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Kingsgate Residential Home

Inspection report

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Inadequate ● |
| Is the service safe? | Inadequate ● |
| Is the service effective? | Requires Improvement ● |
| Is the service caring? | Requires Improvement ● |
| Is the service responsive? | Requires Improvement ● |
| Is the service well-led? | Inadequate ● |

Summary of findings

Overall summary

About the service: Kingsgate Residential Home is a care home that provides personal care and support for up to 33 people aged 65 and over. There were 25 people living at the service at the time of the inspection.

People's experience of using this service:

People who live at Kingsgate Residential Home were not always having their needs met by sufficient numbers of staff. Environmental risks and concerns around medicines management were identified which did not ensure people's safety. Leadership and governance arrangements within the service were of concern, as they were not always identifying shortfalls and making changes to address them. There were breaches of regulation impacting on the quality of service provided to people.

The service was not consistently following advice from healthcare professionals. We identified gaps in recording of care tasks including repositioning people, monitoring of toileting, therefore we were unable to source assurances people's care and support needs were always met.

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

Service cleanliness was of a consistent standard, making the care environment comfortable. People were accessing activities and where able, people accessed the local community. Staff treated people with kindness and were polite, however did not always maintain people's privacy and dignity.

Management plans were in place for people needing support at the end of their life. The service had good working relationships with health and social care organisations to ensure people received joined up care.

People and their relatives were encouraged to give feedback on the service, and areas for improvement through satisfaction questionnaires.

Rating at last inspection: This was the first inspection of Kingsgate Residential Home since registering as a change of provider in November 2017.

Why we inspected: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions.

Enforcement: At this inspection, we identified breaches of regulation 11, 12, 17 and 18 and Registration regulation 18. Full information about CQC's regulatory response to any breaches of regulation found during inspections is added to reports after any representations and appeals by the provider have been concluded.

Follow up: We will continue to monitor this service and will reinspect in line with our schedule for those services rated as Inadequate. As an outcome of this inspection, the decision was made for the service to be

placed in special measures.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.

Details are in our Safe findings below.

Inadequate ●

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 well-led.

Details are in our Well-Led findings below.

Inadequate ●

Kingsgate Residential 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: Consisted of two inspectors, one of the inspectors was a member of the medicines team. 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: Kingsgate Residential Home is a care home. The owner of the service was the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was an unannounced inspection visit completed 26 March 2019.

What we did:

Before inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We liaised with third party stakeholders. We used all this information to plan our inspection. We used information the provider sent us in the Provider Information Return (PIR). 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.

During inspection: We spoke with seven people who used the service, one friend and two relatives and observed care and support provided in communal areas. We spoke with eight staff, including the service administrator, provider, senior care staff, carers, the chef and deputy managers. We looked at nine people's care and support records and nine people's medicine records. We looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality. We attended the afternoon shift handover meeting.

We requested provision of additional information that was sent to us after the inspection visit within agreed timescales. We liaised with local social care services after the inspection.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- We reviewed incidents and accidents that had occurred, and identified that CQC and the local safeguarding authority had not been notified of all incidents in line regulations.

The above information meant the provider was in breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

- We identified potential changes in a person's fluid and food consistency relating to choking risks which were not being consistently recorded in care records so staff had accurate guidance to follow.
- We identified a person who was unable to weight bear due to a lower limb injury. Their care records contained guidance from healthcare professionals which had not been added to their moving and handling plan to ensure staff followed the correct information.
- A person who experienced confusion, and was living with dementia has been provided with a hospital style bed with rails. Staff had not completed a risk assessment to determine the suitability of using bed rails, yet we were told that all relevant risk assessments had been completed prior to putting the equipment in place.
- We identified exposed hot pipes and uncovered radiators which did not offer full protection from risk of burns and scalds. The service provided an update after the inspection to confirm safety measures had been put in place.
- We found large items of furniture such as wardrobes and bookshelves unsecured, and no environmental risk assessments were in place to manage and mitigate these risks. Following the inspection, the service made amendments to their environmental risk assessment.
- Some windows did not have restrictors in place to keep people safe when having windows open. We were told this was due to the windows being small, but justification for not installing restrictors was not reflected on the environmental risk assessment. Following the inspection, the service made amendments to their environmental risk assessment.
- We identified Personal Emergency Evacuation Plans to contain incorrect details, or needing additional risk information added to their content.
- We were told gates should be open during the day, yet we found them closed during the visit. These were not included in the service's environmental or fire risk assessments and could impact on ease of movement in the event of an emergency.
- Some bedrooms contained overloaded plug sockets, increasing fire and electrical safety risks.

Using medicines safely

- There were no risk assessments in place where people managed their own medicines independently. These people's medicines were not stored securely in their rooms.
- We identified recording discrepancies that indicated that people were at risk of not being given medicines

correctly. The reasons why people were not given their medicines was not always recorded.

- The register for maintaining an accurate record for medicines that required specific storage and recording had not been completed to ensure the service could account for all of these types of medicines stored onsite, in line with national legislation.
- Creams and emollients stored in people's rooms were not secured. There was no environmental risk assessment in place. We identified gaps in the recording of creams being applied.
- Each bedroom contained lockable cabinets, but we found many of these unlocked. Consideration had not been given to whether people were able to safely access the content independently. Following the inspection, the service made amendments to their environmental risk assessment.
- Containers of eye drops, creams and emollients were not handled in a way that ensured they were disposed of when they expired after opening.
- Records indicated that medicines requiring refrigeration were not stored within the accepted temperature range.
- Records of people's allergies to medicines were not consistently recorded.
- There was a lack of guidance to help staff give people their medicines prescribed on a when required basis, however, the provider gave assurances that these would shortly be available for staff to refer to.
- There was a lack of care plan information about how people preferred their medicines given to them.

The above information meant the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a system in place for ordering and giving people their medicines as prescribed.
- Staff were trained and assessed for their competency to handle and give medicines safely.

Staffing and recruitment

- Staff and people told us there were not always enough staff on shift. One person said, "Not always, no. They [management] use agency staff sometimes and they're not always good. I'm mostly independent apart from staff helping me to get my socks on so I don't have to wait for help." Another person told us, "Not always enough [staff] at weekends. Some of the staff rush you sometimes." A third person said, "Sometimes they [staff] are slower at weekends."
- We identified areas of concern in relation to staffing levels at night time. There were two staff on shift at night, supporting 25 people with a senior member of staff on call. There were people requiring assistance to move with use of equipment and people who experienced episodes of confusion which could impact on their ability to follow instructions in the event of an emergency such as a fire.
- Service layout, and the location of bedrooms and communal areas including the main flights of stairs impacted on the level of oversight staff were able to provide.
- A dependency tool was in use, and this identified a number of people with high levels of support needs, which was not consistently reflected in staffing levels on shift.

The above information meant the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had recruitment processes in place, collecting character references and completing safety checks.

Learning lessons when things go wrong

- The management team were working with an external consultant to review policies and procedures in place.
- Regular staff meetings were being held as a forum for discussing incidents, accidents and complaints. Staff told us lessons learnt from incidents was discussed at these meetings. Staff told us they felt able to

contribute to the meeting agenda, and supported to raise concerns.

- A written log of accidents and incidents was recorded. However, from reviewing this, we identified there were areas of improvement needed to ensure action taken and onward referrals made to external organisations were completed and recorded. Staff were recording incident information in multiple locations which meant they could not be effectively monitored.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated awareness of the service's policies and procedures in relation to safeguarding and had completed safeguarding training.
- People and relatives gave us feedback regarding the safety of the service. One person told us, "Yes, I'm very safe. I'm very happy." Second person said, "Oh yes, I feel very safe. If I didn't feel safe I would talk to my family." One relative said, "Oh yes, [name] very safe here. The only thing I would say is I think it would be better if the front door had a digital pad [lock] on it."

Preventing and controlling infection

- There were consistent standards of cleanliness within the service. We did not identify any malodours during the inspection. There were cleaning staff employed, they had appropriate equipment and cleaning schedules were in place. The laundry room and storage areas for cleaning products were locked when not in use during the inspection.
- Regular audits of the care environment were in place including spot checks of people's bedrooms and shared facilities. The service had systems in place for the management of outbreaks of infection. Staff had access to personal protective equipment including gloves and aprons.
- People and relatives gave positive feedback on the cleanliness of the environment.
- The service's kitchen had received a five-star hygiene rating.

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

RI: 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; Ensuring consent to care and treatment in line with law and guidance

- Care records did not contain decision specific capacity assessments. We found examples of where we would expect the service to explore MCA and DoLS. For example, in relation to non-compliance with care or medicines, or where a person repeatedly left the service without staff agreement.
- Staff were up to date with MCA and DoLS training, however there was a need for the management team to review competency through application to practice.
- We identified incidents of a person repeatedly leaving the service and being found and returned by members of the public or staff coming on shift who passed the person while in their car. Systems were not robust to maintain independence balanced against safety, and consideration had not been given to the person's capacity, or if restrictions on their movement needed to be implemented to maintain their safety.

The above information meant the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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. There were no people subject to a DoLS at the time of the inspection.
- Deputy staff told us there was ongoing work being completed by the service to ensure care records and staff approach was more person-centred. However there remained limited detail recorded.
- The service completed pre-admission assessments before people moved into the service, consideration was given to the complexity of existing people before accepting a new admission.

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

- We identified gaps in the recording of people's fluid intake and output levels where this was an identified

medical risk. The provider told us staff experienced difficulties where people made drinks in addition to those provided by staff. Information on fluid intake was recorded in multiple places making it more difficult to accurately monitor.

- We observed one person with poor food and fluid intake during lunchtime. We attended the afternoon shift handover meeting where inaccurate information was shared in relation to their food and fluid intake.
- Kitchen staff told us they did not have written information to follow for the management of specialist diets such as for people with diabetes regarding dietary sugar content.
- Comments about the food were positive. A weekly poster menu was on display in the dining room. People told us they could choose alternative meals as required.
- People had the option whether to eat meals in the communal dining room, or on trays in their bedrooms. Some people enjoyed eating meals while watching television. Staff were clear that people could choose location and timing of meals.
- People gave feedback on the food provided. One person told us, "The food is excellent. Yes, we get a choice at supper time and if you don't want what's on the menu they [staff] do you something else." Another person told us, "Oh the food is very good here. Yes, we get choices and they'll [staff] always do you an alternative if you don't want what's on the menu." A third person said, "The food's okay. I don't eat much. I prefer the puddings. The trolley comes around with drinks and snacks in the morning and afternoon."

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

- Some people's care records contained healthcare professional's guidance on the monitoring of bowel and bladder function and on repositioning during the day and overnight to prevent development of pressure ulcers. We found gaps in the recording of information relating to these areas of care, and could not source assurances that staff were consistently following medical advice provided.
- Staff told us they maintained good communication and working relationships with the GP surgery and pharmacy.

Staff support: induction, training, skills and experience

- The service administrator showed us a list of all training and refresher courses completed and scheduled. Overall training compliance was high. The service had implemented a deadline for completion where any shortfalls had been identified.
- Records showed a rolling performance appraisal programme. Staff files contained clear induction check lists, including spending time with more experienced staff shadowing shifts.
- Staff gave positive feedback on the training they had received. They felt the management team took on board feedback where training needs were identified and arranged courses to support staff to develop confidence and skills.
- Staff told us they received regular support and supervision. Staff confirmed the deputy managers always offered them time to discuss concerns in between supervision sessions.

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

- We identified the need for some improvement in room signage throughout the service, to make it clear where bathrooms and toilets were located. However, bedroom doors had numbers on them.
- There were environmental limitations which impacted on people's safety and ease of movement within the service. For example, changes in floor gradient, steps and stairs. Some of the bathrooms were inaccessible for some people. We found some bathrooms to feel cold which would not encourage use.

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

RI: People did not always have their privacy and dignity protected.

Respecting and promoting people's privacy, dignity and independence

- People were not hoisted in communal areas, instead being hoisted, or given personal care in their bedrooms. However, we identified that staff were not consistently closing bedroom curtains and blinds. People were able to see into each other's rooms impacting on privacy and dignity.
- Some people accessed the community independently. The service did not have signing in and out processes to maintain people's independence whilst keeping them safe.
- Confidential information was stored securely, with only certain staff members having access to the keys.
- We observed staff to treat people with kindness, and to offer reassurance and support if people were worried or feeling unwell. Staff whispered with discretion to check if people wished to access the toilet. One person told us, "The staff are always polite in their manner."

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

- The service did not hold resident or relative meeting. However, satisfaction surveys were sent to family members as a means of sourcing feedback. Staff told us they encouraged people to give feedback on the care they received, with people feeling confident to express their views as required.
- We identified the need for greater levels of collaborative working between people and staff when making decisions and developing records about their care and support needs, to support involvement and contributions. People told us they had not been involved in the development of their care records.
- Comments boxes and information on the service's complaints processes were accessible, along with information on external organisations that could assist people with making complaints or getting guidance on the care received at the service.

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

- Care records contained a document entitled 'About Me' containing people's histories, an overview of their care needs, preferences, likes and dislikes. However, we found some of the details needed updating.
- People we spoke with told us about the care provided by staff. One person said, "Most of them [staff] know what they're doing. There are one or two I'm not so sure of." Another person said, "Mostly, I think. They [management] often use Agency [staff] night-time." A third person said, "Yes I think so. They [staff] have to use that hoist (points) and they do that okay."
- From our observations and from speaking with staff, they demonstrated empathy and kindness towards people. One staff member described the service as "family orientated" recognising the value that getting to know people and their families resulted in getting people's life histories, and that this provided key information and topics of conversation they found valuable.
- Staff gave examples of where they encouraged and supported people to make choices, for example about what time they wished to get up or go to bed and this was confirmed by people we spoke with. One person

told us, "Oh yes, always. I get up and go to bed when I want to." A relative told us, "[Name] likes to wash and dress before breakfast and the staff know this. [Name] goes to bed when they like and pleases themselves during the day. I make sure everything is ok."

- People were encouraged to personalise their bedrooms with personal effects from home to make their bedrooms feel homely.

Is the service responsive?

Our findings

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

RI: People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- Further work was required in collaboration with people and their relatives to personalise people's care records. For example, each care folder contained risk assessments for fire and falls. Consideration was not given to whether the person was at risk of falls, key personalised information was not being added to fire risk assessments, and other personalised risks were not being consistently assessed or recorded.
- There were activities in place, with people and staff telling us the level of activities had improved, and there was an activity plan for the month. People gave feedback on activities provided, "I'm not sure if there are enough things to do. It's [Name] choice as to whether they go to anything anyway. We [family] try to encourage them to socialise but they often doesn't want to be bothered. When the family come, we hope to get them out into the garden when the better weather comes." A second relative told us, "It all depends what interests them. [Name] does like music things and enjoys the reminiscence class that's run. The staff suggested listening to talking books, which have been great. [Relative] is very interested in the last war and talking books from the library have been great for them, listening to them in their bedroom."
- Where people were able to express future wishes, basic information on their end of life care had been recorded. Some records contained discussions with family. This was an area of care requiring further development, and greater confidence for staff to discuss. There was access to end of life training, but records showed this had not been completed by all care staff.
- From reviewing care records for a person receiving end of life care, we could see that the service was working with the GP surgery to support the person. The service had access to anticipatory medicines, for use to ensure pain levels would be well controlled and the person received comfortable end of life care.
- People had access to spiritual support, including monthly communion provided on site, and access to local church services.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place, and information on this was displayed in communal areas. We saw examples of complaints being investigated in line with the service's policies and procedures.
- Staff and relatives were being encouraged to give feedback on areas for service development and improvement.
- People and relatives confirmed they knew how to make a complaint, and who they would choose to talk to if they had concerns. One person said, "I would talk to the manager I suppose." Another person told us, "My [relative] would deal with that sort of thing." One relative told us, "No hesitation whatsoever – I would speak to [Manager or Administrator's first names]." Another relative said, "I'd deal with the manager."

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was not fully compliant with CQC regulatory responsibilities, and we identified areas of concern and breaches of regulation.
- The service had sourced external guidance from a consultancy company. At the time of this inspection, the consultant was providing monthly support, particularly in relation to medicines management with the completion of audits. The provider had not demonstrated the ability to independently identify and address shortfalls. With the consultant's support in place, areas of concern remained. For example, issues with numerical discrepancies had been repeatedly identified in previous audits. The consultant visited on the day of the inspection and found a discrepancy for one person's anticoagulant medicine. We were not assured that areas of improvement identified in quality audits were being acted on.
- The deputy managers told us there were measures in place for the monitoring of paperwork completion on each shift, including topical medicine records and toileting records (where applicable), yet we continued to identify shortfalls in this area of practice.
- There were quality audits and spot checks of the environment being completed, but shortfalls in the service and care environment had not been identified through these processes. We were therefore not assured that processes in place were robust, and that those staff completing the audits fully understood what they were checking for.
- There was a need for the service to complete documentation audits to ensure gaps in recording linked to the management of risks were identified and addressed.
- We identified discrepancies between our observations and the quality of information being discussed during shift handover meetings. Staff did not consistently take notes to keep a record of key information and areas of concern discussed.
- We identified that notifiable incidents that had not reported to CQC in line with the provider's legal responsibilities.
- The service did not have an overall manager in place. Instead, having the provider, an administrator and two deputy managers. We identified shortfalls in overall leadership of the service.

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; Continuous learning and improving care

- Further work around the development of person-centred care provision was required. Care records lacked key details, and were not being routinely reviewed and updated following incidents, to reflect changes in risk and presentation.

- The management team lacked confidence and understanding in relation to the MCA, their own accountability and responsibilities when the service was making decisions in a person's best interests.
- We identified concerns in relation to staff not being able to demonstrate they were consistently following medical guidance. This showed a lack of insight into the risks and accountability associated with these decisions.

The above information meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us morale was good, and that staff worked well as a team.
- Staff were clear that if they made a mistake or got something wrong that they needed to learn from this and implement change.
- The service had implemented a deadline to ensure all staff were up to date with mandatory training.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People could provide feedback on the service through surveys and the complaints process in place, and anonymously using a comments box. However, further work was required to encourage feedback from those people who lacked confidence or who experienced sensory difficulties impacting on ease of completing paperwork.
- Staff meetings were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting. Staff told us they used these meetings to raise concerns. Deputy managers told us this offered an opportunity to discuss concerns about staff performance.

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 18 Registration Regulations 2009 Notifications of other incidents The care provider had not ensured incidents and safeguarding concerns had been notified to CQC. Registration Regulation 18 (1) (2) (e) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent The care provider did not always work within the principles of the Mental Capacity Act (2005) Regulation 11 (1) (2) (3) (5) |

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The care provider did not always ensure that people and the care environment were consistently kept safe. Risks to people were not always well managed, including with medicines Regulation 12 (1) (2) (a) (b) (g) |

The enforcement action we took:

Conditions were imposed on the provider's registration.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The care provider did not have good governance processes and procedures in place. Audits and quality checks were not consistently identifying risks and shortfalls. Regulation 17 (1) (2) (a) (b) (c) |

The enforcement action we took:

Conditions were imposed on the provider's registration.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The care provider did not always ensure that there were enough staff on duty to be fully responsive to risks and meet people's needs, particularly at night time Regulation 18 (1) |

The enforcement action we took:

Conditions were imposed on the provider's registration.