

Focus Caring Services Limited

Purely Care

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Purely Care is a domiciliary care agency providing support to 35 people living with a learning or physical disability and, or mental health difficulties. It also supports older people including those living with dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection 25 people were receiving personal care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The systems in place to ensure people received their medicines safely did not always follow good practice. Risks to people's safety were not always assessed and documented. Accidents and incidents were sometimes not properly documented or investigated. There were no missed calls by staff and most people and relatives spoken with told us they felt safe under the care of the service.

Some people felt staff required additional training to meet their needs and records did not assure us that all staff were appropriately trained. People received support with their eating and health needs. People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

There was a person-centred approach to care but some people's care records were incomplete. Reviews of care plans were not always undertaken regularly. Complaint management was poor. Staff did not routinely discuss people's care wishes in the event of a health emergency.

Record-keeping and auditing required improvement to ensure effective quality management of care delivery. Feedback was received from stakeholders however there was no clear evidence that this drove service improvement. Staff spoken with were positive about the working culture and most people and relatives commended the service.

People were supported by staff who listened to their views, and helped people make their own decisions. The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of the report.

There were five breaches of regulations relating to safe care and treatment, staffing, complaints management, governance, and notifications to the CQC. We have also made a recommendation about end of life care provision.

You can see what action we have asked the provider to take at the end of this full report.

Rating at last inspection

The last rating for this service was Good (published October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Purely Care on our website at www.cqc.org.uk.

Follow up

We will request an action and an improvement plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

Requires Improvement ●

Purely Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

An inspector and an Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be people to speak with us in the office. Inspection activity started on 19 June 2019 and ended on 25 June 2019. We visited the office location on 24 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with five people who used the service and four relatives about their experience of the care

provided. We spoke with six members of staff including four care staff, a supervisor and the registered manager. We reviewed a range of records. This included five people's care records and three people's medicine records. We looked at two staff files in relation to recruitment and staff supervision and reviewed the providers training records. We also reviewed a variety of records relating to the management of the service, including audits, quality assurance records, complaints and incident records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- The people and relatives we spoke with gave mixed responses when asked whether care was safe. One relative told us their family member had experienced two falls when being moved and they had been given a medicine at the wrong time of the day. They told us they had lost confidence in staff looking after their [family member] safely.
- Staff did not always fully assess people for each of their known risks. For example, where a person had a history of falls, swallowing difficulties and they were diabetic, there was no clear evidence that any of these risks had been assessed. People's risk assessments were not always undertaken when required.
- Staff did not always support people with their medicines safely. For example, a person was given a medicine at the wrong time by a member of staff. There was no evidence to explain how this error was acted upon in terms of staff training or assessment. We asked for information relating to medicine administration and recording errors over the past twelve months but this was not provided.
- A person was prescribed medicines to be taken 'when required', but there was no record of these medicines in their care file or relevant protocol for this type of medicine. The Medication Administration Records we viewed also showed some poor recording practice, including missing details about medicine. The medicine audit system in place had not identified this.
- We requested an overview of people's training but we were not provided with it. This meant we could not assure ourselves that everyone was up to date with their medicine training and had been recently assessed as competent to administer medicine.
- Records did not clearly demonstrate what, if any, follow-up action was taken following accidents, incidents and medicine errors. One person's record indicated that they were mistakenly left without the use of their call bell after a care visit. The record did not explain the circumstances of this or whether any action was taken to ensure it didn't happen again. There were also unclear records relating to other accidents and incidents, which meant that we could not be assured lessons were learnt and actions taken to prevent a reoccurrence.

We did not find evidence that people had experienced harm however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where there had been intervention from a healthcare professional, there was evidence that risk assessments were updated to reflect a change in care need. Each person's file contained an environmental,

evacuation, fire and equipment risk assessment. We also routinely saw medicine and moving and handling risk assessments.

Systems and processes to safeguard people from the risk of abuse

- The registered manager worked with the local safeguarding team on investigations, ensuring people were kept safe and action was taken where required. We found one incident that had not been referred to the safeguarding team though and the registered manager stated they would address this.
- Staff spoken with about safeguarding could describe signs of abuse and said they would escalate concerns immediately to the registered manager.

Staffing and recruitment

- Safe recruitment practice had been followed in the assessment of individuals suitability for the role of care worker. One person's recruitment file contained unclear records though.
- People told us they usually received their care visits as expected and were happy with the communication from the office staff if a care worker was running late. The staff rota showed there was suitable cover for care visits and there was no evidence of missed calls. There had been a steady turnover of staff but calls were routinely covered without using agency staff.
- The service accommodated a staff member's religion in the management of the rota. They ensured the care worker provided personal care to people of one gender only, in line with their religious beliefs.

Preventing and controlling infection

- We found mixed evidence regarding care worker's approach to cleanliness. The people and relatives we spoke with did not raise any concerns about infection control and told us care staff always wore aprons and gloves. Staff confirmed they changed gloves and aprons every time they delivered care. However, two relatives had previously contacted the service to inform them that care staff had left their family member's home in an unclean and unhygienic state. We could see the members of staff were spoken with and there were no records to suggest the problems had continued.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were fully assessed before they started to use the service and information gathered at this stage was used to identify suitable care staff for the person. The registered manager told us, "We do not take on packages unless we believe we are able to cover them meeting the client's needs and preferences." A supervisor told us that an initial assessment could take place in hospital or in the person's home and a follow-up assessment was conducted four-six weeks after the service commenced. This enabled staff to risk assess the home environment and review with the person their package of care.

Staff support: induction, training, skills and experience

- We could not be assured that all staff were appropriately trained and competence assessed in key areas such as medicine administration, moving and handling, dementia, safeguarding, food hygiene and infection control or the mental capacity act. Two relatives questioned care workers' experience and knowledge of how to care for their family members who lived with dementia. The family member of one of these relatives also slipped out of their hoist twice due to care workers' poor moving and handling technique. We did not find evidence that the person suffered harm as a result but we could also not see what, if any follow-up training or assessment of staff took place. The registered manager did not keep a summary document detailing the training and assessment undertaken by members of the staff or training required. They were therefore unable to properly monitor and address staff training needs.

Assessment of staff competence and staff training had not ensured consistently good care provision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they delivered training on a range of topics including oral health and foot care. We saw person-centred oral health care plans in people's files.
- A designated training room contained equipment such as a bed, a stand-aid, a hoist, first aid items, training material and a television for watching training DVD's. Staff we spoke with said they received training from the registered manager and external health care professionals where needed.
- The induction for new staff was tailored to their experience and progress. New staff were expected to complete the Care Certificate, which is a recognised training programme covering the fundamentals of care delivery.

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

- Most people and relatives spoken with were happy with the support they received to ensure people using the service maintained a healthy diet and drank enough.
- Most of the care records we reviewed contained clear information about how to support people with their nutritional and hydration needs. One person required a specialist diet which was clearly explained in their support plan. Their 'daily routine' record instructed staff how to ensure they ate and drank appropriately. This involved ensuring the person's food was fortified and their packed lunch was ready for them to take to a day centre.
- Staff we spoke with showed a good understanding of how to meet different people's nutritional needs. One member of staff told us, "If I offer food to [person] directly, they would say no, so I'll just make some food and offer to eat it with them. We do it together. Once they get started, they have a good appetite."

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

- Staff worked with health care professionals, such as a dietitian, doctor, district nurse and occupational therapist. The service also worked with the learning disability multidisciplinary team. We saw evidence of staff facilitating appointments and acting on recommendations which supported people's well-being.
- Staff updated people's relatives if they observed the need for health care professional involvement.
- The service had not produced a summary of people's care needs to be used in the event of a person needing to urgently transfer to another care setting but the registered manager told us that a copy of the care plan from the person's home was usually taken with them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Staff spoken with understood the principles of the Mental Capacity Act and decision making. One member of care staff showed a good understanding of the concept of limited and fluctuating capacity. They were aware of a person's right to make an unwise decision. Staff also recognised the significance of seeking consent and were able to describe how they helped people with limited capacity reach their own decision about aspects of their care. A person told us that staff always asked them before they did anything.
- We did not see any information relating to consent in the care files we reviewed. There were no records of mental capacity assessments or best interest decisions. There were also no records relating to people's lasting power of attorney for health and welfare. The registered manager recognised that this needed to be addressed and stated that paperwork, containing this information, would be incorporated into people's care files as a priority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The majority of people and relatives we spoke with were complimentary about the care staff. One person told us, "The best thing about the service is that I think all the carers are friendly – they have a nice friendly attitude." Another person said, "When they have finished their bits and pieces, they sit down and we have a cup of tea together and a nice chat – with some you can talk about the old times and we do have a laugh." Care staff were described by other people and relatives as 'caring', 'very pleasant', 'reliable' and 'really nice'.
- We heard examples of care staff showing compassion and a desire to improve people's well-being. For example, a member of staff helped a person with limited funds go out for a meal. The care worker pushed the person in their wheelchair to the pub to avoid having to pay a taxi fare. This ensured the person could afford their pub meal and could enjoy going out in to the community. Another member of staff told us, "I encouraged someone to walk, first once a day, then twice and then up to four times a day we would go out. We would stop and talk to people. It awakened [person]'s senses and they had a day of full social interaction."
- A member of staff told us, "I think the best thing in this organisation is the patience with people." This view was supported by a relative who told us, "My [family member] does get impatient these days but they deal with that well."

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

- People told us they were involved in decisions about their care and that staff sought their consent. One person told us, "They are very kind and always ask me before they do anything."
- Staff supported people to express their views by adapting their style of communication to the person's particular needs. For example, if the person was hard of hearing, staff spoke clearly and loudly whilst facing the person so they could watch them speaking. Staff told us they promoted communication by writing or encouraging the person to write. They helped people make decisions by showing them options and using uncomplicated language.

Respecting and promoting people's privacy, dignity and independence

- People told us they were encouraged to retain their independence. One relative told us, "The carers do let my [family member] do as much as possible, which is something I like to see." Another relative said, "They are good at encouraging [family member] to do things for themselves." A member of staff told us, "I let [person] help me make the bed. They feel as if they want to be independent and you've got to let them be independent as much as they can."

- We were told by people and relatives that staff respected people's privacy. Staff also promoted people's dignity, for example by helping to keep a person's nails clean.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- We reviewed the complaints folder which contained three complaints. One complaint was from a relative about the care provided to their family member by a member of staff. Brief records suggested that action was taken to ensure the care worker did not visit the person any more. However, it was not clear whether a formal complaint response was sent to the relative. It was also unclear what training or competence testing the care worker, who we were told was temporarily absent from the service, would be expected to undertake upon their return.
- There were also details of two safeguarding referrals from health care professionals to the local authority in the complaints folder. The registered manager told us they had spoken to the family and carer about the safeguarding concerns and that 'the paperwork was somewhere.'
- Staff were not using their formal complaints procedure to manage complaints. Records suggested that some concerns raised were not acted upon, whilst others were resolved informally and records were not maintained. This did not enable the effective analysis of complaints to drive service improvement.
- It was not clear that people and relatives were supported to raise complaints. In one case, records suggested that a complaint was not dealt with simply because it was relayed to a supervisor by a member of staff rather than by the person themselves.

Complaints were not routinely recorded, investigated and responded to in line with the complaints procedure. These findings were a breach of regulation 16 (receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We were not assured that all care plans reflected people's current care needs. The care plans we saw had been recently reviewed and updated, however one relative told us, "I think the care plan for [person] needs updating, as their needs have changed." We were told that care plan reviews took place as a minimum annually with people and relatives however internal care plan reviews should have taken place more regularly, to ensure they were accurate and current.
- Some care plans contained clear information about how to meet an identified need and supported the delivery of personalised care. However, some people's records lacked detail. For example, one person's care plan said 'can be sick when eating' but there was no information about whether a care worker could help prevent this from happening, and if so, how or what they should do in this event.
- People and relatives told us they were involved in creating their care plans. A supervisor told us that they discussed care needs with people and relatives when they undertook care reviews or spot checks of care

staff in people's homes, and via regular telephone contact. On occasion, the registered manager also undertook care reviews and discussed people's care needs with them.

- Most people and relatives we spoke with were happy with the service and felt that staff met their care needs and wishes. We heard how the service sought to encourage a person to pursue their hobbies by, where possible, providing them with care staff who shared their interest in crafts and sewing. This enabled them to undertake their preferred activities with the member of staff. People were also routinely cared for by people of their preferred gender.
- We heard that staff provided continuity of care. For people with live-in carers, supervisors attended an hour-long handover each time a new member of staff started their shift. A relative told us, "The carers do seem to communicate well with each other." Staff completed handover sheets and communicated verbally on a regular basis with office supervisors if providing shorter periods of care to people.

Meeting people's communication needs □

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us people were supported with their communication needs by being provided with information in written or audio form or in a different language if they needed it. Staff also said they adapted their style of communication to suit the needs of the person they were supporting, for example by speaking slowly, or using visual aides.

End of life care and support

- At the time of our inspection, nobody was receiving end of life care. The registered manager told us the service would discuss end of life care preferences with the person if they were approaching this stage in their life.
- Records did not show that end of life wishes had been considered as part of a person's care planning.

We recommend that the service seeks advice from a reputable source, to ensure that end of life planning and care delivery is in line with best practice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider did not effectively review and monitor the quality of their service. The quality monitoring and auditing systems in place were not sufficiently comprehensive. For example, we heard that care files and medicine records were sampled infrequently and they had not always identified areas of concern or where improvements were needed. For example, information about medicine which was prescribed to be taken as required was absent from a person's care plan. However, this was not identified through service audits or through a care plan review.
- Where issues had been identified, appropriate action had not always been taken to ensure that working practice was changed to make the necessary improvements. For example, there were repeated documented issues regarding the use of a piece of equipment to safely transfer a person despite different members of care staff being involved in their care.
- There were incomplete and inaccurate care records, which did not promote safe care provision. We found evidence of poor record-keeping in relation to medicine administration, medicine errors, accidents and incidents, complaints and people's daily log sheets. People's care records also lacked detail regarding consent, their level of capacity and decision-making arrangements.
- We could not be assured that all staff had received training within appropriate timeframes and had the skills and knowledge to care for people safely. This was due to poor staff training records. Staff recruitment records also required greater clarity.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- It was not clear that the registered manager routinely acted on their duty of candour due to the poorly maintained records.

Systems in place to monitor and improve the quality and safety of the service were not effective and complete and accurate records were not being kept. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.

- The registered manager had not informed the CQC about all notifiable events. This meant we were unable to effectively monitor the service and ensure appropriate actions were taken to keep people safe. For

example, we were not notified of an incident relating to a medicine error, which ought to have been referred to the local safeguarding team in 2018. We were also not notified of a safeguarding referral made by the service to the local authority in June 2019.

The provider did not routinely inform of us of notifiable events, as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 – Notification of other incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was evidence that people did not routinely achieve good outcomes, as described in previous sections of this report.
- People and relatives spoken with did not seem to know who the registered manager was.
- However, most people and relatives spoken to complimented the staff and praised them for the service they received. One relative said, "I would recommend them to anybody, in fact I already have!" And another said, "I don't think much can be improved. The carers are all approachable and the service suits us well." Relatives told us the supervisor with whom they had the most contact was helpful and approachable.
- Staff told us they felt supported by the registered manager and they were positive about their role. One member of staff told us, "I love this company, it's brilliant. The supervisors and the registered manager are very helpful and supportive."
- The registered manager provided evidence of their efforts to promote an inclusive working culture.

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

- The registered manager said the staff feedback was gained through staff meetings and supervisions and that suggestions were taken on board. A care worker told us, "I feel I'd be listened to if I had any ideas about how things could change."
- People and their relatives were encouraged to provide feedback during care reviews and the annual survey. It was not clear how this information was used to improve service delivery.
- The registered manager told us they had links with 'Caring for Carers in Norfolk'.

Working in partnership with others

- The service worked with external health care agencies, community pharmacists and the local authorities in Norfolk and Suffolk to promote people's well-being.

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 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 CQC Reg Regulations 2009 Notification of other incidents. The provider did not always inform the CQC of notifiable incidents.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not in place for each identified risk which meant the provider was not doing all they could to minimise risks to people. Medication management did not ensure people were supported safely at all times.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider was not maintaining a record of all complaints, outcomes and actions taken in response to complaints.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good

Governance. The provider was not maintaining clear and up to date records. Quality monitoring did not drive service-wide improvement.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 HSCA RA Regulations 2014 Staffing. The provider was not maintaining clear and up to date training records. This did not ensure staff had the skills and knowledge to deliver safe care.