

Community Integrated Care Summerson House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Summerson House on 15, 21 and 26 January 2016. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Summerson House is a six bedded care home providing personal care to people with a learning disability. It is a purpose built house situated close to local shops and amenities.

No registered manager had been in place since August 2015. 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. It is a condition of the provider's registration to have a registered manager and this was a breach of that condition.

In the last year there had been three managers, one of whom was registered but left in August 2015. Another previously registered manager for the home notified us in September 2015 that they would be adding this service to their registration but this had not occurred. A new manager was appointed in November 2015 but had yet to become the registered manager.

We found that the new manager was very open and transparent and their primary concern was the welfare of the people who used the service. Since being appointed they had critically reviewed the service and identified work was needed to make improvements to the operation of the home. We found that they had worked diligently to take action to make the identified improvements.

Prior to the inspection there had been a high level of staff vacancies and although the new manager was actively recruiting staff at the time of the inspection there continued to be vacancies. The registered provider had ensured that the staffing levels remained in line with those required either via the permanent staff completing additional shifts or the use of relief staff who knew the people. They were also actively recruiting new staff. However we had not been notified about these difficulties and should have been.

We found the care records were comprehensive however we found that they needed to be reviewed and updated.

We met with four of the people who used the service and we were able to speak with one person. Three of the people who used the service were unable to communicate verbally but we found that staff could readily interpret their facial and body language. We observed staff practices and saw that the people were treated with compassion and respect. We saw that people were very comfortable with each other and staff presence and there was lots of laughter.

There were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

Staff were aware of how to respect people's privacy and dignity. We saw that staff supported people to make choices and decisions.

People were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. Each individual's preference was catered for and people were supported to manage their weight.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have learning disabilities. The manager confirmed that staff were also in the process of completing refresher mandatory courses over the next few months.

Staff had also received training around the application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The staff we spoke with understood the requirements of this Act and but needed to ensure that all of the DoLS authorisation were renewed as needed.

People and the staff we spoke with told us that there were enough staff on duty to meet people's needs and we observed that were sufficient staff on duty to meet people's needs. We saw that six staff were on duty when the six people were at home and two staff were on duty overnight. The manager was on duty during the weekdays.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the registered provider had a system in place for dealing with people's concerns and complaints. There was an accessible complaints policy and relatives were regularly contacted and knew how to complain.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. All relevant infection control procedures were followed by the staff at the home.

The registered provider had developed a range of systems to monitor and improve the quality of the service provided. However we found that after the registered manager had left, no one had completed the audits and monitored the performance. This lack of oversight had led to the records not being maintained and the position whereby the new manager needed to take a wide range of actions to improve the performance of the home.

We found the provider was breaching three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also highlighted that the provider did need to ensure notifications were submitted in line with the requirements of The Care Quality Commission Registration Regulations 2009. You can see what

action we took at the back of the full version of this 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?

Good ●

The service was safe.

There were sufficient skilled staff on duty to meet people's needs. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff had the knowledge and skills to support people who used the service but the manager could not find information to show staff had updated their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005 but work was needed to ensure DoLS authorisations were in place when required.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

This service was caring.

Staff were supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. Staff actively supported people to make decisions about their care.

Is the service responsive?

The service was not responsive.

People's needs were assessed and care plans were tailored to meet each individual's requirements however they were not reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

We saw that accessible information was available to show people how to raise complaints. We found that relatives were regularly contacted to check if they were happy with the service.

Requires Improvement ●

Is the service well-led?

The service was not well led.

There was no registered manager. The new manager had only been in post eight weeks and had started to critically review all aspects of the service and take action to make necessary changes.

We had not received statutory notifications about staffing shortages or where DoLS authorisations had been sought.

Staff told us they found the new manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

The systems in place to monitor and improve the quality of the service provided needed to be improved.

Requires Improvement ●

Summerson House

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.

An adult social care inspector completed this unannounced inspection on 15, 21 and 26 January 2016.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we met four people who used the service. People had limited verbal communication so we observed staff practices. We also spoke with the manager, a senior, two senior support workers and five support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at six people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and, with permission some people's bedrooms, all of the bathrooms and the communal areas.

Is the service safe?

Our findings

One person told us that they were happy and liked the staff. From our observations we found that staff were dedicated to ensuring that the home provided a safe environment.

Staff told us that they had received safeguarding training and the newly appointed staff said they had also completed this training. However the new manager was unable to locate any of their certificates and the previous manager had not recorded this information on any training sheets. From our discussion with staff we found that they did have a solid understanding of safeguarding procedures. The staff were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us that they felt the manager would respond appropriately to any concerns.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on a bi-annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies. However, we found that the new manager was unable to provide us with supporting evidence because the previous manager had not stored this information.

We reviewed people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as using the kitchen, eating and bathing. This ensured staff had all the guidance they needed to help people to remain safe.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that six staff were on duty during the day and two staff members were on duty overnight. The manager worked during the week in a supernumerary capacity.

The manager had been in post for eight weeks and was ensuring the service was stabilising. We found that over recent months over 4000 hours of agency staff had been required due to staff shortages. The registered provider was actively recruiting to the vacancies and a nearly full complement of staff was in place. The manager expected to fill the last vacancies by the end of February 2016.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer

reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home.

Staff obtained the medicines for the people who used the service. Each person's medicines were kept securely. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. We found that staff were readily able to discuss people's medicines and people got their medicines when they needed them.

We saw that there were regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

We confirmed that checks of the building, fire alarms and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Is the service effective?

Our findings

Staff we spoke with told us they received training that was relevant to their role. They told us that they completed the required mandatory training and condition specific training such as working with people who had learning disabilities.

The new staff told us that they had completed all of the mandatory training prior to working any shifts but had not had the opportunity to shadow staff before being counted in the numbers.

All of the people who lived at the home had complex needs and communicated in different ways so learning how to support them effectively was essential. We did find that new staff had taken steps to develop an understanding of people's needs and how to interpret the signs people used. However, with so few staff in post who had worked at the home for some time it had been difficult for staff to familiarise themselves with each person's communication style.

We found that none of the new staff had completed the Care Certificate induction. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected. Staff told us how they had completed additional vocational training in their previous care jobs and that they had transferred these skills to this setting.

Staff we spoke with during the inspection told us the manager was supportive. We found that the previous manager had not ensured that the staff completed supervision sessions and the manager could find no evidence to show whether staff had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff.

This was a breach of Regulation 18(1) and (2) (Staffing), 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. It sets out who can take decisions, in which situations, and how they should go about this. The Act generally applies to people who are aged 16 or older, and 18+ for Advance decisions, lasting powers of attorney and the deprivation of liberty safeguards.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of the inspection all of the people using the service had been subject to a Deprivation of Liberty Safeguards (DoLS) order but many of the authorisations had expired and required renewing. No record had previously been kept of when the DoLS expired. The manager was aware they needed to re-apply for

authorisations. They had been taking action to ensure if it could not be confirmed that renewal requests had already been sent away that the applications were made and so far had received two DoLS authorisations from the supervisory body. The manager was aware that until all of the appropriate documentation was in place the staff did not have the legal authority to deprive people of their liberty.

This was a breach of Regulation 13(5) (Safeguarding people from abuse and improper treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although all of the people met the criteria for DoLS authorisation following the changes in April 2014 in light of the Cheshire West and Cheshire Council ruling, we found that none of the people who used the service actively attempted to leave. A person who could communicate verbally told us they were very happy living at the home and would not want to leave. Therefore staff were not actively preventing people from leaving so had not considered using urgent authorisations when the standard DoLS authorisations had lapsed. The manager recognised this was a route they could take to ensure the appropriate legal framework was in place. All of the people needed staff to support them with all aspects of their day-to-day living and needed staff to accompany them when outside. The people we observed appeared content to allow staff to help them. One person we spoke with recognised they needed this help and were to have the staff support.

The registered manager was aware of the person's right to contest the DoLS and that the relevant person's representative (who could not be the family member that was involved in the placement) could apply to the Court of Protection for a review of this order. Staff we spoke with had some understanding of DoLS and why they needed to seek these authorisations. However, the staff were not aware that CQC needed to be notified when DoLS authorisations had been completed irrespective of whether these were agreed or not. We had not been notified about the one authorisation in March 2015 or any others since 2011.

Most of the staff on duty when we visited had been working at the home for less than a year. Staff told us that in the last few months most of the care had been provided by agency staff and that this had only recently been reduced. The manager explained that since taking up post they had ensured the continuity of care by asking for the same agency staff to come to the home and recruiting permanent staff. The registered provider had not notified CQC about these difficulties and should have let us know when there were staff shortages.

It is a requirement of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 that we are notified about such matters. Following the inspection the manager submitted the missing notifications. The registered provider explained how this had been an administrative error and the action being taken to ensure this did not re-occur.

We found that the staff understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the home adhered to the code of practice. The care records we reviewed contained basic assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records did describe the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people, for instance via people going with the staff or pointing to what they wanted.

When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests. Best interest decisions were clearly recorded in

relation to care and support, finance and administering medicines. However the care records had been so badly maintained it was difficult to find the information.

The manager was in the process of going through each person's care records to bring it up to date and to archive all of the out of date information. They explained that within this process a check would be completed to ensure all of the information in relation to people's needs and the MCA were in place.

Staff discussed the actions they took to determine the adjustments they could make to their practices so that all steps had been taken to obtain peoples consent. We saw that prior to any intervention staff explained this to the individual then waited to obtain an agreement either in the form of the person going with them or nodding their assent.

From our review of the care records we saw that nutritional screening had been completed for people who used the service. This was used to identify if they were malnourished, at risk of malnutrition or obese. We found that the majority of people were all within healthy ranges for their weight; no one was malnourished or overweight. Where people experienced difficulty maintaining a healthy weight the staff had taken action to ensure support was received from the local dieticians.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but were also varied.

We saw records to confirm that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. People had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Where people had conditions that needed regular review, staff ensured this happened and all of the people went for annual health checks. When concerns arose staff contacted the relevant healthcare professionals. For instance, staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

Is the service caring?

Our findings

One person told us that they liked the staff and felt happy.

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively sought confirmation from people that they were happy with what was happening. Staff actively listened to people, understood what was being asked of them and took time to help people feel valued and important.

We saw that staff were generally able to understand the needs of the people and knew when they needed assistance or were getting frustrated. Staff were able to tell us how people expressed their views via facial expressions and made their needs known. Staff had developed a range of ways in which they sought people's views. Staff could detail how a person expressed their agreement to plans and what would indicate that they were enjoying an activity.

The staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that staff had taken actions to ensure they became familiar with the ways people communicated. The staff we spoke with could outline individuals' personal history, likes and dislikes and they had used this knowledge to form relationships with the people. We found that staff worked in a variety of ways to ensure people received support they needed. For instance they encouraged one person to pick what they would like to have as a snack and to get this ready to eat.

Staff were attentive, showed compassion and interacted well with people. Staff always respected people's privacy. We saw that staff treated people with dignity, compassion and respect. They followed a person's lead to identify what they wanted; dealt with personal care issues in a dignified manner and ensured that people were included in conversations.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. They also could clearly detail the requirements of the equality and diversity legislation and outlined how they put this into practice. We found that staff constantly acted in person-centred ways and understood that they were the key advocates for people's rights to fair and equitable treatment.

The manager discussed with us the work they had completed to assist the new staff to get to know people and to work in person-centred ways with each individual. For instance they had looked at each person's preferences and tailored the events scheduled for each day. This meant all of the people went out each day either to day centres, on trips, to visit relatives or out and about in the community. We found that the people were very relaxed and were engaged in meaningful activity.

All of the new staff and the manager had worked exceptionally hard to ensure they could deliver appropriate care for each person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

We found the care records were comprehensive. However, they contained out of date information and were difficult to navigate. We found that the latest information such as advice from speech and language teams had not been used clearly in assessments, support plans and risk assessments. This meant we had difficulty confirming what the latest position was for people. For example one person had four folders of care records. These contained contradictory information so we found it difficult to determine if they remained under the care of a dietician or not. Having such a large volume of information in the files meant staff could have potentially missed the latest advice. Prior to the manager critically reviewing these records little auditing and review had occurred. Thus the manager was in the position of having to address a wide range of problems around the recording of information within the care records and making sure they accurately outlined the current care needs.

The manager explained that when they took over they had gone through the records to find the latest information and were now in the process of re-writing the care records. Much of this work was still to do as the manager had not only needed to improve the care records but rectify other issues such as recruiting staff, audits and had needed to tidy up the home. We found that the previous systems for auditing and checking this information had failed to identify these difficulties but the work the new manager had undertaken was rectifying these problems.

This was a breach of Regulation 17(1) (Good Governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we spoke with staff that were knowledgeable about the support that people received. The staff discussed how people used body language and non-verbal signals to indicate what they wanted, what would make people anxious and how to support people to manage their emotions and reduce behaviours that might challenge.

Staff told us that people were involved in a wide range activities and outings, which we had found to be the case when we visited, as people were out and about on each visit. We heard how people were being assisted to lead fulfilling lives. Staff told us about all of the activities people enjoyed and that people went out and about every day. People regularly went into town, out for meals and on trips and enjoyed activities within the home.

The registered provider had developed an accessible complaints procedure, which we saw was on display. We also found that relatives were provided with a copy of the complaints procedure. The manager discussed with us the process they would use for investigating complaints and they had a thorough understanding of the complaints procedure. However they had found it difficult to find information about any complaints that had been made prior to them coming to the home. They had found no information to suggest complaints had been made and were unresolved. Staff told us that they were comfortable being advocates for people. The manager had also sourced advocates for people who required this type of service. We found the manager was open to suggestions; would actively listen to people who used the service and

anyone who raised concerns and had worked to resolve their concerns.

Is the service well-led?

Our findings

The home did not have a registered manager in post. It is a condition of the provider's registration to have a registered manager and this was a breach of that condition. The previous registered manager had left in August 2015. In September 2015 we were notified by the previous manager prior to the last registered manager leaving the post that they were adding this location to their registration. This change had not occurred. A new manager was appointed in November 2015 and in February 2016 had submitted an application to become the registered manager..

We found that the registered provider had changed their operational structures and the manager now oversaw more than one service. The manager at Summerson House also managed the staff providing care and support for the people in an adjacent block of flats. However Summerson House was not registered for personal care.

It is a requirement of the Health and Social Care Act 2008 to be registered appropriately for all the regulated activities being provided. We asked the registered provider to explain the operational arrangements for the supported living flats. We found that the two services were run as distinctly separate entities and that the personal care element for the flats was operated from their location registered for personal care. We discussed this with the manager and found that all of the documentation for the supported living service were stored at the office registered to provide personal care and the manager conducted all supervisions with these staff in the flats so none of the managerial activity took place in the home.

Over recent months there had been a need to use a substantial amount of agency cover. The new manager had actively addressed this problem and from 23 December 2015 no more agency staff had been used. Although the manager had ensured new staff had been recruited at the time of the inspection there continued to be vacancies. The registered provider was ensuring that the staffing levels remained in line with those required either via the permanent staff completing additional shifts or the use of relief staff who knew the people. We had not been notified of these difficulties.

We found that since 2011 we had not been notified about occasions when DoLS authorisations were applied for and the outcomes. The general lack of accurate information meant we could not be certain as to whether we had been notified about other incidents such as allegations of abuse and faults to the building.

It is a requirement of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 that we are notified about these matters. Following the inspection the manager submitted all of the missing notifications.

We looked at the systems in place for monitoring the quality of the service. The registered provider had systems for monitoring and assessing the service but this was ineffective as it had not identified the problems with the previous managerial oversight. We found that over the years the audits and reviews had failed to note that the storage of out of date information, DoLS expiring and that care records were difficult to navigate and not accurate.

We also found that the previous registered manager had completed the audits and monitored the performance. This lack of oversight had led to lack of accurate and up to date information being available at the home.

The manager was unable to find information to show that the registered provider had completed monthly visits to the home. The registered provider did not have a system in place for making sure the home ran smoothly.

This was a breach of Regulation 17(1) (Good Governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A person who used the service and staff were complimentary about the new manager and felt they were doing everything possible to improve the home. We found that in the eight weeks they had been in post they had made significant improvements and had a plan in place for rectifying the problems they had identified. We found that the new manager was reflective and were looking for improvements they could make to the service.

Staff told us, "The new manager is approachable and has discussed the improvements they intend to make," and "The new manager is interested in what we do and we are pleased they have taken over the running of the home."

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users had been deprived of their liberty for the purpose of receiving care or treatment without lawful authority. Regulation 13 (5)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place. Regulation 17 (1)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed by the service provider. Persons employed by the service provider did not receive appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (1)(2)

