Citizenship First Ltd

Citizenship First - 350 Glossop Road

Inspection report

350 Glossop Road
Sheffield
South Yorkshire
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18 April 2016

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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

We carried out this inspection on 15 and 18 April 2016. The provider was given 48 hours notice of the inspection taking place. We did this because the location provides a domiciliary care service and we needed to ensure that we could speak with staff and look at relevant records.

At the previous inspection on 16 October 2013 we found the service to be non-compliant in one of the outcomes we inspected at that time, 'treating people with respect and involving them in their care'. During this inspection we found improvements had been made.

Citizenship First – 350 Glossop Road provides support to people over 16 years old with a learning disability. They support people to live as independently as possible in their own homes and also provide supported living accommodation. The agency office is based in Sheffield city centre. At the time of our inspection the service was providing personal care for 117 people.

It is a condition of registration with the Care Quality Commission that there is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager present during the first day of our inspection who told us they were going to register with the Care Quality Commission. The previous registered manager left the service in February 2016.

People told us they were satisfied with the support they received. One person told us, "I am very happy with the carers." A relative said, "They are very good."

We found that people were protected from abuse. Staff we spoke with had a clear understanding of safeguarding people and what to do if they suspected abuse.

Staff understood the need for the safe storage and administration of medicines. However medication administration charts were not regularly audited to check that medicines were administered as prescribed.

We saw and we were told that safe recruitment procedures were not always followed to ensure that all the required information and documents were in place before staff commenced employment to verify people employed by the service were suitable to work with vulnerable adults.

The manager told us they were aware of their responsibilities under the Mental Capacity Act, including the need to seek advice from the Local Authority where the movements of a person without capacity are restricted.

Support staff told us and we saw that supervisions and appraisals to support staff to undertake their duties

were not regularly taking place.

There was no training record to verify what training staff had received, and no training policy to inform staff of what training was available and how to access it.

Support staff we spoke with were aware of people's like and dislikes and how best to support the person to meet their care and support needs.

There was tension between support staff and managers regarding communication of rotas, staff changes and how best to support people receiving the service. Overall support staff morale was low.

Support staff we spoke with showed commitment to their jobs and compassion towards the people they supported.

People's care records contained a lot of person centred information and detailed risk assessments. However we were told they were all significantly out of date. None of the care records we looked at had been reviewed since 2014. This meant the information may no longer be relevant to the person.

The manager showed us an up to date complaints policy and procedure that was to be shared with people who were supported by the service. We saw a record was kept of all complaints that were received, the response given to the complainant and any action taken to rectify the complaint.

People who were supported by the service and staff who worked there were not regularly asked for their views about the service. When they were asked, there was no record of any response from the service to any concerns raised or suggestions to improve the service.

There were no systems in place to monitor and improve the quality of the service provided.

All of the service's policies and procedures were out of date. None had been reviewed since May 2012 and therefore may no longer reflect current legislation practice guidelines.

During our inspection, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to fit and proper persons employed, staffing, and good governance.
You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Safe staff recruitment procedures were not fully adhered to.

Risk assessments were out of date and therefore unclear whether they reflected the person's current level of risk.

We found systems were in place to make sure people received their medicines safely.

Staff told us they had safeguarding training and understood what they needed to do to if they suspected a person may have been abused.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive regular supervision or appraisals to support them to carry out their duties.

There was no training policy and procedure available to staff to identify to them the training they should receive. There was no up to date record to verify which staff had received training and what this was.

The service acted in accordance with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Is the service caring?

Requires Improvement

The service was not always caring.

Support staff told us about decisions managers at the service made that were not always caring.

People and their relatives made positive comments about their support staff.

Support staff spoke about the people they supported with

dignity and respect. They knew people's like and dislikes.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records were personalised, however they were out of date and therefore unclear whether they reflected the person's current level of need and how best to support them.

Activities previously available to some people were no longer in place.

There was a complaints policy and procedure available to people supported by the service.

Is the service well-led?

Requires Improvement

The service was not well-led.

Support staff told us the service was not well-led.

There were no records of any service meetings with people or their support staff.

We were told some quality assurance audits were in place but there was no evidence to show they had been undertaken regularly or recently.

There were policies and procedures in place, however none of these had been reviewed since May 2012, and therefore may not reflect current practice guidance.

Citizenship First - 350 Glossop Road

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place over two days on 15 and 18 April 2016 and was announced. This means the provider knew we were coming 48 hours in advance of the inspection visit. We did this because the location provides a domiciliary care service and we needed to ensure that we could speak with staff and look at relevant records.

The inspection team was made up of two adult social care inspectors and two experts 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. They both had experience of caring for adults with learning disabilities.

We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield City Council Social Services and Sheffield Clinical Commissioning Group. They told us they had been jointly monitoring the service and trying to support the provider to improve as they had concerns regarding the quality of support provided to people who used the service.

During the inspection we spoke with 11 people who used the service or their relative either via telephone or visiting the person in their own home. We met with the manager and the nominated individual for the service. We spoke with 19 members of support staff and six members of staff based at the office. We spent time looking at written records, which included seven care records, five staff files and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires certain information and documents to be obtained to demonstrate a thorough recruitment process has been followed to ensure fit and proper persons are employed. This includes evidence of a disclosure and barring (DBS) check taking place and satisfactory evidence of conduct in previous employment concerned with the provision of services relating to health or social care or children or vulnerable adults and where a person has been previously employed in a position whose duties involved work with children or vulnerable adults, satisfactory verification, so far as reasonably practicable of the reason why that person's employment ended.

One of the staff files we looked at did not contain evidence of a disclosure and barring (DBS) check taking place. Where any criminal convictions are declared it is good practice that the service undertake a risk assessment to show that the circumstances surrounding the incident had been discussed, and any actions taken to mitigate any risk identified before a person is offered a job or not. Where criminal convictions had been declared by two members of staff there was no evidence of a risk assessment taking place.

Two of the staff files we looked at did not contain completed reference checks. In one case we were told that a verbal reference had been given but there was no record of this on file.

As the service had not ensured that persons providing care or treatment to service users have all the necessary information required in place this is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 19, Fit and proper persons employed.

Everyone we spoke with said they felt safe. One person told us, "Yes I feel safe here" and another person said, "Yes, I am safe". One relative told us, "Yes [Name] is very safe with the carers."

Staff told us they had received training in abuse awareness and protecting vulnerable adults. They were able to describe abuse such as physical or verbal or financial, and were clear that anything of this nature they would report back to managers at the office. Information from the local authority and notifications received showed that procedures to keep people safe from abuse were followed.

The service did not have a medicines policy, however we were shown a draft medicines policy that was in the process of being completed. Staff told us that they had medicine management training as part of their induction. A member of support staff told us, "We had some information about giving medication properly."

The manager told us that in the past medication administration record (MAR) charts were audited and we saw evidence of this on people's care records held at the office. The manager told us they would be reintroducing these audits. Regular audits would ensure that any errors would be found and action taken to reduce the risk of them happening again.

Staff told us they counted out the medicine on arrival at a person's home to check it was all there, and they completed and signed the MAR chart every time they supported a person to take their medicine. We saw that there weren't any unexplained gaps on the MAR charts we looked at and reasons were recorded when medicine wasn't taken by the person. For example, a person may be prescribed pain relief medicines to be taken PRN, this means as and when they need it. The MAR charts we saw showed that staff did regularly offer the medicine to the person and recorded whether it was taken or not. We saw there was a copy of the signatures of the staff who were trained to administer medicines on the person's care record. This meant people were given the right medicines at the right time.

Some people supported by the service were prescribed medicines referred to as controlled drugs (CD). CDs are controlled under the Misuse of Drugs legislation. We saw these were stored separately in a locked cupboard in the person's home. We checked the CD register and found it was fully completed, up to date and stock balances were accurate. This meant people's medicines were stored safely and securely. We looked at how the service ensured there were enough staff to care for people at the times they needed. Most people told us they had regular staff who came to visit them. One person told us, "They are sometimes late." A relative said, "If they going to be a little late they let me know, there has only been one occasion when they did not arrive at all and that was because they did not have a carer qualified to care for [Name]." A member of support staff told us, "They [management] haven't got a clue about rotas. They have been a bit better in the last couple of weeks but when they come so late it makes it impossible to plan anything. Also, people are working excessive hours. We are told that we don't have to take on extra shifts but you kind of feel that you're expected to."

At the time of our inspection there were 117 people receiving support from the service. Some people lived in private homes and some lived in one of the service's 18 sheltered accommodation schemes. There were 105 support workers employed to directly provide care and support to people. In addition the management team consisted of the manager, three care coordinators, two service managers and a development manager. We looked at staff rotas for April 2016 and we saw there were enough staff hours to meet people's needs. We were told there had been problems with support staff being sent their rotas for when they were expected to be at work very late, sometimes just hours before they were due to start to work. The manager explained to us that rotas were now being completed and would be sent out four weeks in advance.

The care records we looked at included risk assessments for all areas of people's health and well-being. A section of each care record was called 'My Risk Assessments'. This contained a detailed assessment of each risk, such as risk of falls. It described the benefit to the person of taking the risk and a comprehensive list of actions that could be taken to minimise the risk. However, all the risk assessments we saw were out of date with no reviews recorded since 2014. This meant the information regarding each risk may no longer be relevant to the person.

Requires Improvement

Is the service effective?

Our findings

During our last inspection on 16 October 2013 we found the service was not compliant in the area of 'treating people with respect and involving them in their care'. During this inspection we found some improvements had been made. We saw that people's capacity to consent to their care had been considered in their care records and staff now had training on mental capacity as part of their induction.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

One person supported by the service was locked in their own home at night. This meant the person who lacked capacity potentially had their movements restricted. The manager told us they were aware of their responsibilities under the MCA and had only recently been made aware of this person's situation. We were told they were going to contact the Local Authority for advice on how to proceed.

All of the care records we looked at did contain mental capacity assessments and some contained a section called 'Big Life Decisions'. This gave the reader information regarding the person's capacity and preferences in different areas of their life, such as money related decisions and how to support a person with their personal care needs. However, none of the assessments were signed to say who had been involved in reaching these decisions, and there was no evidence of any of them being reviewed. This meant it was not clear whether the information was still relevant to the person needing support.

We saw the list of induction training modules staff were expected to cover, which included key areas such as safeguarding, medication, and health and safety. Most of the training was delivered via DVD, and training booklets which staff were expected to read and then complete the associated competency checklist.

We spoke to support staff, and office staff and managers regarding their experience of training. We were told that 50 new members of staff had been employed in the last three months. The most recently employed support staff we spoke with described a lack of early support and a less than satisfactory induction and training system.

One member of support staff told us, "When I started I was given a three hour induction with a trainer present. Then there were a few of us new starters and we were left on our own with booklets and DVDs to watch. The booklets included an exam of a kind which you had to complete. We had to help each other

because there wasn't anybody experienced with us. It was funny in a way because one question was 'How was the trainer?' I felt like writing 'What trainer'?'' Another staff member said, "I had one week of training which was done with booklets and DVDs. There were four of us together. If we got stuck we had to go to the reception or upstairs to see if somebody could help us." Another said, "We covered all the things in the booklets which included the mental capacity act and safeguarding."

There was no up to date training policy. This would enable staff to know what training was available and how to access it. There was no training record to evidence what training staff had received to date. We spoke to the manager about this and they did show us a copy of the training matrix they had created for all staff. This listed all compulsory training required and what date each member of staff was expected to attend in the future. We were also told that the service was moving away from using DVDs for training and looking to recruit an in-house trainer.

Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. We saw the service's supervision policy stated that all staff should have supervision every three months and an appraisal each year.
Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

None of the staff files we looked at showed that anyone had received supervision so far this year. One file had evidence of a member of staff receiving their appraisal in January this year. Where previous supervision sessions were recorded on file there was a clear agenda including case discussion and reflective practice, and policy awareness.

As some of the staff we spoke to had only recently started to work for the service we would not expect to see a record of an appraisal or supervision on their file. Staff who had a longer employment history with the service told us, "I had an appraisal about three months ago. That was the second one I've ever had in nine years." Another member of staff said, "Not had supervision or appraisal for about two years." Another member of support staff told us, "[I] don't see management often, don't get supervision. Teamwork is my support."

As staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform this is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18, Staffing.

Some people using the service required support with planning, preparing and eating meals and drinks. Staff told us how they offered choices and tried to balance healthy eating by encouraging different options. We saw evidence of people's food and drinks preferences on their care records. We saw records were kept of people's fluid intake where appropriate, in the communication and handover records kept in people's homes. We found that people had been supported to see other professionals involved in their care, such as social workers and GPs, in order for them to receive additional support and treatment. Again this was recorded in people's homes, in the communication log book.

Requires Improvement

Is the service caring?

Our findings

Everyone we spoke with told us they were happy with the care they received. One person said, "I am very happy with the carers". Another person told us, "I have no problems with the carers, and they help around the house and with my post." A relative told us, "It is all working pretty good."

We received many positive comments about members of support staff. These included, "They are good, yes brilliant," " I'm happy with [my] carers," " Yes I am happy," and " I am satisfied," " They are very good, they have [Name] best interests at heart," and "They always treat [Name] with respect, they are very good."

Some of the people who were supported by the service had specific communication needs and we saw staff interacting with people in a way that showed they knew the person and what needs they were expressing. Staff we spoke with were aware of people's likes and dislikes and their life stories.

We were told that when a person was interviewed for a support worker post they were matched as far as possible to support a person with similar interests. The skill set and experience of a support worker was also taken into account when planning who they would be best placed to support.

All the members of support staff spoke with warmth about the people they supported, and clearly knew them well. Several members of support staff said that any issues they were highlighting with us regarding the management of the service were because of their concerns for these people.

One member of support staff told us, "Morale is very poor but I would never leave. I have a really good relationship with my service users, they depend on me and I've got to know them really well.' Another member of support staff said, "I know my own clients and I know when they are unwell or unhappy and I can deal with that but I keep hearing about agency workers coming in who are being sent without any mentoring or proper introduction."

Other members of support staff told us, "I do have one main service user and a couple of others who I see all the time. That's great because I know them really well and they know me. I know what they like to do and the kind of food they enjoy. I have been sent 'blind' to some other people which is not good and I've been asked to go without being introduced to the person," "I wish they [the management] would remember that it's all about the service users. I don't think they care," and "Some service users have asked for particular support workers because they know them and feel much more comfortable with those people. We try to tell the office staff but they just disregard what people are asking for."

We were also told, "We [support staff] had to arrange a meeting with one of the managers and a service user and his family member because they were unhappy about some of the changes that had been made. We had to organise it carefully and keep telling him it was going to happen because he reacts badly to changes in his routine. We had done all the work in preparing him for the meeting which was scheduled to take place at 3pm and then, at 2.55pm we had a call to say that manager couldn't make it. I rang the office on their behalf and spoke to another manager who said, 'I don't want to know. It's not my team'."

As the provider failed to consider the quality of the experience of service users receiving services this is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 17, good governance.

The above evidence gives a mixed picture of caring support staff who do not think that either themselves, or the people they support are cared for by managers of the service.

Requires Improvement

Is the service responsive?

Our findings

One person told us, "Yes I have a care plan, they write in it every day." Other people we spoke with were not aware of having a care plan.

All of the care records we looked at were out of date. We were told that the registered provider held a copy of each person's care record at the office and another copy was held in the person's home. This should enable everyone at the service involved in a person's care to have a complete understanding of the person's health and social care needs, their likes and dislikes and how best to support the person to meet their needs.

The care records we looked at in the office and in people's homes did contain a lot of person centred information that would enable support staff to get a real sense of the person. The care records were broken down into sections including the headings, 'All About Me,' 'My Needs,' and 'How to Support Me.' There was evidence of people and their families being involved in the initial creation of the care record, because people or their representative had signed to show they had been consulted. There was also a lot of personalised information written in the first person that would be unique to that individual.

None of the care records we looked at had been reviewed since 2014. The most out of date record we saw hadn't been reviewed since 2012. Without this information being regularly reviewed and care records updated there was no way of knowing if it was still relevant to the person. We spoke to the manager about this who agreed that everyone's care records were out of date and all needed reviewing. They showed us a new care plan format they were planning to introduce for all people who were supported by the service.

As the service had not maintained an accurate, complete and contemporaneous record in respect of each service user this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 17, Good governance.

We looked at care records that contained weekly activity plans for people. The activities were varied and catered to the individual needs of the person. However, when talking to people and staff they told us a lot of the activities in the care records we looked at no longer took place. For example, one person appeared to have a weekly plan of meaningful and enjoyable activities, but we were told these no longer took place as it was difficult to motivate the person to get involved. There was no evidence of any review taking place to look at changing the activities, or ways to encourage and motivate the person to re-engage in these activities. The care record had not been updated to reflect the person was no longer taking part in any activities. We were told by a member of support staff, "[It is] disappointing that activities have all stopped but no reason as to why."

A member of support staff told us, "Service users generally need structure. Anyone with autism, for example, won't cope well with changes and, if you tell them something is going to happen, you can't change it. There used to be things like day trips and Christmas parties but it's all stopped." Another member of support staff said, "Everyone is working too many hours to be able to provide the support that we used to. I've been here

a long time and things have gone downhill in the last couple of years. You end up doing the bare essentials because you're tired. I have done a night shift and then the office will say, 'can you stay for another four hours?' Well, I'm not going to leave the service user but I know I'm not really being fair to the service user because I'm tired."

People told us they knew how to complain if any issues arose. One person said, "Yes [I know how to complain], but I have had no reason to complain."

The service had a complaints policy and we saw there was a copy of this on people's care records. The policy did give information on who to complain to and who to contact if you weren't satisfied with the initial response. However, some of the contact information was out of date. We spoke to the manager about this and they showed us they had updated the complaints policy and procedure and this was to be shared with all staff and people who were supported by the service.

The manager had implemented a complaints log, which we saw. This recorded a brief description of the complaint and the action taken at the front of the file. More detail, including a copy of the original complaint, any investigations undertaken as a result and the response sent to the complainant were also kept on file.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the manager told us they had been in post for three weeks and were in the process of applying to CQC for registration. We spoke with the nominated individual who told us they had been in post for four years and their focus was more on the financial stability of the service and they were not involved in the social care side. They saw this as being the responsibility of the registered manager.

People we spoke with who were supported by the service said the management team were responsive and helpful. One person told us, "They are really helpful if you ring up," and a relative said "Yes the management are fine. We have no reason to contact them as it is working pretty good."

All the support staff we spoke with told us the problems they experienced were related to the management and organisation of the service. We were told, "Lots of people are leaving, both staff and service users. Service users are going elsewhere if they can," "It used to be really good but there are too many changes. Nobody knows who is in charge. There are new managers but they don't seem to know how to treat people," and "Some people are putting a grievance in because things are so bad. We get new managers who come with good intentions and try to turn things around but they soon get fed up and don't stay. There's no continuity."

However, one member of support staff told us, "'I'm prepared to give them a chance. Things are getting a bit better. All the managers are new. They've only been here for a few weeks so it's only fair to wait and see what they're going to do."

One member of support staff told us, "There are never any staff meetings and nobody is bothered about staff development." We spoke to the manager about this who told us there was a plan in place to meet with all staff over the coming months. They were not able to find any records of any previous meetings with support staff. There were records of recent meetings with office based managers and care co-ordinators. In addition we saw the results of a staff questionnaire, where staff were asked for their opinions of the service. The results were not dated, and there was no analysis of the results so show what the service was going to do where staff were not satisfied. We were told this questionnaire was from November 2015.

People who were supported by the service that we spoke to could not remember receiving any questionnaires asking for their opinion of the service. We were shown the results of service user questionnaire. The results were not dated, and there was no analysis of the results to show what the service was going to do where people were not entirely satisfied with the service they received. We were told this questionnaire was from November 2015.

We were shown a copy of the 'general operations' handbook. This contained all the service's policies and procedures relating to quality assurance, health and safety, confidentiality and communication, business continuity plans, finance and safeguarding. All were dated 14 May 2012. This means the policies and procedures had not been reviewed and updated to reflect current legislation and good practice guidelines since this time.

We spoke to the manager about this who told us that there was also a 'Support Worker Handbook' which contained information for staff regarding policies and procedures. The manager was of the understanding the handbook was produced in 2015, however there was no date of publication on the handbook so we were unable to verify whether this was a more up to date version of the service's policies and procedures.

Quality assurance audits should be undertaken to check that staff are working in line with policies and procedures to ensure that people are supported to remain safe and well. The manager told us they were in the process of implementing audits of MAR charts, communication logs, and reviews of care records. By regularly checking a sample of each, any poor practice and areas for improvement can be identified and acted upon. There was no evidence made available to us of any of these audits taking place recently.

This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 17, good governance. This is because systems or processes must be established and operated effectively to ensure compliance with the regulations.

The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed that any notifications required to be forwarded to CQC had been submitted in the short time they had been in post. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service had not maintained an accurate, complete and contemporaneous record in respect of each service user. The service had not sought or acted on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. Systems or processes had not been established and operated effectively to ensure compliance with the regulations.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service had not ensured that persons providing care or treatment to service users have all the necessary information required in place

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform.