

HC-One Limited

Springwater Lodge Care Home

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 ●

Summary of findings

Overall summary

About the service

Springwater Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It provides accommodation for older people including people living with dementia. The home can accommodate up to 50 people. At the time of our inspection there were 37 people living in the home. Accommodation is provided in three separate units, including a specialist unit for people living with dementia.

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

Arrangements were in place to monitor and manage medicines. However, medicine records were completed inconsistently.

There was not access to a range of activities and leisure pursuits. Due to staffing issues.

We observed occasions when people's dignity was not respected. We saw evidence of caring relationships in place. Staff were aware of people's life history and preferences and they used this information to develop relationships. People felt well cared for by staff.

Care records were personalised and had been regularly reviewed however they had not been consistently updated to reflect people's changing needs. People were supported to make choices.

There was not enough staff to support people. Appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people. People, their relatives and staff expressed concerns about staffing. We observed occasions when there were insufficient staff available to meet people's needs and wishes.

There was a process in place to carry out quality checks. These were carried out on a regular basis however they had failed to address the issues found at inspection.

The home was not consistently clean. Staff understood how to prevent and manage infections.

People said they felt safe. People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care.

People were supported by staff who had received training to ensure their needs could be met. Staff had begun to receive regular supervision to support their role.

People had good health care support from professionals. When people were unwell, staff had raised the

concern and acted with health professionals to address their health care needs. The provider and staff worked in partnership with health and social care professionals.

The environment was adapted to support people living with dementia.

People were 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 systems in the service did not support this practice. Best interests decisions were not always in place.

The provider had displayed the latest rating at the home and on the website. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection

The last rating for this service was good (6 March 2017).

At this inspection the rating was requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well led sections of this full report.

Enforcement

You can see what action we have asked the provider to take at the end of this full report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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 work alongside the provider and local authority to monitor progress. 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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Details are in our well-Led findings below.

Requires Improvement ●

Springwater Lodge Care 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 an inspector, an assistant inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Springwater Lodge 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. The service had a manager registered with the Care Quality Commission in post. A registered manager and 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. We inspected the service on 6 August 2019.

What we did

Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report

During the inspection we spoke with nine people who lived at the service three relatives, four members of care staff, a nurse, the quality manager and the operations manager. We also spoke with a visiting professional. We looked at four care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance.

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 deteriorated to 'Requires Improvement'. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At this inspection we found there were insufficient staff available to meet the needs of people. A relative told us, "They could do with more permanent carers. They get agency carers and it upsets the residents because they don't know them." Another relative told us, "There isn't enough staff especially at weekends and Saturdays. I can visit when I want to."
- On the day of inspection there were no managers on duty to support staff with the running of the service. The service was being managed by a recently employed bank nurse. The bank nurse was responsible for providing nursing leadership and organising the service on a day to day basis. They told us they found this difficult to do when they were the only person in charge.
- There were insufficient staff to provide care when required. On the day of inspection, the morning medicine round did not finish until 10.05am and the lunch time medicines were not started until 13.20 pm. This meant records did not accurately record the times medicines were given. There was a risk that the correct gap between medicine administration was not maintained.
- People did not receive care in a timely manner. Staff told us that in the mornings it was often difficult for night staff to administer medicines which were required at 7 am to allow sufficient time for the medicines to be effective before people ate breakfast because they did not have enough staff to provide personal care to people.
- People had to wait for support which meant on occasions their dignity was compromised. For example, a person required assistance with personal care and waited 45 minutes for support because they required two members of staff to support them.
- Staff told us that there always needed to be one member of staff supervising the lounge in the dementia unit however this often left one member of care staff to carry out care tasks which was difficult to do when at least four people required two members of staff to assist them. They said it meant people waiting for care until a more senior member of staff was available.
- People were left without support and supervision. At lunchtime, a person repeatedly asked for a cardigan because they were cold. We observed the person was sat next to the open patio doors. We asked staff if a cardigan could be provided for the person. The member of staff had to leave the area, so they asked the chef to keep an 'eye' on people, whilst they found a cardigan for the person. This left six people in the dining area without care staff support. In the afternoon we observed three people in the upstairs unit calling for assistance but could not locate staff to provide support.
- People did not receive care according to their care plans. A person who had recently lost weight left the dining table and did not eat their meal. There were no staff around to support them despite their care plan stating they required 'lots of prompting and support' at mealtimes. This meant people did not get the support they required and there was a risk to their health and wellbeing.

- One member of staff told us when they started with the provider they were shadowing an agency staff and felt they were not sufficiently supported because the agency staff were not fully familiar with people's needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staffing was effectively managed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered persons had undertaken the necessary employment checks for new staff. These measures were important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. This included checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.
- The area manager told us they had recently recruited to care staff vacancies which would reduce the use of agency staff in the home.

Using medicines safely

- At this inspection we found medicine records were not completed consistently. Allergies were not recorded consistently on the medicine administration records (MAR). Where allergies were recorded they did not always match those recorded on the medicine front sheets. There was a risk people could receive medicines they were allergic to.
- Written guidance was in place to enable staff to safely administer medicines which were prescribed to be given 'as required' (PRN).
- Medicines which required specialist arrangements for storage were stored correctly.
- Medicine records contained photographs of people to reduce the risk of medicines being given to the wrong person.
- Staff told us they had received training about medicines and had been observed when administering medicines to ensure they had the correct skills.

Preventing and controlling infection

- The home was not consistently clean. There was an odour in both the upstairs and downstairs areas. The area manager told us that floor coverings were to be replaced to address this issue. We asked for the refurbishment plan to confirm this. To date we have not received confirmation.
- Two people had dirty sheets on their bed and another person required their clothing changed but were unable to attract staff attention to support them with this. We also could not find staff to address this issue at the time.
- We observed in an open bathroom piles of towels. These were accessible for people to touch presenting a risk of cross infection. We also observed three people we spoke with had dirty finger nails presenting a risk of cross infection.
- Staff had access to protective clothing and used it according to the provider's policy. Staff told us that they were trained in the use of PPE, and that they had external trainers bought in to teach them about changes and COSHH regulations. We also observed staff washing their hands on a regular basis to reduce the risk of cross infection. Staff were aware of the special precautions that needed to be taken in the case of an infection outbreak.

Systems and processes to safeguard people from the risk of abuse

- Systems and process were in place to protect people from abuse. People told us they felt safe living at the home.
- We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow and

where to access information if they suspected bad practise or observed altercations with people who used the service. They told us they had received safeguarding training. Records showed that care staff had completed training.

- Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us of the action they had taken.
- We also noted that the provider had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

Assessing risk, safety monitoring and management

- We found that risks to people's safety and the environment had been assessed. Risk assessments were in place and these told the staff about the risks for each person and how to manage and minimise these risks. However plans to manage these risks were not always adhered to.
- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.
- Where people utilised specific equipment to assist them with their care appropriate checks were made regularly to ensure it was safe.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and near misses. Arrangements to analyse these so that the registered manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff, so they could work together to minimise risk.

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 deteriorated to 'Requires improvement'. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 the service was not consistently acting within the principles of the MCA. Records showed that when people lacked mental capacity to make specific complex decisions a decision in people's best interests had not consistently been put in place. For example, where people who were unable to consent used forms of restraint such as lap belts and pressure mats to keep them safe Best Interests Assessments(BIAs) were not in place.
- Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support with when making some more complex decisions.
- Where, Do not attempt cardio-pulmonary resuscitation orders(DNACPRs) were in place we observed these were not consistently completed. For example, where a person was unable to consent it was unclear who had made the decision and in what capacity. There was a risk decisions were not made in people's best interest.
- We found where DoLS were in place conditions were being met.
- Where people were unable to consent, the provider had not ensured records detailed where relatives had legal responsibility to make decisions on people's behalf.

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

- People were at risk of harming themselves. We saw two bathrooms had a significant amount of equipment stored in them which made access difficult.

- Arrangements were in place to assist people with orientation around the home. For example, there were signs in words and pictures and memory boxes outside people's rooms. These contained items and photographs of things which were important to people to help them to recognise their rooms.
- People's rooms were personalised and where people required specific equipment to assist them with their care this was in place. Records detailed when checks had been made to ensure equipment was fit for purpose.
- We saw the outside areas were safe and secure.

Staff support: induction, training, skills and experience

- Staff had had access to regular updates on topics such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care. Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
- Supervisions had taken place. These were important because they provide staff with the opportunity to review their performance and training needs.
- An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.

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

- Care plans were regularly reviewed and reflected people's changing needs and wishes. Most people and relatives said they had been involved in discussions about their care plans.
- Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.
- Staff provided care in line with guidance and standards. For example, we observed the temperature of meals were checked before serving to people in line with best practice guidance.

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

- People were given a choice at lunchtime, to assist them to make a choice they were shown the food options for the day. The hot meal looked very appetising and most people ate well. One person said, "The food is good, you get plenty."
- Staff were familiar with people's needs and likes and dislikes. Where people required adapted cutlery and plates, to help them eat independently, these were available, and we observed them in use during meal times.
- Where people had specific dietary requirements, we saw arrangements were in place to ensure people received this.

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

- People's care records showed there was evidence all the people who lived at the service had access to health professionals, to ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner. For example one person had been identified as requiring a different type of service and the registered manager had contacted other professionals in order to facilitate a comprehensive assessment so that a more appropriate placement could be sourced.

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

- Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.
- Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

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 good. At this inspection this key question had deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We found people's dignity was not consistently respected. For example, a person was sat in the dining room. They had lifted their clothing up which meant they were not appropriately covered, and other people and visitors could see their underwear. Another person was laid in bed with their bedroom door open, however they were not sufficiently covered to maintain their dignity. When both incidents occurred there were no staff in the vicinity to assist in protecting people's dignity.
- There were insufficient staff available to protect people's dignity. We observed two occasions when people required assistance to use the toilet but could not access the support they required in a timely manner to protect their dignity.
- We observed a member of staff with a person in another person's bedroom. The member of staff allowed the person to open a drawer and look inside. The staff member did not appear to prevent them from opening the drawer but did prevent them from removing anything from the drawer. This was an infringement of privacy of the person whose bedroom it was.

People were not consistently treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

Ensuring people are well treated and supported; equality and diversity

- People were involved in their care planning and expressing their wishes about their care. We observed staff interacting positively with people who used the service throughout our inspection. A relative told us, "[Family member] has been here for two years and I am very pleased. I put the cream on his legs. The carers are fantastic, and they love [family member] to bits."
- Staff gave each person appropriate care and respect while considering what they wanted. For example, when supporting a person to move staff checked where they wanted to go and supported them kindly and gently to cross the room to an alternative chair.
- We observed staff knew how to care for people who needed support to prevent any distress. For example, a member of staff told us about a person who was afraid of needles but required injections on a regular basis. They explained how other staff would cuddle and reassure them, so they could receive the necessary care without becoming too distressed.

- We noted that staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided and respected by staff. For example, we observed a member of staff supporting a person with their drink, they checked it was what they wanted to drink and asked them if it was 'ok'. Whilst supporting the person they kindly asked if they were alright and chatted with them about things they were familiar with.
- The provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. A policy to guide staff was in place and staff were aware of this. Where people had expressed a preference in the gender of carers this was detailed in care records and adhered to where possible.

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

- We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, a care record stated, "Give small choices which [name] can understand in this environment."
- Most people had family, friends or representatives who could support them to express their preferences. Furthermore, we noted that the provider had access to advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

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 deteriorated to 'requires improvement'. This meant people's needs were not always met.

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

- People's care needs had been assessed and although care plans had been regularly reviewed they had not been consistently updated to reflect people's changing needs. For example, one person's health had recently deteriorated, and we saw the care plan did not reflect the type of support they required to assist them to move. We observed when staff supported them to move they were unclear about how to support them.

- Where turn charts were in place to ensure people were supported to maintain their skin integrity we observed the recommended frequency was not maintained. There was an increased risk of skin breaking down and pressure sores not healing. We spoke with the nurse about this who told us this was due to insufficient staff to maintain the care.

- Care records included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not have access to hobbies and activities during the week. A relative told us, "I visit every day. I read to [family member] (about previous holidays) and we do the crossword. The staff are too busy (to do this). They are short staffed." They continued, "There is no time for them (staff) to give one to one time to go through the memories (stories). They need more staff."

- Staff were aware of people's past experiences and used their knowledge to make a more comfortable environment for people. For example, a member of staff told us about two people who had worked as miners at the same mine and so they tried to chat with them about it.

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.

Improving care quality in response to complaints or concerns

- There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. At the time of our inspection there were no ongoing complaints.

- A policy for dealing with complaints was in place and available to people and their relatives.

End of life care and support

- The provider had arrangements in place to support people at the end of their life if required. Where appropriate records detailed people's wishes in the event of a deterioration of their condition. In addition, care records detailed whether people had funeral plans in place and what their wishes were in the event of their death. For example, a person had expressed a wish to return to their home town to be buried and this was detailed in their care record.
- Medicines were stocked and arrangements in place for people who may require these at the end of their life to ensure they were comfortable and pain free.

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 requires improvement. At this inspection this key question has remained '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, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had failed to ensure there were processes in place to provide enough skilled and experienced staff to meet people's care needs and protect their dignity.
- Quality checks had failed to identify some of the issues we found on inspection, for example, dirty sheets and cluttered areas.
- The provider did not always ensure that lines of accountability for staff were clear and effective. For example, we observed nursing assistants did not participate in hands on care on a regular basis. However, they were included on the duty rota to be part of the hands-on care team. This resulted in their being a shortage of support to people. We observed two occasions when a nursing assistant failed to assist care staff to provide care to people. We spoke with the Regional Manager who told us the nursing assistant staff were required to be part of the hands-on care team and the role was under review.
- On the day of inspection the provider had failed to ensure a manager was in place.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to put in place effective systems and processes to ensure the quality of the experience for people using the service.

- Arrangements were in place to analyse results of quality checks so that trends could be identified to avoid incidents occurring again. For example, a senior manager was responsible for overseeing the quality monitoring.
- The service had an open culture. Staff told us the registered manager was supportive and they felt able to raise issues.
- A deputy manager had recently been appointed to lead on clinical issues.
- The provider had notified CQC of accidents and incidents as required.
- The service had a manager registered with the Care Quality Commission in post.
- The previous inspection ratings poster was displayed on the provider's website as required by law.

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

- We found there were methods of engagement for people who lived in the service and specifically their

relatives. Meetings were organised for people and their relatives. In addition, surveys had been carried out and an electronic system was available for people and their relatives to input any issues onto it. A relative told us, "The manager (named) will always talk to me about anything so we can sort it out."

- Staff were engaged in discussions and the registered manager had put several initiatives in place to facilitate for this. Including regular staff meetings and daily update meetings (Flash meetings). These involved staff from all disciplines and provided updates on both issues relating to the running of the home and people's wellbeing.
- Staff told us the registered manager was open and visible.

Continuous learning and improving care

- The provider had failed to address issues regarding staff shortages. We found these had been raised by staff at meetings but action to resolve the issue had not been taken.
- A system was in place to monitor and analyse accidents and incidents. The information allowed the registered manager to have oversight of logged incidents. This assisted with making changes to improve the quality of the service.

Working in partnership with others

- The registered manager worked with other organisations, health and community professionals to plan and discuss people's on-going support within the service and looked at ways on how to improve people's quality of life. They used information they gathered to make changes to people's daily living. For example,
- Working relationships had been developed with other professionals to access advice and support. For example, the GP and local pharmacist. During the inspection we spoke with a visiting professional who told us they felt staff struggled to be responsive because there were insufficient staff.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	People were not treated consistently with dignity

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	The provider did not have systems in place to ensure the quality of care.