any areas of improvement.

We found one breach 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.

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?
The service was not consistently safe.

People and staff all raised concerns regarding staffing levels and we saw the impact this had on staff being able to respond to people's needs in a timely manner.

People felt safe and confident that staff were able to protect them from abuse and harm.

People's medicines were administered, stored and handled in a safe manner.

Requires improvement

Is the service effective?
The service was not consistently effective.

Staff were trained to ensure they had the skills and knowledge to support people appropriately and safely but not all staff received regular supervision.

People were supported to have enough food and drink and staff understood people's nutritional needs

The registered manager and staff understood the principles of the Mental Capacity Act 2005 but had failed to notify us when people had been deprived of their liberty.

Requires improvement

Is the service caring?
The service was not consistently caring.

People and their relatives were complimentary about the staff and the care they received.

We observed that people's privacy was respected but there were occasions where their dignity was compromised dignity due to staff not being able to meet their needs in a timely manner.

Requires improvement

Is the service responsive?
The service was not consistently responsive.

People were supported by staff who were aware of their likes and dislikes, but information available to staff was inconsistent.

A number of activities were available to people on the ground floor, but there was little stimulation available for people with dementia type illnesses.

People were confident that complaints would be dealt with however processes were not always followed.

Requires improvement

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

People and staff all spoke positively about the registered manager and the support she provided.

People and staff were concerned about the staffing levels in the home and the impact this had on people living there and the staff group.

There were a number of quality audits in place that identified shortfalls but action was not evident to drive all the improvements.

Dingle Meadow

Detailed findings

Background to this inspection

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

The inspection took place on 23 and 24 September 2015 and was unannounced.

The inspection was carried out by two inspectors. Before the inspection, the 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 also contacted representatives from the Local Authority to ask them for their feedback on the care provided by this home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. In addition we observed staff administering people's medicines and supporting people during their lunchtime meal.

We spoke with seven people who lived at the home, six relatives, the registered manager, five care staff, the activities co-ordinator and the cook. We also spoke with visiting professionals from the District Nursing service.

We looked at the care records of six people living at the home, two staff files, training records, complaints, accident and incident recordings, safeguarding records, medication records, home rotas, quality audits and surveys.

Requires improvement

Is the service safe?

Our findings

One person told us, "They could do with more staff as I have to wait sometimes". Another person living at the home told us, "I think we could do with more staff; I did raise this at the resident's meeting and the manager was informed. There are more people who need two people to support them and that leaves no-one on the floor". A relative commented, "There's not enough staff, I've been here in the lounge and observed people waiting for care". A visiting professional also commented that they were concerned about staffing levels in the home. Staff told us they thought it would be better if there were more staff. One member of staff said, "It's very rushed, trying to do everything. There's a lot of pressure and we don't have any 'quality time' with people", making reference to being able to sit and talk with people, particularly people with dementia type illnesses. Another member of staff said, "I have raised it with the manager and she tries her best".

We saw that plans were in place to discuss the staffing levels at a team meeting; one member of staff commented, "We are all very tired, we end up being short tempered with each other". We observed there were periods where there were no care staff present in the lounge, as staff were busy supporting other people. We saw one person requested to be supported to go to the toilet and a member of the housekeeping staff asked if they could wait for a member of care staff to return to the lounge. Twenty minutes later this person was still waiting and was becoming distressed. We alerted a member of staff to the person's distress and they were taken to the bathroom. On the other unit, on two other occasions we intervened at lunchtime when people were left in the lounge on their own whilst staff were supporting other people.

We discussed staffing levels with the registered manager. We saw that she had raised her own concerns with senior management regarding staffing levels as she was aware of the effect this had on people living at the home and the staff group. We were told that staffing levels were determined by the number of people living in the home and not their dependency levels. This meant that there were no allowances in place for when people's dependency levels changed and this had a direct impact on the people living in the home and the staff who supported them.

This is breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) 2014

The manager told us that she endeavoured to ensure there was the right skill mix on each shift of senior and care staff and rotas seen reflected this. We discussed how staff absences were also covered in the home. Staff explained that agency staff had been bought in when necessary to cover absences but added "It's hard, as when we have agency we have to explain everything to them".

People living at the home told us that felt well cared for and safe. One person told us, "The staff look after me, I feel safe, they are here to help" and another person said, "I can lock my bedroom door, I feel secure at night". Relatives spoken with told us they felt that staff knew their relative's care needs well enough to keep them safe. A relative told us, "I have peace of mind that [relative] is being looked after" and was confident that their relative was safe.

Staff spoken with had received training in how to safeguard people from abuse. They had an understanding of the different types of abuse and signs they should be looking for when supporting people. Staff were able to describe to us the process they would follow if they witnessed abuse. One member of staff told us, "If I witnessed something I would go to the manager with the facts". They told us they were confident that if they did raise any issues that the registered manager would listen and the appropriate action would be taken.

Staff were able to describe to us the risks to people in the home and how those risks were managed. One member of staff described how they supported an individual with poor mobility. They told us, "Some days, [person] is better on their legs than others, I encourage them to walk a little and always ensure there's a chair or wheelchair close by if needed". We observed two members of staff supporting one person to transfer from a wheelchair to a chair using a hoist. We saw that staff initially seemed unsure if they had put the sling on properly so they asked another member of staff who supported them and provided advice.

We saw where accidents and incidents had taken place these were reported appropriately and actions taken, for example following a fall a person was referred to the falls clinic and their care plan and risk assessments were updated. However, we noted another person had sustained a bruise but there was no body map in place to record the bruising and no explanation as to how it happened. We saw that this person's medicine increased their risk of bruising but there was no care plan in place to monitor their skin integrity. This lack of monitoring meant the

Requires improvement

Is the service safe?

registered manager could not be confident whether the bruise had occurred due to the person's medicine. This was discussed with the registered manager who advised she would put in place guidance for staff to ensure they monitored this person's skin integrity.

Staff spoken with confirmed that checks had been undertaken for them before they were allowed to start work. We looked at staff recruitment records and confirmed that these pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring service (DBS). This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the home. We saw that there were clear staff disciplinary procedures in place and that where necessary these had been followed and acted on appropriately.

We observed a medicine round taking place and people being supported appropriately to take their medicines.

People told us they received their medicines on time, the way they liked it. One person told us they always received pain relief when they needed it and added, "The staff are always here to help you". We saw that medicines were stored and secured safely and audited regularly. We saw that people were protected from the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Staff competency checks took place and we saw evidence where concerns had been highlighted, appropriate action was taken and additional training was put in place. We saw that protocols were in place for people who required their medicines to be given covertly.

We noted that for one person who required blood tests to be completed on a regular basis in order to modify their levels of particular medicine, that this was done and noted appropriately in their records.

Requires improvement

Is the service effective?

Our findings

People told us they told us they had confidence in the ability of staff to care for them appropriately and that staff knew what they were doing. One person told us, "The girls are super; all staff are" and a relative told us, "The staff are good, they know what they are doing".

Staff spoke positively about the support they received from the registered manager and told us they felt the training they received ensured they had the skills to effectively support the people who lived at the home. They told us about their induction, which included shadowing other staff and that they felt well equipped to take on their role once this was completed. One person told us, "The training is ok, I'm the type of person if I don't know, I will ask and I get the help I need". One member of staff told us they had been nominated to attend a manual handling course which would enable them to train other staff once completed. They told us that they had discussed with the registered manager that they wanted to develop their skills and become a senior carer. They said, "The manager approached me, they thought it would be something that would help me". The registered manager told us she was keen to obtain additional training for staff and was looking for training that would be available to provide additional learning with regard to supporting people with dementia. She wanted to ensure that all staff in the home received this training. She had also identified a member of staff to become dignity champion. We discussed the additional training that she had identified in the PIR return with regard to the Mental Capacity Act 2005 (MCA) and she confirmed that she was still looking into this.

Not all staff spoken with received regular formal supervision, however they all described the manager as 'supportive' and 'approachable' and told us her door was always open to them. One member of staff said, "I can ask for supervision if I need it urgently, [the manager's] door is always open" and another member of staff said, "It's been a long time since I had supervision; we are very busy". We discussed this with the registered manager, she told us that due to the absence of a senior member of staff, it had been difficult to ensure that all staff supervisions took place as regularly as she would like, but she added that she ensured she was available to staff and was looking to rectify this as soon as possible.

We observed that handover sheets holding detailed information were passed between each shift and any updates during the day were also passed on at the daily 'heads of department' meetings. However, we spoke with staff regarding the sharing of information between shifts and some staff told us they had concerns that information was not always passed on to them. One person told us, "If there are any changes in someone's care plan the senior care will deal with the information. We have to ask the seniors – I always make sure I get the file and read it myself but I don't know if the others do this" and another member of staff added, "We have to ask the seniors, they don't always give us the information straight away". This meant that information was not always passed on in a timely manner, which could result in people's care needs not being met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 received 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 met.

We observed and heard staff seeking people's consent before they assisted them with their care needs. Staff spoken with were aware of their roles and responsibilities with regard to MCA and DoLS and what this meant for the people they supported. For example, they were able to describe how they supported one person to maintain their independence with regard to their personal care routine, ensuring they respected the person's choices but also the importance of maintaining their skin integrity. We saw that the registered manager had submitted an application to the relevant 'Supervisory Body' in order to deprive a person of their liberty and that this application had been authorised. However, the registered manager had failed to

Requires improvement

Is the service effective?

formally notify CQC that the authorisation had been granted. The registered manager agreed to do this immediately and the following day the notification was received.

All people spoken with told us they enjoyed their meals and that they were offered choices and also snacks during the day. We observed people enjoying their meals at lunchtime and for those people who did not want what was on the menu, alternatives were provided. People were offered a choice of where they preferred to eat their meals and were supported discreetly by staff where required. A relative commented to us, "Mom loves the food, she always gets a choice". We saw drinks being offered throughout the day and staff supporting people in line with their care plan and risk assessments in order to maintain adequate nutrition and hydration. We spoke with the chef who was aware of people's preferences and dietary requirements. They told us they were provided with a 'diet notification sheet' for each person who lived at the home which was completed on admission. This included information on any allergies, likes, dislikes, preferences or special dietary needs the person may have. They confirmed that they were kept informed of any dietary changes by care staff and were able to provide us with examples of this. We saw evidence of people being referred to a dietician following concerns regarding their diet. Staff were able to tell us and records showed how this was followed up and advice was taken from the Speech and Language Team [SALT].

Discussions with people, their relatives and staff confirmed that people's health care needs were identified and met appropriately. One person told us, "Staff are always here to help you" and a relative told us, "When [person] was chesty they got the GP in straight away, they were very responsive". Records showed that people were supported to access a range of healthcare professionals including opticians, dentists and chiropodists. People told us that if they were unwell, arrangements were made for them to see their doctor. One person told us that staff had helped sort out a specific piece of equipment for them to help with their mobility.

Requires improvement

Is the service caring?

Our findings

We observed that people living in the home had warm, friendly relationships with the staff that cared for them and staff displayed a caring nature towards the people they supported. People described the staff as, 'caring' and 'genuine'. One person told us, "It's a lovely place, I wouldn't live anywhere else" and another person added, "This is my home and I think it's great, I am very happy here" adding, "We can have a laugh with them [the staff]".

People told us they felt listened to and had been asked how they wanted their care delivered. Family members also told us they had been involved in their relatives care plan and that the home had sought information on the best way to meet the needs of their loved one. Staff were able to tell us people's likes and dislikes and how they liked to spend their days. One member of staff told us, "I read people's care plans when they first come in and get information from the 'Remembering Together' a booklet produced by the home containing people's life history information].

We saw that meetings (chaired by one of the people living at the home) took place with people and their relatives. People were encouraged to voice their opinions on a number of issues in the home, including staffing levels, menus and activities. We saw that people's comments were taken on board and action points were noted to be reported on at the next meeting in relation to the menus and activities but there were no action points in relation to the staffing levels.

We observed staff were very busy throughout the day, but when they spent time with people they were very caring and they interacted well with them and their relatives. We observed staff offering people reassurance as they were hoisted. Staff addressed people by their names and asked how they were. We saw that before entering people's rooms, staff knocked and spoke to the person to tell them who they were and ask permission to enter. We saw one person required constant reassurance during the day; all staff spoke calmly and consistently with this person and offered them the reassurance they needed. People told us they were treated with dignity and respect and we observed this. A relative told us, "My wife looks well presented". A member of staff said, "I always knock someone's door and wait before entering their room" and we observed staff discreetly adjusting a person's clothing and telling them about it in a light hearted manner, which they both had a laugh about. However, we also observed people waiting to be taken to the toilet and becoming distressed about this which compromised their dignity.

People told us they were supported to make their own choices and decisions regarding their daily routines, one person told us, "I always make my own decisions; staff always ask me first".

We saw people were encouraged to maintain their independence where possible, and we observed this. For example, we saw one person being encouraged to walk a short distance but being reassured that a wheelchair was available to support them, should they need it. One person told us, "Staff encourage me to be independent, so I maintain my skills".

Relatives spoken with told us that they could visit at any time and that staff were always friendly and welcoming. One relative told us, "They [the staff] are very caring, I've no complaints" and another added, "[Relative] always looks so well and always has her handbag with her. [Relative] can be stubborn but they always let her make her own choices".

Staff were aware of how to access advocacy services for people, should they wish someone to act on their behalf, but at present, no-one living at the home was using this service.

Requires improvement

Is the service responsive?

Our findings

We saw that prior to people being admitted to the home, pre-assessments were in place including risk assessments. People told us that they had been involved in their care plans and had been asked how they would like to be supported and records seen confirmed this. We saw that care records were written in a way that would provide staff with the information they needed to support people the way they wanted, for example, the time people preferred to get up in the morning and if they preferred a male or female carer. A member of staff told us, "When people arrive, we sit with them and their family and develop their care plan". We saw that care records were reviewed monthly or if there had been changes in a person's care needs. Staff were able to describe the 'resident of the day' reviewing system that was in place that ensured members of staff from different departments in the home were involved in the review not only of a person's care and health needs, but also social needs and also reviewing the maintenance of any equipment and their living environment.

We saw that information was collected regarding people's life histories in the form of a 'Remember Me' booklet. We saw that this was a new document that was introduced by the provider. The activities co-ordinator was in the process of working on completing this information for all the people living in the home. People spoken with were happy with the activities that were available to them, they told us they enjoyed singing, games, outings, exercise sessions and that the hairdresser and library service also visited. One relative told us, "I think there are enough activities for my Mom". Another relative told us they were aware people were supported to go out or join in games but their relative didn't like to join in but liked to watch. They told us they were happy with this.

We observed that there was a difference in what activities were available for people living in the home, depending on which unit they resided. For example, the activities co-ordinator described to us the different activities people living on the ground floor liked to participate in, such as, watching particular films, reminiscing, visiting the local shops and taking part in the fortnightly 'movement to music' class which they told us they enjoyed. On the unit for people with a dementia type illnesses, the activities co-ordinator had taken some people out shopping. However, we observed that the people remaining sat in the lounge area with very little or no stimulation. We observed people were sleeping or staring passively around the room and staff did not have the time to engage with them. We saw efforts had been made to make parts of the unit more interesting for people, for example a nursery themed area which had been thoughtfully put together and which a number of people enjoyed using.

We saw that previously, there had been a member of staff who was able to drive the minibus and people were able to access the community on a regular basis. However, we were told this post had been vacant since last year. The registered manager told us she had recently identified a member of staff who could take on the role of minibus driver and it was anticipated that people would be able utilise this and go out on trips and visit places that interested them.

People living at the home and their relatives told us that they knew how to make complaints and if they did so they were confident that they would be dealt with appropriately. One person told us, "I can always go to management if I need to, if I am not happy. If I need staff they will help. I am very satisfied". A relative told us, "Staff are here to look after [relative], I would report any issues to the manager if I had any concerns; [relative] is happy here, I would say otherwise". People told us how they had made complaints verbally to the registered manager and that they had been acted upon. However, these complaints were not always recorded appropriately and there was no record of the outcome of the complaint and any lessons learnt. We saw where formal complaints had been raised they had been recorded and responded to but there was no evidence of the full investigation. We discussed this with the registered manager who advised that she would re-visit the systems used to record complaints in order to ensure lessons were learnt.

Requires improvement

Is the service well-led?

Our findings

People living at the home spoke positively about the registered manager. They told us that she was always visible and they saw her daily. One person told us, "The manager is ok. I can talk to her, she comes into the lounge and says 'hello' to see how we all are, and it's a nice place". Relatives spoken with all told us that the registered manager had a visible presence in the home, one relative commented, "It's a good home, my wife is well cared for" and another added, "The manager is seen out and about and is visible, it's a lovely home".

The registered manager spoke positively and honestly about the staff working in the home. She was able to tell us about the challenges she faced regarding staffing levels and she acknowledged the impact this had on the people living at the home and the staff. She told us, "I have a good staff group; it's important that I support them". We saw evidence of how she was providing support to individual staff with their development and learning. We saw that whistle blowers were protected and supported and that there was an ongoing disciplinary process that was taking place within the home. The registered manager was mindful of the impact that this was having on the whole staff group. She told us, "The residents always come first and the staff come a very close second; if I don't look after them who will support them?"

All staff spoken with told us how supportive the registered manager was and were aware of their roles and responsibilities within the home. They told us they felt listened to and were able to voice their opinions in staff meetings. Staff were able to provide us with individual examples that were personal to them, where the registered manager had supported them. One member of staff told us, "The manager has been very supportive when I've had some personal issues to deal with" and another commented, "The manager is nice. I can talk to her and I do feel supported".

It was acknowledged by the registered manager that staff supervision was not taking place as frequently as she would like. We saw that she ensured staff could approach her for support and staff meetings were taking place in order to ensure staffs voice was heard. All staff spoken with told us they were concerned about the staffing levels in the home. They all acknowledged that the registered manager had tried to address the issue but it still remained a problem. We also saw that some paperwork was not consistently completed which meant that coupled with the concerns regarding communication, the registered manager could not be confident that all staff were made fully aware of people's preferences or changes in their care needs, in a timely manner.

The registered manager told us, and we observed that she conducted regular walks around the building, several times a day. We saw that she used her own quality checklist and spoke to people living at the home, their relatives and staff. It was clear that she knew the people living in the home and they knew her. She told us that her daily walk rounds were her way of keeping an eye on things and ensuring people were safe in the home. We observed the daily heads of department meeting which was used to pass on any relevant information and action points for staff. The purpose of the meeting was to ensure that all staff were up to date with what was happening in the home and were aware of each other's roles and responsibilities. As well as regular medication audits and competency checks, she used the walk round to observe staff practice and competency levels in other areas such as manual handling techniques. We saw that there were systems in place to monitor and assess the quality of the service and any risks to the health, safety and welfare of people who used the service. The registered manager completed regular audits and checks and responded to any actions required in a timely manner. We saw that monthly audits were also completed by the provider and evidence of action plans being put in place in response to any concerns raised. Action plans were updated once they had been completed.

The registered manager talked about her plans for the home, and developing staff awareness and training in respect of dementia care. She told us that she had identified a particular member of staff to become a dignity champion as part of this process and also their ongoing development. On the first floor, we saw one particular area had been developed to resemble a small nursery area and plans were in place to use another small alcove and develop it to resemble a shop. The registered manager told us she also had plans for a sensory room. She told us, "We are trying to develop the person centred care we provide, we get feedback from people at the resident's meetings, we go with what they tell us and use that information".

Feedback was sought from people living in the home and their relatives through a variety of means. There was an

Requires improvement

Is the service well-led?

electronic touch screen system entitled, 'have your say' in the main hallway of the home that all people and visitors were encouraged to complete. We also saw that a recognition award for staff had been introduced and people were encouraged to vote for members of staff who could receive the 'kindness in care' award several times a year. Meetings took place for people and their relatives and action points were noted and the information passed onto staff. We saw at a recent meeting, people had raised a number of issues including a number of comments regarding the menus and meals provided. The registered manager was working with the chef to respond to the points raised and to discuss at the next staff meeting. A survey had also been sent out to families for completion and they were awaiting the results of this.

The registered manager was aware of the legal requirements of her role in order to notify us of a number of incidents. However, she was not aware that she was required to notify us when a DoLS application had been authorised.

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 How the regulation was not being met: Sufficient numbers of suitably qualified, competent, skilled and experiences persons must be deployed in order to meet the needs of the people living at the home.