

## Gorseway Nursing Home Limited

# Gorseway Nursing Home

### Inspection report

354 Sea Front  
Hayling Island  
PO11 0BA

Tel: 08000121247  
Website: [www.agincare.com/care-homes/hampshire/gorseway-nursing-home-hayling-island](http://www.agincare.com/care-homes/hampshire/gorseway-nursing-home-hayling-island)

Date of inspection visit:  
18 March 2019  
19 March 2019

Date of publication:  
15 May 2019

### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Requires Improvement</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

About the service:

Gorseway Nursing Home provides personal and nursing care for up to 88 people. At the time of our inspection 47 people were using the service. Some people using the service were living with dementia or had physical support needs.

People's experience of using the service:

People were not provided with sufficient and meaningful activities. Engagement between staff and people was poor because the provider failed to deploy sufficient numbers of skilled and experienced staff at all times. Records relating to risk management and the Mental Capacity Act 2005 (MCA) were not always completed, which meant decisions made in people's best interest were not consistently sought in line with legislative requirements. Feedback from healthcare professionals, relatives and people was mixed and the culture within the home was not person-centred. Staff were task focused, did not always respect people's dignity and people's preferences and wishes were not always known or detailed in care plans. The providers governance systems had not been fully implemented and they required time to develop. There was a lack of confidence in the leadership and staff felt unsupported in their role.

The provider had acknowledged there were areas that required improvement such as dementia care, activities, staffing, leadership and the culture. There were some plans in place and additional work that had started after our visit to begin developing the home. The provider was in the process of implementing a new IT system which we were told would drive significant improvement in relation to recording information.

Why we inspected: This inspection was planned as the location was newly registered under a new provider. The new provider took over the registration of the service on 23 October 2018.

Rating at the last inspection: This was the locations first inspection since registering with the Care Quality Commission (CQC).

Follow up: We identified five breaches of the Health and Social Care Act 2008. An action plan will be requested to ensure improvements are made. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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 always caring.

Please see our findings for Safe detailed below.

**Requires Improvement** ●

### Is the service effective?

The service was not effective.

Please see our findings for Effective detailed below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Please see our findings for Caring detailed below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Please see our findings for Responsive detailed below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Please see our findings for well-led detailed below.

**Requires Improvement** ●

# Gorseway Nursing Home

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was carried out by two inspectors, an inspection manager, an expert by experience, a pharmacist inspector and a specialist advisor in relating to nursing care. An expert by experience is someone who has personal or professional experience of this type of service.

**Service and service type:** The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

**Notice of inspection:** This inspection was unannounced.

**What we did:** During the inspection we spoke with 14 people, 12 relatives, 10 members of staff, the operations manager, the clinical operations manager, the registered manager and four visiting professionals. After the inspection we obtained further feedback from one healthcare professional.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them.

We reviewed eight people's care records, medicines records, reviewed the providers recruitment process and checked a number of the providers policies and procedures relating to dignity and respect, staff training, support and supervision. We also looked at documents relating to the governance of the service.

# Is the service safe?

## Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Some people said they felt safe in the service however, despite this feedback we found concerns about the safety of the service.

Assessing risk, safety monitoring and management.

- Risks associated with people's care were not consistently documented in people's care plans.
- One person lived with diabetes. Whilst there was some advice for staff concerning the person's dietary needs, there was no information concerning the management of possible emergencies, such as hypoglycaemia (low blood sugar). Despite the lack of records, staff were knowledgeable about the care the person required. On the second day of our inspection the operations manager provided us with an updated care plan which detailed the care the person required to manage their blood sugar and what to do in the event of an emergency.
- People had fire evacuation plans in place. Fire risk assessments were reviewed in January 2019 and weekly fire alarm tests were conducted. Monthly fire drills were carried out with the last fire drill on taking place on 11 March 2019. However, the length of time it takes to complete an evacuation was not recorded. This was feedback to the maintenance worker who agreed that would be beneficial.
- One person had been identified as being at high risk of falling. There were risk assessments in place regarding this, which described a number of actions that should be taken to reduce the possibility of harm. These included the use of sensor mats and the use of specialist equipment, such as hoists and other mobility aids. Comments from people included, "They rushed out and picked me up and put me on the bed. I've had about 4 falls" and, "They called an ambulance, I went to [hospital] and had 15 stitches".
- Other areas of risk were well managed. Three people were living with leg ulcers which were acquired before coming to live at the home. There were wound management care plans and wound dressing protocols in place, along with body maps and photographic trackers. Advice, when deemed necessary by registered nurses, had been sought from Tissue Viability Specialist Nurses.
- Two people lived with sleep apnoea, a potentially life-threatening condition. Their care plans contained up to date and relevant information for staff concerning its management, including the use of specialist equipment and the risks associated with the condition.
- The provider had a business continuity plan in place which considered accommodation loss, electrical supplies disruption, flood, gas supply failure, heating loss, information loss, staff disruption and lift breakdown. The plans in place were recorded under the previous provider. However, the details of the procedures had been reviewed and we were told the protocols remained accurate.

Staffing and recruitment.

- The providers systems for assessing staff deployment were not utilised effectively to accurately determine the care and support people required with all elements of their care. The providers assessment tool considered people's mental health and wellbeing, continence, pressure care and mobility. The dependency

tool noted that no person scored higher than level one for mental health and wellbeing care. We ascertained that the scoring for three people was incorrect, meaning we could not be confident the system used to determine staffing needed in the home, was operated effectively.

- We observed staff and their interactions with people throughout the day. Staff were unable to spend extended lengths of time with individuals to meet their social and emotional needs on a one to one basis. Comments from people and relatives included, "There's not enough staff, they do work really hard. The lowest are the carers, they work very hard, they're never just sitting about, but you never see them. If two of them are needed to lift someone, that can leave the floor with no one. You never see a carer sitting in a room chatting to someone", "You ring the buzzer and they're a long time coming. It's not their fault, but it's a long time", "They're understaffed. They are all run ragged. At Christmas they all looked so tired. It's grossly understaffed. They have a lot to deal with before lunch, personal care. I don't mind being in bed all morning. They struggle to get their few minutes break. They are all fantastic and they all work hard. I've said I'm the last one to be sorted before lunch. I've said it, but it hasn't been changed."
- We observed one person shouting for help for a period of four minutes. They were very emotional and were extremely agitated. Inspectors intervened to ease the person's distress until a member of staff appeared.

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

- Appropriate checks had been conducted to determine staff suitability to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. Personal Identification Number (PIN) for nursing staff were checked via an effective governance system.

Systems and processes to safeguard people from the risk of abuse.

- Staff understood their role in how to protect people. They had undertaken adult safeguarding training within the last year. They understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local adult services safeguarding team should be made, in line with the provider's policy. One staff member said, "We would refer anything like that to Safeguarding and notify the CQC. It (abuse) won't be tolerated".
- Comments from people and relatives included, "Yes, very safe. When he was at home, he was refusing care. Here he's safe because he's in a home; he's got people to call on" and, "Very much so. I'm in every day, I keep an eye on things and I tell staff if I'm worried and I've never been let down".

Using medicines safely

- Medicine administration was safe and medicines were stored appropriately.
- The temperature of medicines storage areas was checked daily and maintained at safe levels.
- Medicines records were clear and accurate.
- Protocols were in place for 'as required' medicines to ensure staff had access to guidance about the administration and monitoring of these medicines.

Preventing and controlling infection

- We noted the home was clean. We did not detect any malodours during our visit. We noted the provider put preventative measures in place where necessary, for example, ensuring the adequate provision of personal protective equipment (PPE) for staff, such as gowns and gloves.
- There were hand hygiene stations around the home. All hand basins contained hot running water, soap and disposable towels. Bathrooms and toilets were clean and free of litter or debris.

- Staff received regular training and updates in the area of infection prevention and control.

Learning lessons when things go wrong.

- The operations manager was honest and open about the lessons they had learned. The clinical operations manager commented, "The new digital care management system is being introduced across Agincare Care Homes to promote better and more effective care management systems and oversight and enhance good governance".

# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Some regulations were not met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Relatives told us people's need were assessed prior to moving to the service.
- Records demonstrated an assessment including an initial risk assessment was conducted.
- Care plans were not always person-centred and lacked important information such as how to support someone with specific religious beliefs. However, staff were able to describe the care they required.

Staff support: induction, training, skills and experience.

- Registered nurses had received medicine competency assessments but where areas for development were recognised and a follow up assessment was identified, there was no evidence this had taken place. For example, one nurse(RGN) had a medication competency assessment dated 10 August 2018 which detailed areas for development around learning about dementia care and understanding diagnosis and medicines. The record stated a review of this was to be conducted on 4 September 2018. We found no evidence under the new provider that this development area had been completed.
- Staff did not always receive effective learning and development opportunities. Staff consistently told us they required more meaningful training in how to care for people who were living with dementia. One member of staff said, "Some of the staff don't understand the dementia. They don't get it and they've all had the training" and, "We have one person who has challenging behaviour and the staff aren't really trained properly in how to deal with it".
- Records and competency assessments did not consistently demonstrate staff received appropriate support, supervision and training.

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

- New staff completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care based roles.
- Records showed staff took part in many training sessions. These included, safeguarding, food hygiene, infection control and medicine management. The operations director told us further training in understanding dementia was in the process of being implemented.
- The clinical operations manager commented, "Agincare ensures all new staff complete Dementia Awareness training as part of their induction (Standard 9 Care Certificate) and has a QCF Level 3 Principles of Dementia Care course" and "

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



- Feedback about food options was generally positive. Comments included, "It's very good. I've put on weight since I came here" and, "The food looks good. When she's well she eats well", "They have a menu, when we're here we tick what she'd like. When we're not here they show her the choice of plates and she points". One relative said, "There's not enough for her, she's vegetarian. It's all jacket potatoes and omelettes. You'd think they could come up with something better than that. It is the 21st century".
- Staff were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. For example, one person was at heightened risk of choking due to difficulty with swallowing. The person had been referred to and seen by a speech and language therapist and was provided with thickener to add to drinks. Staff were aware of the importance of adhering to the use of these and the need for close supervision during mealtimes. The chef attended a daily meeting where issues surrounding food and drink were discussed and addressed.

Staff working with other agencies to provide consistent, effective, timely care

- We received mixed feedback from healthcare professionals. One professional told us, "I do find it hard to get hold of staff when I'm here. I find their knowledge varies from staff to staff. What is worst though is that I contact them before I come to an assessment because I need paperwork preparing beforehand, such as photocopies. It's never been done, not once. So I waste time chasing that up". Another professional told us, "They (staff) are knowledgeable. It's the nurses I deal with mostly. I go to places where staff are better informed, I mean some staff here need to refer to their notes but they can tell me what's going on. They do refer to us appropriately and they do follow up on what we ask them to do".

Adapting service, design, decoration to meet people's needs.

- There was appropriate signage to facilities such as toilets and bathrooms; however, communal areas such as corridors were not decorated in such a way as to differentiate between areas of the home, which would have been useful to people living with dementia. People's names were on doors to their rooms; staff also wore uniforms and badges to enable people and visitors to identify them.
- During our feedback session the operations director provided us with a quality audit which highlighted areas of the home they had planned to develop in line with best practice guidance.
- We observed staff assisting people to move using a variety of hoists and stands. We noted there were enough staff to do this safely; staff were evidently competent in managing this and treated people with dignity and respect whilst undertaking it. We also noted that those whose mobility was restricted, or were bedbound, had access to their call bells. We did note that call bells were constantly being used throughout our visit. Most, but not all, were promptly answered.

Supporting people to live healthier lives, access healthcare services and support.

- We noted from our examination of care plans, that people were able to access a wide variety of core and specialist external services. For example, referrals had been made to agencies such as dietitians, speech and language therapists and hospital consultants.
- Feedback from people and relatives about access to healthcare. Comments included, "She sees the doctor, that's been very good. She hasn't had the dentist in, she hasn't had to. She's had the speech therapist several times", "I've seen the doctor because of my legs, they're terribly swollen" and, "They tell you when the doctor is available. I've seen them a few times here".

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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found no formal consent had been obtained, that is a signature of a person or their representative, in any of the care plans we looked at. No meaningful consent had been obtained in the compilation of care plans, in the devising of risk assessments, for photography or access to care plans by external agencies .
- There were also issues regarding the assessment of people's mental capacity. Mental Capacity assessment were not always completed to reflect this had been assessed when needed. One person had been subject to a Deprivation of Liberty Safeguards (DoLS) request which was sent on 5 November 2018. The request stated the person, "Is living with dementia and requires assistance in almost every aspect of their daily life". However, we found no evidence of a mental capacity assessment in the care plan to formally establish this. Their cognition care plan of 4 November 2018 had stated they were capable of making simple day to day decisions. There was no evidence of a best interests meeting and decision being made, which would have informed staff regarding the necessity, or otherwise, for a DoLS request. We spoke with the manager about this and they were unable to tell us why this had not been done.

This was a breach of Regulation 11 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

- After the inspection the registered manger sent us documentation showing staff had begun to assess people's capacity to make decisions and that these decisions were being recorded.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People did not always feel well-supported, cared for or treated with dignity and respect. Some regulations were not met.

Respecting and promoting people's privacy, dignity and independence.

- Feedback from people and relatives did not demonstrate dignity was always respected. Comments included, "They were rude about how I sounded using the sleep apnoea machine. They said I sounded like Darth Vader. I wrote to [manager] about it and she took him in her room and then he came to apologise to me" and, "I can come in at 11.00 and [relative's] not showered or dressed. I say it's nearly lunch time and I know he's going to be angry. They said they've had an emergency or someone's out and they've had to reorganise the staff. I say, 'Sorry, but that's not my problem" and, "I've come in four times and there's been handover sheets left on the worktop in the dining room with people's names and confidential information on them. I've gathered them up and gone into the office and said to [manager]. That's not good enough."
- We observed people did not always receive emotional support when they required it. For example, one person was shouting for help as they were anxious about not seeing their partner. Staff did not respond to the request.

This was a breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Ensuring people are well treated and supported; respecting equality and diversity.

- Feedback from relatives and people were mixed. Comments included, "The staff are very good, they'll give them [people] a cuddle. He [Person] had to go to hospital and a carer went with him and stayed with him all day. He said she never left his side. It was from 09.00 am to 7pm. She was brilliant, fantastic and of course she was able to see to his toilet needs" and, "He's funny with the night staff though, he says they don't talk to him. He says they treat me like a bag of lime". Other comments included, 'They are lovely people" and, "They respect me and they care a lot".
- We looked at pre-admission assessments and care plans in the light of issues surrounding people's cultural needs. In all cases, we found little in the way of personal and social histories, which could be used to ensure people's cultural needs were met. There was a section in care plans on cultural needs, but three of the four care plans we looked at contained very little relevant information in this regard. One person's care plan did contain detailed information concerning the person's atheism and how this would affect the person's end of life care and funeral rites.

Supporting people to express their views and be involved in making decisions about their care.

- We looked at care plans in order to ascertain how staff involved people and their families with their care as much as possible. Care plans and risk assessments were devised, reviewed and signed by staff. There were regular, formal care reviews conducted by staff; we found evidence of people or their representatives'

involvement in some of these but not others.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Some regulations were not met.

End of life care and support.

- No-one living at the home was in receipt of end of life care, which would mean death was imminent. However, one person was receiving palliative care in the home and receiving visits from external palliative care staff. We looked at their Advanced Care Plan, which would indicate the person's wishes and care needs concerning the end of their life and how that could be met by staff. It did not contain any information. We raised this matter with the registered manager and the operations director who responded by completing the record on the second day of our visit.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People were not always provided with meaningful activities or social and emotional interaction. One relative said, "Once when I was about to go, [relative] said, 'Don't go, I won't have anyone to talk to.' There are activities but if they don't want to do them or they're not very mobile, they just sit in their rooms. People can get quite isolated if they can't walk, especially in winter when they can't get out in the garden". Other comments included, "When I'm here, I take her along. It's difficult because she can't speak, so she nods to everything. She can't do things like jigsaws" and "There's not a lot. I don't go to the films. I like the crafts".
- We observed staff interacting with people throughout the day. There was not a lively or inclusive atmosphere in the home. Communal areas remained largely unused during our visit; when they were, staff presence was minimal. We observed very little in the way of activities or meaningful occupations. People were left alone without stating that they wished to be. A large number of people remained in their rooms all day without regular staff contact. There was some engagement between people and staff at lunchtime in the dining room; however, staff were very busy and did not appear to have the time to spend with people.

This was a breach of Regulation 9 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

One the first day of the inspection we observed Pet therapy taking place for people who were in their rooms. The notice board located in the communal hallways provided information about word games, music, reminiscence hour, movies, cookery and sing along with music man, board games. An art and craft session was held in the sea view lounge which was attended by some people.

Improving care quality in response to complaints or concerns.

- We noted the complaints procedure was available for all to view in communal areas. It contained information about how and to whom people and representatives should make a formal complaint to. There were also contact details for external agencies, such as the Local Government Ombudsman. Relatives told us there were occasions when they had made complaints and said issues were dealt with.

## 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.

There were shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Leadership and management did not ensure person-centred, high quality care was delivered. The provider had failed to ensure there was sufficient and effective oversight and governance at the service. Systems had not always been effective in identifying shortfalls and unsafe practices. As a result, safe standards of care were not consistently delivered.
- Records relating to the assessment of risk and the use of the MCA were not identified through auditing. Systems were not effective in identifying sufficient deployment of staff to meet people's needs at all times and training for staff was not always effective. Governance systems failed to identify people were not always treated with dignity, equality and respect. The provider failed to create a person-centred culture within the home.

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

During our feedback sessions at the end of our inspection visit, the operations manager, the clinical operations manager and the registered manager presented us with a number of audits and improvements plans they had carried out. These demonstrated the provider was aware of some of the areas that required improvement and they had put plans in place to develop the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others.

- The service had experienced an unsettled period due to a change in ownership in October 2018. Staff told us this had resulted in frustration and mixed messages between various staff members.
- Staff and relatives were not always supportive or complimentary about the leadership within the home. Comments included, "They say [manager] has a surgery, but that just seems to be on paper. You don't see her; the manager's not visible around the home", "I suggest you tell the manager to get to know her residents", "The manager can't manage anything. She's let three staff go off on holiday all at once. The good carers have all gone for good. No one asks you questions like you're doing, they don't want to know" and, "There's more to do. There's issues from higher above. There's no close management, it needs tightening up". Other comments included, "I'm over the moon with [manager]. I trust her. I've got a lot of time for her" and, "She can be firm but I don't mind that at the right times".
- Whilst records demonstrated staff and the registered manager made appropriate referrals to healthcare organisation, feedback from professionals was not always positive about sharing information. One

professional told us they frequently asked for documentation when conducting care reviews but this failed to materialise.

- Documentation demonstrated improvements in leadership were required. At the time of our inspection the registered manager had told us they were leaving the service and were in the process of working their notice period. The operations manager and the clinical lead were in the process of interviewing candidates for the role.

Continuous learning and improving care.

- The operations manager, the clinical operations manager and the registered manager responded positively after we provided feedback at the end of our inspection visit. For example, a number of audits and work had been carried out in relation to the MCA and the assessment of risk. After the inspection we continued to receive evidence that demonstrated the provider had taken action and was keen to learn lessons to develop the service.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People were not always provided with meaningful activities and records relating to care were not consistently person-centred.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not always treated with dignity and respect.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Decisions made in people's best interest were not always documented.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems were not always effective in recognising and driving improvement.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The registered provider had failed to ensure sufficient staff were appropriately, trained, skilled and deployed.



