

# Lansglade Homes Limited

# The Mallards

## Inspection report

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## 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

The Mallards is a residential care home providing personal care and accommodation to 23 people aged 65 and over at the time of the inspection. The service can support up to 23 people.

### People's experience of using this service and what we found

We found shortfalls with the hygiene and how the risk of infection was managed at the home. There were also issues with the maintenance and upkeep of the home, which could also contribute to poor infection control. We also identified shortfalls in some staff practice in this area. Some people's equipment and certain rooms such as bathrooms were not clean which put people at potential risk of harm. The provider acted on these issues. They sent us an action plan with scheduled work. Some of this started during and just after the inspection.

Some staff were knowledgeable about what constituted abuse and harm and they knew what to do about it. Other staff did not have a good understanding or knowledge in this area. People had risk assessments in place, but these did not always guide staff practice to further promote people's safety.

Staff told us, and we observed that, there was not enough staff to meet people's social needs and spend time with people. People received their medicines as prescribed, but we found poor practices with ensuring people's creams were in date and safe to use.

People told us that they felt safe living at the home. People's relatives said they had no concerns about their relative's care.

We saw that people did not have a positive dining experience. There was no real atmosphere within the dining room and lounges at this time. Staff did not always respond to people's request for more food or if they needed support. We observed poor staff practice when some people were being supported to eat their meals. People had limited choice and control over what they ate and drank. Pureed food was not presented in a way to make it look appealing.

We identified shortfalls in staff practice in relation to helping people to move in a safe way which promoted people's dignity.

Staff received training, supervisions, and felt supported by the registered manager.

People were not always supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

There were improvements needed in terms of the service promoting people's dignity and respect. In terms of how people's rooms and personal equipment was looked after, the hygiene and up keep of the home reflected poorly on how people were valued.

People who could communicate with us and people's relatives felt staff and the registered manager were kind and caring.

There was not enough staff to spend real time with people such as complete an activity together, go out, or promote people's interests. Staff were too busy with tasks, to perform this part of their work, despite being willing to do so. Events and activities had taken place.

Relatives and staff spoke positively of the registered manager. They felt the registered manager was involved and committed to the service. The staff presented in an open way during the inspection.

The provider and the registered managers quality monitoring systems were not always effective. They had not identified the shortfalls which we had seen. When we spoke to the management team about our findings they produced an action plan responding to most of these issues. They disagreed that there was an issue with staffing levels and time spent with people. They based this view on the fact they had receive a positive report from the local authority.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The service was rated as Good (published 14 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have identified breaches in relation to the governance of the service, the safety in terms of hygiene and people's experiences in relation to person centred care.

Please see the action we have told the provider to take at the end of this report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# The Mallards

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an assistant inspector.

#### Service and service type

The Mallards is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at the information the registered manager had sent us in the form of notifications. This is information the registered persons must send us by law. We reviewed the service's website and the last report. We used all of this information to plan our inspection.

#### During the inspection

Some people could not communicate with us. We completed many observations throughout the inspection. We spoke with four people who used the service. Four people's relatives and visitors. Five members of staff. The registered manager and the nominated individual. The nominated individual is responsible for

supervising the management of the service on behalf of the provider.

We reviewed six peoples care records. Three staff files in relation to recruitment and staff competency checks. Fire safety checks and plans. Equipment safety checks. Accidents and Incidents. Contingency plan. Medication Records. Training Records.

After the inspection

We requested further information about the evacuation policy for the provider. We asked for an action plan from the nominated individual and the provider which they sent us.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people were not always safe and were at risk of avoidable harm.

### Preventing and controlling infection

- We found multiple concerns in relation to the hygiene of the home. We found dirty equipment which had not been cleaned for a long time. A hoist in use was dirty. Two crash mats were soiled with sticky matter on it.
- Portable fans were not clean. One was in use in the kitchen it was black and greasy with dust fibres on it. It was directed at a food preparation area.
- There were also multiple infection control risks. Furniture, doors and paintwork were chipped and marked. Side tables in use on the lounge were not clean. People's slings were piled together. One had a brown food like stain on it. Urine bottles were discoloured and had a strong aroma of urine.
- We found faecal matter on a toilet brush. Toilet brushes were sitting in water and the brushes head were discoloured. Pull light cords were unclean. The sluice room had a strong, poor aroma of stale water.
- Infection control bins had faulty bin lids. A person's tooth brush was left near to used incontinence pads which were piled up on a toilet lid, in a bathroom. We found faecal matter on the floor in a toilet. The registered manager said this was likely to be from a particular person. However, they confirmed there was no plan in place to manage this.
- This was all new information to the registered manager, the nominated individual and owner.

### Assessing risk, safety monitoring and management

- We found loose cable in people's bedrooms that could be a trip hazard. We needed to show the registered manager who made plans to rectify this.
- We found lime-scale residue on taps in people's rooms and in a shower room. The service had been recently tested for Legionella and passed. Previously the water systems had been tested in 2017. The recommended date for another test was June 2019 but this had not happened.
- Staff had told us that the shower chair in use was unstable, so they supported people with two staff even if they did not need this level of support. We needed to ask the registered manager to investigate this.
- We were sent an action plan by the nominated individual with some action taken and planned action to be completed by certain dates. It was positive that the provider acted to rectify these issues. However, they had not identified these as part of their ongoing assessment of the service.

We found no evidence that people had been harmed however, people's safety in terms of hygiene and infection control was not being effectively managed. There were poor hygiene and infection control practices at the service. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us that they felt safe. One person said, "I think the security is very good, I like living here, the carers are very good. Another person said, "Oh yes I do feel safe."
- People had assessments in place which outlined their needs. However, they did not fully identify how the risk should be managed or provide step by step guidance for staff to follow.
- However, one person could express challenging behaviour and had been harmed before. Their assessment did not tell staff how to manage this behaviour to promote their safety.

#### Staffing and recruitment

- There was not enough staff to meet people's social needs. Staff often hurried about the service. At times they knocked into side tables or transferred people too quickly.
- Staff told us that there was not enough time to spend with people to talk, pass the time of day, or engage in an activity with people. Although, they said they tried to make this time. It was not routinely possible outside of delivering personal care.
- A relative said that it could be better especially in the evening.

We found no evidence that people had been harmed however, there were insufficient numbers of staff to fully meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual later contacted us to confirm staffing levels will increase during the day. When we return we will check this.
- Recruitment checks were in place to ensure staff were safe to work at the home. Although gaps in some staff's employment histories were not always fully explored with new staff.

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

- We had a mixed response when we asked staff about this. Some were very clear what abuse could look like and what they needed to do about it. They also knew who to report their concerns to outside of the service.
- However, some staff said they had not had training in this area. They were not clear what abuse could look like. Or what they needed to be mindful of.
- Later we were sent an action plan showing that safeguarding training would be revisited.

#### Using medicines safely

- We found people's prescribed creams about the home without date of opening recorded on them. One person's cream was out of date. There was no system in place to monitor this.
- We completed a check on people's other medicines. We found the stock level tallied with the record of administered medicines.
- However, we identified that there was no audit of boxed long-term medicines. People's medicines records did not record the carried forward medicines, so a stock check could take place.
- We also found that one person's medicine record had the wrong delivered total recorded on it. This had not been identified by staff when this medicine was received.
- We were later sent an action plan detailing what action would be taken to address these medication issues.

#### Learning lessons when things go wrong

- There were failures within the registered managers and the provider audits. They had not identified the issues we had found. We concluded that improvements were needed in how the quality of care was assessed and checked.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People did not always have a positive dining experience. We saw that staff did not always support people to eat and drink in a way which encouraged them to eat.
- One member of staff was helping a person to eat. This person did not want to eat the food. The member of staff did not try and encourage them to eat. At times they placed a heaped dessert spoon under the person's nose. They did not describe the food, check they liked it or suggest an alternative.
- Another member of staff sat at an awkward angle supporting two people to eat simultaneously. This is not good practice.
- Attempts were not made to make the pureed food look appetising. Individual foods were not kept separate from one another. The meat was a grey colour. The vegetables were combined, although the chef said, "I do separate blobs (of food)." By the time it was plated and served the foods had spread together. We saw one member of staff mix one person's food all together. One person had a pureed meal when they should have had a soft meal. The chef told us that the soup for starter was powdered.
- There was only one choice for the main meal. Staff did not check if people wanted this. We were told the chef and the registered manager chose the menu. Dementia friendly techniques were not used to promote choice.
- The menu was on a board which people did not look at. It was not in a format that people could access. On the board it offered people a choice of alcoholic drinks. But staff did not ask people if they wanted these.
- There was no attempt to make the dining experience pleasurable or an event.
- We asked people what they thought of the food. One person said, "The food is good, you can choose what you want for breakfast, the other meals are standard (no choice)." Another person said, "It's okay, it's better than what I would have, if I was at home." They told us that they only had their favourite type of food once a week. When we asked if they had this food at other times during the week, they said, "It's when they [staff] give it to me."
- The registered manager and a senior member of staff were responding when people lost weight. There was a clear safe process in place to follow. We saw referrals to food specialist teams.

Staff support: induction, training, skills and experience

- We observed some shortfalls in staff practice. Staff did not always assist people to be transferred in an effective way.
- We saw that people who were suspended in the hoist were swung round quickly. We also saw that when people were placed in a wheelchair the wheelchair was turned around in a swift movement and pushed

quickly.

- When people needed assistance to stand staff were seen to pull people towards them, by pulling on people's 'handling belts.'
  - Staff were seen knocking tables which bumped into people. One person was pushed in a wheelchair to the dining table, and their finger got pinched, as they were pushed under the table.
  - We saw one member of staff had long nails and wore a raised ring. The member of staff administering people's medicines was seen on two occasions being actively distracted when completing people's medicine records, this is not safe practice.
  - We raised these issues with the registered manager and nominated individual. They arranged additional training for staff in supporting people to move. However, we observed that staff would have benefited from some kind of management presence to guide staff and promote better practice in the lounges and dining room.
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- The registered manager was completing competency checks on staff. Staff received training which included a test, this was checked by an outside source.
  - Staff spoke positively of the induction and training. They all felt supported by the registered manager.

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 when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- One person was living with dementia and the decision had been made for them to have pureed food by the registered manager. No best interest process had been followed for this person.
- For other people we could see a best interest process had been followed. However, for one person the record only showed one person was consulted with. Good practice is to consult with a professional or more people who know the person. In another person's record it did not say who was consulted with during this process.
- A person had given permission to another party to look after their money. This person signed their consent form, but this person had capacity. It was not documented why this person signed their consent form.
- Staff were clear about the need to offer people choices in relation to their personal care needs. One person said, "I consent to care...I don't choose when to get up or have breakfast, but I don't mind."
- Staff's understanding about DoLS was not always complete. We did not see staff restrict people's movements during the inspection.

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

- Work had not been completed to consider the design of the service for people living with dementia.
- The layout of the service and the size of the lounge was challenging for the provider to make it a more social space and support people's physical needs.
- The downstairs toilet door located in the hall way could not be closed, for people who were hoisted to transfer onto the toilet. A screen was put around the entrance. But consideration had not been given to the use of this room. The divide was left propped up against a wall and could fall on a person.

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

- People did have assessments which considered their physical needs. However, these lacked full guidance for staff to follow about how to meet their needs.

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

- We saw appointments were recorded when staff accessed health professionals when people were unwell.

# 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.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Requires Improvement. This meant people were not always well-supported or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We saw when people were being supported to transfer in a hoist in the lounge, staff did not promote people's dignity. We saw four occasions when people's clothing had become loosened or rucked up, with no attempt by staff to promote their dignity. One person looked distressed by this.
  - In people's bedrooms we found multiple incontinence items stored in obvious places. One person had a collection of cardboard vomit bowls on display. Generic scrubbing brushes and shower caps were left in bathrooms. A toothbrush was left in a communal bathroom. When we asked a member of staff who's this was, they said, "I don't know, everyone uses this bathroom, and walked away." The toothbrush remained.
  - One person had dead insects attached to their soft toys by their window.
  - We found the home to be unclean in many areas. Furniture was marked and looked tired. There were multiple marks and dents on the walls. People's bedding also looked tired.
  - Staff's lockers were located next to some people's bedrooms. Doors were left open, coats and shoes on display. At times the home was not being respected as people's own home.
  - We concluded that people's rights in this way were not being promoted.
- A relative told us how staff had worked with their relative to improve their mobility. They said, "[Name of relative] was immobile before [manager] got a special chair, and now they can walk a little with help."

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

- People who could communicate with us in ways we could understand told us that staff were kind and caring. One person said, "One [member of staff] calls me darling, you can't get better than that."
- Relatives also spoke positively of staff. One relative told us their relative smiled when staff supported them. "That's how I know [name of person] is happy." Another relative told us, "The care here is second to none. We need an upgrade (environment) I'm not looking at that, I'm looking at the care."
- A further relative said, "We don't choose [Name of relative] to be at this home because of the upkeep or décor, it's because staff and manager are really caring."
- We observed staff were polite and kind to people. We saw staff talking kindly with people when they supported them to transfer. One person had fallen asleep before lunch. A member of staff gently stroked their arm and tried to wake them speaking softly to them.

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

- People who could communicate with us said they had not seen their care plans and did not remember

being involved in making it. There was some evidence of this in people's assessments.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care assessments in place. These explored people's physical needs. But we found some which were no longer accurate. The registered manager said they would update these.
- The assessments lacked details to support staff to meet some of people's specific needs. For example, one person had a diagnosis of depression. There was limited information here to enable staff to identify and meet this need, when this person was unwell in this way.
- Another person was living with dementia and could become agitated. There was no plan in place to guide staff to respond to this presentation when it happened.
- We saw this person becoming angry for a period of time towards another person. Two members of staff separately walked past this altercation without intervening to try and calm the situation.
- Reviews were taking place. It was positive to see a section in the review where the person was involved. However, at times these fell short of being a meaningful review to consider options to deal with a particular issue for a person and try and make improvements to their experience.

End of life care and support

- There were no end of life plans being made with people and their relatives. To capture people's wishes and needs at this time, in order to enable staff and the registered manager to meet these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were printed out signs in people's bedrooms to remind staff about people's communication needs. This is not personalised care or respectful of people's rooms being their own spaces. Staff should know people's needs who they support.
- Despite these notices we found that in one person's case their communication needs were not being promoted. Their glasses were dirty and difficult to see out of. We were told they were not wearing their hearing aids as there was a previous issue with their battery. No action was being taken on this.

Supporting people to develop and maintain relationships to avoid social isolation

- We saw in people's care assessments key interests and hobbies were identified for people. However, at times this lacked details. For example, likes watching TV. Rather than what TV programmes a person liked. Or what type of music they liked.

- There was no plan in place to help people realise these interests.
- Staff told us that there was not enough time to spend with people to have a proper chat, complete an activity together, or go out. During our inspection staff did not spend this quality time with people.
- The TV was on one channel all day. Staff did not ask people what they wanted to watch. Music was not played. Due to how the lounge and conservatory was set up, most people could not see the TV in the lounge. Both TV's were on the same programmes with the sound off in the lounge and an echo coming from the conservatory. Staff did not engage people with the programmes. They moved in a quick fashion about the home.
- It was a lovely summers day when we inspected. No one was asked or encouraged to spend any time outside in the home's garden.
- One member of staff said, "I would love to take someone out to the park across the road, but there isn't time."

We found no evidence that people had been harmed however, people were not receiving consistent, high-quality person-centred care on a routine basis. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were planned activities which took place. For example, bingo and poetry reading. A musical entertainer visited monthly. Social events had been planned at key times of the year.
- The registered manager had made a referral to a voluntary organisation to visit a person at the home and take them out.

Improving care quality in response to complaints or concerns

- There was a complaints process in place.
- We saw examples of compliments given by relatives saying thank you for the support their relatives received.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The audits completed by the service were not effective. There were clear shortfalls in the maintenance and cleanliness of the building. These had not been identified by the registered managers or provider audits.
- We were told there had been some conversations about remodelling one bathroom, but no action had been taken.
- Shortfalls were identified at the dining experience, including the pureed food and limited choice for people. These shortfalls were directed at the chef on the day by the registered persons. But these shortfalls were also related to staff practice and management oversight over people's food and mealtime experiences.
- There was a lack of meaningful audits and checks about people's social experience at the home.
- The nominated individual and registered manager initially agreed with our and staff views about staffing levels. They told us how they could increase staffing numbers at key times of the day. However, they later retracted this. But no other investigation or time and motion studies or meaningful work in this area was suggested.

We found no evidence that people had been harmed however, effective auditing systems were not in place to promote robust quality care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some work was being completed here in terms of reviewing people's needs. However, meaningful reviews of people's experiences, especially those who could not easily communicate their feelings was not taking place.
- The staff did not feel the provider always listened to their feedback.
- The registered manager had involved people's relatives by inviting them to events. However, relatives had not been involved in the development of the service.

Working in partnership with others

- There was some work with health and social care professionals. But there was no work or attempts to involve external experts to review people's experiences in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the leadership of the service had changed. We identified concerns with infection control and found a series of shortfalls related to the delivery of care for people.
- There was a positive culture with the staff team. Staff spoke in a committed and passionate way about people's needs and their rights.
- When we raised our concerns with the registered manager, the nominated individual and the owner took certain actions to address some of these concerns. They sent a detailed action plan with planned dates of completion.
- Staff and relatives spoke highly of the registered manager. They said the registered manager was committed to the service and worked long hours. The registered manager told us how they promoted an 'open door' policy. Staff said they felt supported by the registered manager.

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

- The providers had taken some actions when we identified concerns about 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  Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured that care and treatment was always provided in a person-centred way.  Regulation 9 (1) (b) (c).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Regulation 12 HSCA 2008 (RA) Regulations 2014: Safe Care and Treatment  The provider had not ensured that care and treatment was provided in a safe way. They had not assessed all risks to people's safety or taken appropriate actions to mitigate these risks.  Regulation 12 (1) and (2) (b) (c) (d) (e) (h).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17 HSCA RA Regulations 2014 Good governance  There was a lack of effective systems to ensure quality care was always provided.

Regulation 17 (1) and (2) (a) (b) (e)

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 HSCA 2008 (RA) Regulations  
2014: Staffing

The provider had not ensured that staff had the sufficient time to meet people's needs.

Regulation 18 (1).