

Caring Hearts (Essex) Ltd

# Fuchsia Homecare Colchester

## Inspection report

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17 October 2018

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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

This comprehensive inspection took place over three days. We visited the office location of Fuchsia Homecare (Colchester) unannounced on the 15 October 2018 and announced on the 16 and 17 October 2018. The inspection included visiting people in their homes and phone calls to people, their relatives and staff.

Fuchsia Homecare (Colchester) was first registered in April 2018. This was the first inspection of this service.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a personal care service to older adults, younger disabled adults, people living with dementia and mental health conditions. At the time of our inspection there were 49 people using the service across Essex and villages between Colchester to Ipswich.

The registered manager had recently left the service. A new manager had been appointed who told us they had submitted their application to register with the Care Quality Commission (CQC). 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.

People were not always protected from the potential risk of harm and abuse. Some staff were unaware of the action to take if they suspected abuse. Potential risks posed to people had not been consistently assessed. Whistleblowing guidance was not always available to staff to inform them of the action required to mitigate the risk of harm.

Staff were not recruited safely in accordance with the provider's own policy and procedure. Safety and competence checks had not always been completed before staff were left unsupervised to care for people in their own homes.

Some people's care plans were detailed and gave staff guidance regarding how to meet people's needs. However, care plans were not always available in people's homes to guide staff when the service started.

Staff had not always received the quality and range of training they required to meet people's needs and equip them for the role they were employed to perform.

People told us the staff were kind and caring and they were supported with dignity when receiving care and support. However, where staff did not have English as their first language people told us communication was challenging and staff did not always understand their needs.

The provider had some effective systems to monitor the quality and safety of the service provided to people

but there was a need for further improvement. Surveys to assess people's views were carried out. There was a complaints procedure in place, however this was not always being followed. The overall governance from the senior management team had not identified the shortfalls that were found during this inspection.

Systems were in place to audit people's medicine records on a monthly basis but did not include any check of stock. Guidance for staff was not always provided on medication administration records to ensure people received their medicines as prescribed.

Staff used personal protective equipment to safeguard themselves and people from the risks of infection.

There was a system in place to assess people's views about the service provide. There was also a policy and procedure for receiving and handling complaints, however this was not always being followed.

People were supported to maintain their nutrition and hydration, if this was part of their package of care. People were supported to maintain their health with support from health care professionals.

There were enough staff employed to meet people's needs. People were supported by regular members of care staff, providing continuity of care to people.

People were supported to have choice and control of their lives. However, the management team and staff lacked understanding as to their roles and responsibilities in relation to the Mental Capacity Act 2005.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end 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?

**Requires Improvement** ●

The service was not always safe.

People were not always protected from the potential risk of harm and abuse.

Potential risks posed to people had not always been assessed to ensure the risk had been minimised.

There were enough staff to meet people's needs but safe recruitment procedures had not been carried out.

Arrangements were in place for people that required support with their medicines, however further work was needed to ensure people received their medicines as prescribed.

Staff were provided with protective equipment to reduce the risk of cross infection. Guidance was available to inform staff of the action they should take to reduce the risk of infections.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff had not always received the quality and range of training they required to meet people's needs and equip them for the role they were employed to perform.

The service did not ensure people always received care in line with the Mental Capacity Act 2005.

People received the support they needed in relation to their healthcare needs and eating and drinking.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People received information at the right times.

People told us that some staff whose first language was not English, whilst caring, did not always understand their needs.

People's privacy was not always protected.

### **Is the service responsive?**

The service was not always responsive.

People were not always involved in developing their care plans and care plans did not always reflect their preferences or guide staff appropriately in caring for them.

There was a policy and procedure for handling complaints, however this was not always being followed.

Care plans did not provide guidance as to people's assessed wishes at the end of life.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The management team lacked robust oversight of the service and had not audited the service sufficiently to identify the issues we found.

People who used the service, their relatives and staff were positive about the management team and found them easily accessible and approachable.

**Requires Improvement** ●

# Fuchsia Homecare Colchester

## **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.

This comprehensive inspection took place on 15, 16 and 17 October 2018 and was carried out by two inspectors.

Two Inspectors visited the office location on the 15 October was unannounced. On the 16 October we visited people in their own homes and on the 17 and 18 October 2018, we made telephone calls to staff, other people who used the service and their relatives.

We spoke with eight people who used the service and three relatives. We also spoke with the two directors who were involved in the day to day management of the service, the manager and five care staff. We reviewed the care records of eight people in both the office location and in people's homes to check they were receiving their care as planned.

We looked at records relating to the overall quality and safety management of the service, staff recruitment, surveys, meeting minutes and staff training.

# Is the service safe?

## Our findings

The management team maintained a log of safeguarding referrals made to the local safeguarding authority. This included the outcome of investigations. There was a safeguarding policy and procedure in place, however information for staff on how to raise a safeguarding concern was not included in the staff handbook. This meant that staff did not have the guidance they needed as to steps they should take in response to concerns. The handbook stated that the details of the safeguarding and whistleblowing procedures could be found in the staff room, however the company directors confirmed that this information was incorrect as this information was not available in any staff room for staff to access. None of the staff we spoke with were able to demonstrate an understanding of local safeguarding protocols and some were unable to understand what we were asking due to their limited command of the English language.

There were a high number of staff who were related to each other and some also related to the directors of the agency. Married couples worked together carrying out joint visits where people needed two staff to support them with their personal care. The provider had in place a 'relationships at work' policy which identified the action they would take to safeguard people from the risk of abuse and or unprofessional conduct. The provider's policy stated that 'wherever possible we will not actively place family members together with a person using the service.' The provider's policy also stated, 'Where this is unavoidable that family members worked together, additional spot checks and supervisions would take place to safeguard the client's well-being'. However, we found from discussions with people who used the service, the directors, manager, staff and a review of records that the allocation of family member's working together was common practice and additional spot checks and supervisions had not been carried out where this was the case. The provider had not followed their own procedural guidance as they had stated within it, 'to ensure open and transparent care is delivered with people protected from the risk of abuse'.

This demonstrated a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People were not protected from being cared for by unsuitable staff because robust recruitment procedures were not in place. We found staff had not been employed in line with the providers own policy and procedure and systems in place were not sufficiently robust. Safety checks had not always been carried out prior to staff started working unsupervised. We found two staff members where the provider had not obtained character references prior to or since their employment. We also found for another member of staff references had not been requested until 20 days after they started their employment. For another member of staff working unsupervised, action had not been taken to verify evidence of identity and of their right to work in the UK. The management audit for June 2018 highlighted that two staff had been employed but no references had been obtained. However, no action was taken since the audit to rectify this. One of these staff had recently left their employment, but we noted after the manager's audit they had still remained in post, working unsupervised for three months with no references having been obtained.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities)

The provider had systems in place to respond to and record accidents and incidents. We noted an incident where one person fell from their specialist wheelchair as the lap strap had not been fastened by staff to prevent this accident. The person had been identified as at high risk of falls but no assessment had been carried out with the person who had capacity to make their wishes known or documented as to the safe use of the wheelchair. The management team told us and staff confirmed that their policy and guidance for staff was that they were not to fasten lap straps in wheelchairs and bath chairs as this was viewed as a form of restraint. The management team did not recognise that by not using the lap strap this left the person at risk and they had not taken any additional action to mitigate the risk of harm. We were also not assured from our discussions that the moving and handling training provided for staff included, adequately the safe use of wheelchairs and bath chairs with guidance for staff to mitigate the risk of harm to people.

People had moving and handling risk assessments but these did not always contain correct information as per safety guidelines for the use of hoists. For example, some care plans guided staff to use the breaks on full body hoists when this was unsafe practice. Guidance was not always provided to instruct staff as to the correct sling loop to use which put people at risk of falling from the hoist if the incorrect loop was used.

Although we received positive feedback about medicines management from people and their relatives, we identified some areas for improvement.

Staff had received training in medicines management as part of their induction. People and relatives told us staff provided timely support with administration of their medicines. One person said, "They give me my medicines when I need them and never fail to do so."

Where people were prescribed topical medicines such as creams and lotions there was no body map in place and no support plan instructing staff as to where to apply the prescribed medicine. Oral medicine administration records reviewed had been completed without gaps indicating people had received these medicines as prescribed. However, we found one person had been prescribed Alendronic acid, a medicine which should only be administered at least 30 minutes before any food and not administered alongside other medicines. We noted from a review of their medicines administration record and care plan that staff had not been provided with this guidance. We were also not assured from a review of their daily notes that staff were administering this medicine as prescribed with the required knowledge to maintain this person's health and welfare.

The shortfalls identified in relation to the management of risk to people's safety and medicines management demonstrated a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us there were sufficient staff to meet people's needs. One person told us, "They [staff] come three times a day and they always come at the right time. Most of the time I have the same carers and I know them well. They don't give me medicines, I do those. I think they are kind and caring. They have never been late. The timetable which tells me who is coming doesn't arrive until the middle of the week when you should receive it at the beginning but it is getting better." One relative told us, "They [staff] come every morning, once a day. Some carers are very good. The last company we had were not on time but these come regularly at the same time every day. They have never been late or missed a call. They are very polite and wear their aprons and foot protectors and they help me make the bed. They administer my creams when they should. I have their number and know who to contact if I need to."



Staff had access to personal protective equipment to safeguard themselves and people from the risks of infection. Care plans included how to dispose of soiled laundry in line with infection prevention guidelines. Staff received infection prevention training during their induction. An environmental and fire risk assessment was completed on the property. Although a risk matrix was included, the assessment had not been scored which would identify the level of risk.

## Is the service effective?

### Our findings

Staff had not always received the quality and range of training they required to meet people's needs and equip them for the role they were employed to perform. Staff were provided with induction training which covered 15 standards for care. This was delivered over four days and included subjects such as; duty of care, equality and diversity, communication, privacy and dignity, mental health, dementia, safeguarding, moving and handling and infection prevention. It also covered very briefly other areas that were not documented on the training certificate such as Stoma and catheter use. The knowledge of the staff member was checked through the completion of a workbook. However, we found some of these were incomplete and had not been signed off by the trainer to check the person's knowledge before they worked unsupervised.

Whilst the provider told us they supported staff with training to enable them to perform the role for which they were employed we not assured that staff had fully understood the content of the training. All the care staff we spoke with did not have English as their first language and some struggled to understand the questions we asked them in relation to the training they had received. There were no other quality checks in place to assess whether staff had the skills to deliver care effectively and were able to apply learning from training.

The agency supported a number of people who had a diagnosis of complex conditions including multiple sclerosis and Parkinson's. The management team and staff told us they did not receive training in understanding and meeting the needs of people living with these conditions. We also noted staff did not receive training in prevention of and care for people with pressure ulcers. Staff told us they were not aware of any additional or refresher training that would be provided other than their induction.

Staff told us they were provided with the opportunity to shadow other more experienced staff prior to working unsupervised. They also said they were provided with face to face and telephone supervision meetings. Supervision forms had been completed to evidence meetings had taken place. These consisted of a list of questions with yes or no answers and did not contain much detail. There was limited information about what was discussed, what was working well or what staff needed to improve on. There was no information to evidence that staff and their supervisor had discussed the quality of care delivered or planning their training and development needs. Where one member of staff had raised concerns about a person they supported, there was no detail about what the concerns were or how action taken in response.

Where spot checks had identified areas for improvement, there was no follow up action evidenced to ensure that the staff member improved these areas. For example, it had been identified in one spot check that a member of staff needed to improve their writing of care records in English, and ensure the recording of prescribed creams when administered and a follow up supervision was needed. There was no record of a follow up supervision having taken place to review this member of staff's performance.

Only one care staff meeting had been held since the opening of the agency in April 2018. Subjects included improving the recording of medication administration and the importance of wearing personal protective equipment to prevent the risk of cross infection.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People could not be assured that the provider provided care and support in line with the MCA. There was a policy and procedure in place to advise staff on any action they needed to take regarding assessment of a person's capacity to make decisions as to their care and treatment. However, we found the management team lacked knowledge of their regulatory roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). They demonstrated only a basic understanding. The management team was unable to show us any MCA assessments carried out for any people suspected to lack capacity in relation to their care and treatment and therefore did not ensure decisions were made in their best interests.

All of the staff we spoke with whilst they told us they had received training, were also unable to adequately explain their understanding of how to apply the principles of the MCA in their work. Some did not understand what we were referring to when asked about the content of the training received and how this applied to their support of people. One member of staff who did respond told us, "I must see what people can do for themselves, give choice and give independence."

We also found staff and the management were confused as to what constituted restraint and when the principles of the MCA should be applied. For example, in the use of safety belts when transporting people in wheelchairs and the use of bath chairs.

This demonstrated a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were supported to maintain their nutrition and hydration if this was part of their package of care. People's nutrition had been assessed on an individual basis. People told us they were supported to eat and drink sufficient for their needs. The promotion of fluids to keep people sufficiently hydrated was covered in care plans. One care plan stated, 'Please loosen bottles so I am able to pour a drink during the day.'

Staff were available to support people to attend healthcare appointments if this was part of the agreed package of care. Information about people's healthcare needs was documented in their care plans for staff to refer to.

## Is the service caring?

### Our findings

People and their relatives told us staff were respectful and caring. Comments included, "They look after [family member] with respect. The things they do for [family member], you couldn't ask for anything more. They have been fantastic." And, "They are all very caring. I feel safe with all of them."

People and their relatives told us staff were allocated sufficient time so they did not have to rush. They also told us staff timekeeping was not a concern and staff would let them know if they were running late.

People were supported to maintain their independence by staff, despite some people requiring a high level of support from staff. In our discussions with staff they gave us examples of ways they supported people to maintain their independence such as guiding people to take part in their own personal care. Relatives told us staff gave sufficient choice in relation to the care they provided.

People were given information at the right times by the provider. Relatives told us the provider informed them if there would be any changes to their care, such as the staff who would support them or the times care would be provided. People who began using the service were given a guide about the service which summarised the key policies and informed them of the level of care they should expect to receive.

The agency promoted consistency with the care staff allocated. This enabled people and care staff to build a rapport and provided continuity of care. People told us that care staff knew their routines once they had got to know them and how they liked to be supported. However, they also told some staff where their first language was not English did not always understand their needs. One relative told us, "They are very kind, and always helpful but I do get embarrassed having to keep asking them to repeat themselves and they too get embarrassed when they don't understand what I am saying. Things get a bit muddled but we get there in the end." Another person told us, "The staff are always pleasant and polite but we struggle to understand each other and lines get crossed, this can be very tiring." Comments we received also reflected people's feedback in the provider's satisfaction surveys and findings from local safeguarding investigations. We discussed our findings with the directors who told us they supported staff with access to English language tuition classes. However, none of the staff we spoke with confirmed this resource had been provided.

People told us that staff respected their privacy and dignity whilst supporting them with personal care. However, during our observation we found that people's privacy was not always considered. We observed one staff member arrive at a person's home, opened the front door with the key provided but did not call out to make their presence known and suddenly appeared in the lounge. This made the person jolt with surprise. The relative of the person also living in the house said, "I do wish they would let me know they are in the house, I could be in any state of undress."

## Is the service responsive?

### Our findings

Although people and their relatives did not raise concerns about care plans we found the service required improvement. The provider did not always put suitable care plans in place for staff to follow when someone started to use the service, involving people and their relatives in the process.

Staff told us the management team gave them sufficient information about people before they began providing care which included opportunities to read care plans. However, we found one person who had started using the service the week prior to our visit did not have a care plan in place. During our visit to the person a care worker arrived with the care plan which had not been in place prior to our visit. The person and their relative told us they did not know what was in the care plan as they had not been involved in composing its contents.

Care plans in place prompted staff to check potential for pressure sore areas. We were told there was no one currently with any pressure sores. However, we identified one person whose care plan said they had been assessed as at very high risk of skin breakdown and required regular re-positioning. We found there was no risk assessment or additional guidance for staff as to how often they should be repositioned and what action they should take to prevent skin breakdown or signs to look for, or when to refer for further support.

Care plans contained basic details about people's likes and dislikes. For example, family and important relationships and religious and cultural preferences. There was basic information about people's communication methods, including those people with impaired sight, hearing and limited verbal communication. Plans included what the person could do for themselves and what they required support with. We discussed one care plan where it was stated the person was 'nil by mouth'. We asked how this person received nutrition and hydration. One of the directors who told us they wrote the care plan said, "I thought 'nil by mouth' meant the person did not have their own teeth". The director confirmed this person was able to eat and drink without limitations.

This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a policy and procedural guidance in place for receiving and handling complaints, however this was not always being followed. One person told us, "I don't know how or who to complain to but at the moment I am happy." Another told us, "I would call the office but I don't know of any formal complaints procedure to follow."

We noted the information provided to people at the commencement of their service was not clear as to steps people could take if they were not satisfied with the service or the provider's response to complaints. For example, there was no information to guide people as to the timescales they would expect for a response. There was also no information to refer to their complaint if not satisfied to the complaints ombudsman and no contact information for the local authority who commissioned the care.

15 complaints had been received since April 2018, the management team were concerned about this and told us they were trying to improve. The providers' complaints policy stated a quality assurance system was in place to analyse and identify patterns in complaints. However, there was no overview of the complaints that had been received to ensure that these could be analysed to identify any themes or trends.

There had been three complaints regarding a lack of infection prevention and this had not been identified as a theme by the management team. Where complaints had been investigated, the details of the investigation and the outcome of these were not always clearly recorded. Where action had been identified this had not always been taken. For example, the outcome from one complaint was that the staff member was to be supervised for a week and another for a supervision meeting to be held. There was no evidence provided that this follow up action had taken place. The management team acknowledged that the management of complaints needed improvement.

This demonstrated a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no one receiving end of life care at the time of our inspection. There was no information within care plans which would provide guidance as to people's assessed wishes at the end of life or if they needed palliative care. The director's told us end of life care training was being sought to equip staff with knowledge to carry out these assessments.

## Is the service well-led?

### Our findings

The registered manager had recently left and a new manager had been employed. The new manager told us they had submitted their application to register with the Care Quality Commission (CQC).

The manager and two directors carried out quality audits using a brief audit tool which included an overview of each staff recruitment file, medicines administration records, care plans and office safety. However, these checks had not identified all the shortfalls we found at this inspection. For example, the management of risk, complaints review and analysis. other than periodic checks on medicines administration records to identify gaps in staff signing, audit checks did not include a review of medicines stock against records. This meant the provider could not be assured that people had received their medicines as prescribed and that staff recorded administration appropriately. The quality audit carried out by the previous registered manager had identified a shortfall in that previous employer references had not been requested and received for some staff members. However, this had not been effective in ensuring this was followed up with action.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information about people was treated confidentially. The registered manager and provider were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how organisations protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. Computers were password protected. However, the minutes of one management meeting stated the provider's interpretation of GDPR meant that 'Staff must limit the amount of detail they write in care records e.g. don't detail what was eaten just that the person ate well.' This is contrary to recognised good practice guidance.

The registered manager had recently left and a new manager had been employed. The new manager told us they had submitted their application to register with the Care Quality Commission (CQC).

People were invited to feedback through regular surveys their views about the quality of the care they received. We saw that feedback was positive overall. The manager told us they carried out periodic random visits to people to assess their views as to the quality of the service. We reviewed recorded feedback from people carried out in August 2018. Only positive comments were recorded which included, 'I am very happy with the service provided which is an improvement from the last care agency.' And, 'We have the same carer which is good for continuity.'

Everyone we spoke with was positive about the approach of the management team and found them easily accessible and approachable. Care staff also told us they were well supported. One care staff member told us, "They [management team] are easy to contact and always there to help when you need them. There is a telephone number for us to use out of hours. They sometimes come out and do spot checks and you can ask questions then."

Only one care staff meeting had been held since the opening of the agency in April 2018. Subjects included improving the recording of medication administration and the importance of wearing personal protective equipment to prevent the risk of cross infection.

People and their relatives told us the management team were available when needed with arrangements for out of hours contact. One person said, "I have spoken to the people in the office. I don't always remember their names but they are all very helpful." Another said, "They sometimes let you know if they are running late and if you have another carer coming to help you. They are a lot better than the last agency we had."

We found the management team acknowledged areas of improvement needed and demonstrated throughout the inspection an openness and eagerness to learn and improve.



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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not always carry out collaboratively with the service user, an assessment of the needs and preferences for care and treatment. Care plans were not always in place for staff to follow when someone started to use the service, involving people and their relatives in the process.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not understand their roles and responsibilities in relation to the Mental Capacity Act. The provider did not make sure staff were trained and familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and were able to apply for people they cared for.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>Moving and handling risk assessments did not always contain correct information as per safety guidelines for the use of hoists.</p>

Medicines were not always managed to ensure people received their medicines as prescribed.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to assess, monitor and improve the quality and safety of the service provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People were not protected from being cared for by unsuitable staff because robust recruitment procedures were not in place.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 4 HSCA RA Regulations 2014 Requirements where the service providers is an individual or partnership</p> <p>Systems and processes were not established and operated effectively to prevent abuse of service users.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not always received the quality and range of training they required to meet people's needs and equip them for the role they were employed to perform. Staff</p>