Life Style Care (2010) plc

Sandown Park 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?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an unannounced inspection. This was the first inspection since the provider had re-registered the service in March 2014. The home opened in 2010 and at previous inspections we found no concerns.

Sandown Park Care Home provides accommodation and nursing care for up to 80 people who are frail and older, or have nursing or dementia care needs. There were 75 people living at the home when we visited. The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Although people said they felt safe and well looked after, and relatives were satisfied with the care people received,

Summary of findings

we found people were not always safe. Not all areas of the home were clean, and the provider was not following best practice in infection prevention and control. We observed some people being assisted to move by staff. While some people were safe, others were not. We saw moving and handling practices that were unsafe and put people at risk of injury.

While some staff we observed were caring others were not. We saw staff helping people in a caring way but we also saw people who were not supported by staff when they were in obvious distress. Feedback from people about staff was also mixed. One person said "carers are wonderful", but another person told us they would like staff to show them more respect.

Feedback from people about the numbers of staff was mixed. Some people felt there were not enough staff on duty at times. We looked at the provider's staffing rotas and found there were several shifts which had been understaffed. There was a risk that people's safety would not be protected or their care needs met due to a lack of staff.

Whilst there was enough food and drink available, feedback about the quality and choice was mixed. Some people said the food was good while others described it as fair and "it gets a bit routine". People's meal time experience was also variable. Some people were supported to choose food and to eat their meal in a caring way, while others were not. We saw some people who were not being helped with their food when they needed it and other people being rushed.

Not all of the staff were up to date with training, supervision and appraisals. 10 staff had not completed recent training in dementia awareness and 27 staff had not completed training in the Mental Capacity Act 2005 (MCA). Most, but not all of the appropriate recruitment checks had been carried out before staff began working at the home. There was a risk people's safety would not be protected because the provider could employ people who were not suitable for the role.

Staff knew about keeping people safe from abuse and what they should do if they thought someone was at risk of harm. The manager was knowledgeable about Deprivation of Liberty Safeguards (DoLs) and the Mental Capacity Act 2005 (MCA) and had taken the right action to ensure people's rights and liberties were protected.

People were assessed for risks to their health such as pressure ulcers and malnutrition. Appropriate action was taken to manage identified risks such as the use of pressure relieving equipment or special diets.

Although regular audits were carried out by the manager and other senior staff, they were not always accurate. The most recent audit had failed to identify the concerns with cleanliness that we found during this inspection.

The environment of the home was appropriate for people with dementia and the manager had considered recent research when redecorating the home. People had memory boxes at the door to their room and there was a reminiscence room. This helped to stimulate the memory of people with dementia. A range of activities was offered to people including singing and afternoon tea. Some of the people we spoke with said they would prefer some activities that were more suitable for younger people.

People were involved in decisions about their own care and treatment. Care records provided staff with detailed information about how to meet each person's needs, their preferences and choices. Care needs were also reviewed regularly. People had access to health care professionals such as the GP or physiotherapist. Appropriate referrals were made if there were changes to people's health needs.

Staff said they felt well supported by senior staff and the manager was approachable. They said they felt comfortable providing feedback to managers and felt this would be acted on. Care workers said the home "was a very good place to work" and "it's a lovely nursing home". People and their relatives were encouraged to give feedback about the service. Regular residents meeting were held and the home was in the process of completing a satisfaction survey. Everyone we spoke to knew how to raise a complaint and said they were confident they would be listened to if they ever did so. The provider had a good system in place to manage complaints.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Most of the people we spoke with said they felt safe. However, the provider was not following all the requirements for infection prevention and control. Recruitment checks were not robust enough. There were not always enough staff on duty to keep people safe and meet their needs. We observed unsafe moving and handling practices.

The manager had taken appropriate action to ensure people's rights and liberties were safeguarded.

Requires Improvement

Is the service effective?

The service was not always effective. While people had enough food and drink feedback about the quality and choice of food was mixed. Some people were not appropriately supported to eat at lunch time.

Staff did not always receive the required training, supervision or appraisal to enable them to meet people's needs effectively.

People's health care needs were assessed and staff supported people to stay healthy. People were referred to appropriate health care professionals when required.

Requires Improvement

Is the service caring?

The service was not always caring. People were mostly positive about the care they received, but this was not supported by some of our observations. We saw occasions when people who were distressed or quiet were ignored.

There was good assessment of people's care needs. Care plans included all of the relevant information to staff needed to understand people's care needs.

Requires Improvement

Is the service responsive?

The service was responsive. People received personalised care when they needed it and were involved in assessments of their needs as much as they were able. People, relatives and staff were encouraged to give feedback about the service and this was acted on.

People and their relatives told us they would feel comfortable about complaining to staff if something was not right. When people did complain the home investigated their concerns and tried to put things right.

Good

Is the service well-led?

The service was not always well led. While there were systems in place to monitor quality and risk, they were not always used effectively.

People, relatives and staff gave positive feedback about the managers and said they were approachable. Staff all said they felt well supported.

Requires Improvement

Summary of findings

Incidents and accidents were well analysed and appropriate action taken to prevent them from happening again.	

Sandown Park Care Home

Detailed findings

Background to this inspection

The inspection team consisted of a lead inspector, one other inspector, a specialist nursing advisor and an expert by experience, who had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We visited the home on 8 and 11 July 2014 and spoke with 14 people living at the home, five relatives, three registered nurses, two senior care workers, four care workers, one chef, two ancillary staff, the deputy manager and the registered manager. We observed care and support in communal areas, visited the kitchen and viewed people's bedrooms. We reviewed a range of records including information about people's care, staff recruitment and training, and other records relating to the management of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern.

This was the first inspection since the provider had re-registered the service in March 2014. The home opened in 2010 and at previous inspections we found no concerns.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

Although most of the people we spoke with told us they felt safe we found some people were not always safe. One person said "I feel quite safe, it's very quiet" and another "oh yes, I've got no worries here." One person told us that staff sometimes forgot to lock the wheels on their wheelchair and said "I don't like that, I feel unsafe." A relative we spoke with said their family member was "in very safe hands." They told us they visited the home frequently, unannounced, and at varying times of the day. The relative said they often had a walk around the home and they had never seen or heard anything that concerned them.

However, people were at risk because the home was not clean in all areas. We found dirty equipment and several areas that were dusty. These included bed frames, door frames and window sills. In some sluice rooms it was difficult to get to hand washing sinks due to linen trolleys being stored in front of them. Not all of the sluice rooms had soap and hand towels, so staff would not be able to wash their hands after handling dirty equipment or linen. We also found clean aprons hanging from the end of a dirty linen trolley which meant there was a risk of cross infection.

We noted a lack of personal protective equipment (PPE) and alcohol hand gel. Staff said gloves and aprons were kept in a locked cupboard. If a person needed support with personal care, the care worker had to go and get the PPE first, or call another member of staff to get it for them. Alcohol gel was only kept in a clinical treatment room which was accessible via a key pad code. There was no PPE in shared toilets or bathrooms. Some people's private bathrooms did not contain PPE. It was difficult for staff to get PPE so there was a risk it would not be used at all times.

Storage bins kept outside of the home which were used for clinical waste should have been locked and were not. We also found items inappropriately stored in cupboards. This included bed bumpers and duvets kept on the floor which was unhygienic. Staff member's outdoor coats were on top of hoist slings, risking cross contamination. Lots of items were stored directly on the floor making thorough cleaning difficult.

There were poor hygiene practices in the laundry. This included staff working between the clean and dirty end of the room, kitchen cleaning cloths soaking in a dirty mop bucket and soiled laundry not being washed in the correct order. Linen soiled with bodily fluids should be washed at the end of the laundry cycle to prevent contamination of other laundry such as table nalkins. There were no aprons available for staff to wear when handling soiled laundry. There were no handtowels available at the sink. The sink was dirty and stained with lime scale and other areas of the laundry were not clean. The manager told us that soiled laundry would be taken in a lift which was also used to take food to people in the home. This was poor practice and could risk cross contamination.

Shared bathrooms, toilets and ensuite rooms were clean. We spoke with one person who told us "it's clean". Another person and their relative said the "cleaning was good."

The above shows a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report.

Some moving and handling practices we observed were safe, while others were not. We observed two occasions where people were being supported to move using a hoist. Staff maintained residents' dignity and the person was asked for their permission before the hoist transfer took place. Staff explained what they were doing during the transfer.

However, staff supporting two people to stand up from their chairs did not use the appropriate moving and handling techniques. They attempted to support people by putting their arms under the person's shoulders. There was a risk people could have been injured being supported in this way. Lounge chairs throughout the home were very low which made it difficult for people to stand up from the chairs unsupported. This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report.

We received mixed feedback from people, relatives and staff about whether there were enough staff on duty to meet people's needs. One person said they felt staff were "rushed" when they were being supported with personal care and "staff don't have time for my needs". A relative told us "staff are responsive, although staffing levels could be better".

The provider had appropriately assessed the numbers of staff they required to meet people's needs. They decided

Requires Improvement

Is the service safe?

they needed 16 care workers on duty during the day. We looked at the staffing rotas for the 15 days prior to our inspection and saw there had been 14 shifts that were not fully staffed. The manager acknowledged that recruitment and retention of staff had been difficult and they were taking steps to address this. However, during this period of recruitment, we judged there were not enough staff on duty to ensure that people were safe and their needs were met.

The above is a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report.

Recruitment procedures were not robust enough. We reviewed recruitment files for 11 members of staff. One file reviewed did not contain appropriate photo ID. Six files did not contain a full employment history. It is good practice to explore and record any gaps in people's employment. Other checks such as disclosure and barring service (DBS) and staff members conduct in previous employment had been completed. All of the registered nurses were appropriately registered with the Nursing and Midwifery Council (NMC).

Staff were knowledgeable about safeguarding people from abuse and were able to describe what action they would take if they were concerned a person was at risk. All of the staff we spoke with knew how to raise concerns with the manager and how to use the provider's whistleblowing procedure. Staff told us they were confident that any issues they raised would be dealt with appropriately.

The manager was knowledgeable about of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. They had taken appropriate action to ensure people's rights and liberties were safeguarded. At the time of our inspection two people were lawfully being deprived of their liberty through a DoLS application. Staff we spoke were aware of the MCA and DoLs and information for staff about MCA and DoLs was prominently displayed in the staff training room.

Care plans we saw included information about whether people had the capacity to make specific decisions in relation to their care and support. We saw it was clear who had Lasting Power of Attorney to make decisions and which decisions they had the legal right to make. We also noted that people and those important to them would be involved when making decisions about their care and treatment.

The provider had appropriate plans in place to manage any unexpected emergencies which may arise, such as a fire or power failure. This was to ensure that the needs of people who use the service would continue to be met before, during and after any emergency.

Requires Improvement

Is the service effective?

Our findings

The registered manager said all staff training was mandatory and was renewed yearly, except for fire safety which was updated six monthly. New staff also completed an appropriate induction. However, when we reviewed the training records, we saw not all staff were up to date with their training. For example, in the past year 10 staff had not completed dementia awareness training, eight staff did not have moving and handling refresher training, five staff had not completed an infection control update, and three senior staff did not have up to date medicine administration training. Twenty seven staff had not completed training in the Mental Capacity Act 2005. Laundry staff told us they had not had specific training in laundry management or in the control of substances hazardous to health (COSHH).

We looked at the supervision and appraisal records for 11 members of staff. We found some staff had not reveived regular supervision sessions or completed an appraisal in the last year. Four members of staff had not had a supervision session since the beginning of 2014. Where there were records of supervision we noted that most of the appropriate subjects had been discussed, for example, training, communication and any performance issues. Any concerns were addressed with staff, training offered and an agreed action plan put in place. However, we also noted that people's care and support needs were rarely discussed.

The above is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report.

Feedback from people about the quality and choice of food was mixed. One person said they thought the food was "on the whole good". Another person said they enjoyed their meals and there was always enough to drink. One person had asked for a boiled egg for breakfast. They said "I do love a boiled egg in the morning." However, the person also told us they found an egg difficult to eat as "you would expect an egg cup and some toast, but it just came on a plate." Another person said the "choice was reasonable" and "it gets a bit routine." Another person said "the food's alright, but I'd love some chops." They explained they really enjoyed their meat and liked to have a steak or chops, which their relatives would bring and cook in the microwave.

We observed lunch being served and found the meal time experience for people to be mixed. While there was a calm atmosphere, at times staff were focused on the task and not the people eating their lunch. We saw some staff supporting people to eat in a positive way. They explained what they were doing and spoke with the person while helping them to eat in an unrushed way. Another person was being supported by a member of staff to eat. The person frequently closed their eyes but the staff member did not offer vocal prompts to the person to encourage them to eat. Food was also occasionally pushed into the person's mouth.

Two people had chosen to sit in the lounge area to eat their lunch and staff bought their lunch in on a tray. However, the trays were placed on tables to the side of the person making it awkward for them to eat. One person who used a wheelchair was supported into the dining room and pushed to the table. The person's knees prevented them from getting close to the table. A member of staff gave the person a fork and then left. It was some time before a nurse in the dining room noticed the person was not eating. Staff then supported the person by repositioning their wheelchair so they could get closer to the table.

We observed people being supported with their meals in their rooms. We saw staff providing appropriate support with eating and offering drinks. We spoke with one person who was eating their lunch in bed. They told us they were able to eat their meal on their own but would use the call bell if they needed help. They said they were happy to eat in bed "this time" and it was "up to me what I do."

We spoke with chef about how people were supported to have sufficient to eat and drink and maintain a balanced diet. The chef knew about individuals and was able to explain how they supported people with special dietary needs. For example, people with diabetes or who required soft or pureed food. One person had specific dietary needs due to their religion which the chef also catered for. Snacks were available for people and staff had access to the kitchen at any time if a person required additional food.

People were assessed for the risk of developing pressure ulcers. This was well documented in people's care records

Is the service effective?

with photographs and body mapping included where appropriate. Where people were identified to be at risk of developing a pressure ulcer, appropriate pressure relieving mattresses and cushions were in place. None of the people using the service had developed a pressure ulcer while living in the home. This demonstrated staff were following management plans that had been put in place to reduce the risk of pressure damage. We checked some of the pressure relieving equipment in place and found them to be in good working order.

People who used the service were assessed for the risk of malnutrition. Staff were aware of people's nutritional needs. There were regular assessments of people's nutrition and hydration needs and people were weighed regularly to monitor nutritional intake. There was evidence that recommendations made by Speech and Language Therapy [SALT] regarding people with swallowing difficulties were being followed.

Where risks to people's health had been identified appropriate referrals had been made. These included health care professionals such as a nurse who specialises in wound management and speech and language therapist. Two people we spoke with confirmed they were supported to see other health care professionals when they needed to. One person said they had recently seen the optician and were pleased with their new glasses. Another person told us they were able to see a physiotherapist to help them with a medical condition. People's day to day health need were met.

We saw one person who was visited by the GP on the first day of our visit. The GP had left staff instructions for managing the person's health condition. We observed staff had followed the guidance and appropriate records had been made.

We observed a person who had a bleeding wound on their wrist. When we pointed this out to staff, they were attentive. The person was supported back to their room and staff dressed the wound appropriately and told us they would complete an incident form.

The environment had been decorated to make it appropriate for people with dementia, and to enable people to find their way around the home. Bedroom doors were colour-coded and there was a 1940s reminiscence room and sensory room. We saw there were memory boxes outside most people's rooms which contained pictures, photographs and other personal items. Charity funding had been used to create alcoves and quiet areas decorated with local scenes. The manager had considered recent research from the University of Stirling regarding the environment prior to redecoration. There were also plans in place to develop a sensory garden.

Requires Improvement

Is the service caring?

Our findings

While some staff we observed were caring, others were not. We saw care workers speaking to people in a caring manner, informing people of what they were doing and offering people choice. However, one person we saw was visibly distressed and looked very uncomfortable in their chair. The person called out on several occasions and staff that were present in the room did not respond to the person's obvious distress. It was only when we pointed this out to staff they took action to make the person more comfortable. We also observed several occasions when staff did not interact with people who were quiet for long periods of time. The above is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report.

Feedback about staff was mixed. One person told us there were times when they would like staff to show them more respect. They said sometimes staff would "shout in the door way" and say things like "what do you want", but "most of the time they are ok." Another person said "most of the staff are kind". Another person told us "carers are wonderful". A relative said the home was "excellent" and "staff genuinely do care". Another relative explained how their family member had choices about what they wanted to do during the day and staff showed respect to the person. Another person said they were "very happy with the care".

When we saw afternoon tea being served we noticed a person became distressed. Staff quickly noticed and went support the person straight away. Other staff were talking to people in a kind way. People appeared calm and relaxed and were supported to return to their rooms when they asked staff for help.

There was information to guide staff on how to meet each person's care needs. For example, there was detailed information about managing people's behaviour, where it may be challenging, due to the person's dementia. People or their relatives, where appropriate, had been involved in the assessments and care planning process. Care plans were regularly reviewed and where a change in a person's health needs was identified, changes were made and staff updated accordingly.

We asked the registered manager if any people who use the service had an advocate. The manager told us no one did at present but they were able request an advocate from the local authority if they needed to.

A dignity in care audit had been completed on 23 January 2014, with a plan to re-audit in July 2014. According to the results of the audit dignity standards were met and no further action was required.

Good

Is the service responsive?

Our findings

There were management plans in place to advise staff on how to manage identified risk safely. Staff were able to describe how they would identify changes in people's health and how they would seek support from senior staff or make a referral to outside health care professional as soon as possible.

People's care records contained good assessments and documentation. For example, there was a completed section called 'all about me' and 'my life story' which enabled staff to understand significant events in people's past. Documents also included dementia assessments and care planning which included end of life care. All of the records contained appropriate risk assessments, for example, malnutrition universal screening tool (MUST) and Waterlow scores.

All of the people and visitors we spoke with knew how to raise a complaint. None of them had needed to. People said they were confident they would be listened to if they did raise a concern. They said they could talk to any of the staff or raise concerns at 'residents meetings' and they were addressed. One person said: "nothing is too much trouble". The registered manager told us they encouraged people to raise any concerns and they were able to address people's concerns satisfactorily. We reviewed the homes compliments log. Relatives of people who lived in the home and other professionals had commented on the good care, support and understating shown while people were being cared for.

We reviewed the shift handover records for each unit. Appropriate information was included to enable staff coming onto the new shift to keep up to date with people's changing care needs. Information included details about changes to medicines, new people who had recently moved into the home and any changes to staffing levels. Actions that had been taken were also noted in the records.

The activities log included examples of different activities undertaken by each person. These included jigsaws, reminiscence activities, singing, puzzles and afternoon tea. We also observed people had equipment for personal hobbies in their rooms. However, some people told us they felt the list of activities was of little interest to them as they were aimed at people with dementia. One person said activities were for "older people than me." Five people we spoke with told us the activities organised by the home were not suitable or interesting to them. We found the era of some of the younger people that use the service was not reflected in activities and music taste. The manager acknowledged that some people would prefer younger activities and this was already being considered.

Requires Improvement

Is the service well-led?

Our findings

Although the manager monitored the quality of the care provided by completing regular audits, these were not always effective. We looked at the most recent infection prevention and control (IPC) audit, completed in April 2014. The audit had not identified any of the IPC problems we had observed during the inspection. The provider did not have a robust quality assurance system in place.

We also reviewed the most recent risk assessments for areas in the home such as safe management of clinical waste and laundry. While some assessments were accurate not all of them were. For example, it was not noted that clinical waste bins were unlocked and that soiled laundry was being transported in a food lift. As the risks had not been properly identified appropriate action had not been taken to manage the risks.

The home did not have an infection and prevention control (IPC) lead. The manager told us the IPC lead had recently left and they were waiting to appoint a new person. They also told us the person who had left had been responsible for IPC for four months but had not completed any IPC activity in that time due to other work responsibilities. The manager said there was no schedule for less regular cleaning tasks such as high dusting. There was no cleaning schedule for the laundry area, and this was the responsibility of the laundry staff. The registered manager also said registered nurses were responsible for checking cleanliness standards in the other areas of the home. The manager told us they did do spot checks but did not keep any records of this.

Staff told us they felt well supported by managers and senior staff to fulfil their care worker roles. Staff said they felt the registered manager was approachable and supportive and they could raise any issues with them. The service carried out senior meetings, staff meetings, residents and relatives meetings and health and safety meetings to address issues and discuss day to day work at the home. Staff were able to give feedback about the service and said any feedback they gave was acted on.

One care worker told us the home "was a very good place to work" and they were "supported by staff nurses and managers". A registered nurse told us the manager was good and there were very good training opportunities. They also said "this was a good place to work" and "it's a lovely nursing home". A relative said "the manager is very approachable".

The home was in the process of completing a satisfaction survey with people who used the service and their relatives or representatives. Interim results were showing positive feedback from people. The manager told us when the survey was complete they would analyse the results and make an action plan if any issues had been identified.

We looked at the home's incident and accident log. We saw detailed information about each incident as well as an analysis of the cause. Records showed appropriate action had been taken after the incident and plans put in place to reduce the risk of the incident happening again.

We reviewed the provider's complaints log. There were no complaints on-going. Previous complaints raised had been investigated and appropriate action taken. The registered manager had also included safeguarding allegations as complaints and ensured that any recommendations for action had been completed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The provider did not ensure care was delivered in such a way as to ensure the welfare and safety of the service user. Regulation 9(1)(b)(ii).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The provider did not ensure that people were protected against identifiable risks of acquiring an infection because they did not have an effective operation of systems designed to prevent and control the spread of a health care associated infection. Regulation 12 (2)(a)(c)(i).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Supporting Workers. The provider did not ensure that at all times there were sufficient numbers of suitably qualified, skilled and experienced staff. Regulation 22.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Supporting Workers. The provider did not have suitable arrangements in place to ensure that staff were appropriately trained, supervised or