

Miracle Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Miracle Agency Limited is a domiciliary agency providing personal care. The service provides support to older people. At the time of our inspection there were 10 people using the service.

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 there were ten people using the service.

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

People did not receive care from a service that was safe. People's medicines were not managed in line with good practice. People's identified risks were not recorded and guidance to mitigate risks was not in place. People received care from staff that did not always attend calls on time nor stay the full duration of the visit. The registered manager failed to ensure robust pre-employment checks were undertaken prior to staff working at the service. The registered manager failed to learn lessons when things went wrong.

People did not receive support from a service that was effective. Staff members were not supported to have one-to-one supervisions with the registered manager to reflect on their working practices. People's nutritional and hydration needs were not recorded and guidance for staff on how to support them was not documented. The registered manager failed to robustly assess people's needs prior to them using the service.

People did not receive personalised care that reflected their preferences. Care plans were inadequate and failed to give staff clear guidance on meeting people's diverse needs. People's communication needs were not always met. The registered manager failed to document and respond to complaints received, appropriately.

People did not receive care from a service that was well-led. The registered manager had ineffective and inadequate knowledge of their role and responsibilities. There were no systems in place to ensure the governance and monitoring of the service were robustly monitored to drive improvements. The registered manager failed to deliver a service that sought positive outcomes for people in a safe way. The registered manager failed to ensure records were kept in line with legislation and did not have a clear understanding of their responsibilities under the Duty of Candour.

The registered manager had arrangements in place for preventing and controlling infection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

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

Rating at last inspection

The last rating for this service was good (published 07 December 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, Responsive and Well-led sections of this full report.

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

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches of regulations in relation to safe care and treatment, person centred care, fit and proper persons employed, staffing, and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Inadequate ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Miracle Agency Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the nominated individual. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 July 2022 and ended on 20 July 2022. We visited the location's office on 12 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people and two relatives to gather their views. We spoke with three staff members by telephone and met with the registered manager. We reviewed three people's care plans, three staff files and a sample of the provider's policies and procedures. After the inspection we contacted the funding local authority for feedback and we requested the registered manager send us audits that monitored the quality of the service and other documents in relation to the management of the service. However, we did not receive any audits from the registered manager.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

- People did not receive their medicines safely and in line with good practice.
- The registered manager failed to ensure people's medicines were recorded in their care plan. Medicines Administration Records (MARs) did not detail the medicines' name, dose, route or frequency for administration. This meant people were at potential risk of not receiving their medicines as intended by the prescribing G.P.
- We reviewed two MAR and identified these had been signed using the key code 'G' which stands for given. However, staff did not use their signature to confirm they had administered the medicines. This meant there was no clear record of which staff administered which medicines.
- We shared our concerns with the registered manager who was unaware of the correct administration procedures for medicines management. The registered manager was not clear on the requirement for staff to sign a MAR when they were prompting people with their medicines. We have signposted the registered manager to the National Institute for Health Care Excellence.
- People were at risk of avoidable harm as the registered manager failed to implement a risk management system that identified risks to people and which gave clear guidance to staff on how to keep people safe.
- During the inspection we identified one person who was at risk of malnutrition and harm related to mobility needs. Care files did not always refer to people's identified risks as documented in the funding local authority assessment form. This meant there was a risk that people might not receive care and support from staff that knew their needs and knew how to keep them safe.
- We also identified the registered manager had failed to implement any medicines risk assessments.
- We raised our concerns with the registered manager who was unaware of the need for risk assessments.

The failure to ensure people received a safe service was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe Care and Treatment.

- After the inspection the registered manager sent us two risk assessments, however these required some improvement. We will continue to monitor their progress.

Staffing and recruitment

- People were at risk of receiving care and support from unsuitable staff as the registered manager did not have robust recruitment processes in place.
- We reviewed staff recruitment files and identified applications for the three staff did not contain a full education and employment history. We also identified one of the three staff members did not record any referees to be contacted for employment references.

- A third staff recruitment file did not contain a Disclosure and Barring Services (DBS) check. This meant the registered manager could not provide sufficient evidence of seeking appropriate assurances that appropriate recruitment checks had been undertaken. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The failure to ensure robust recruitment systems were in place was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Fit and Proper Persons Employed.

- We received mixed feedback from people regarding the deployment of staff. One person told us, "Staff [members] can be up to an hour and a half late, they don't let you know they're going to be late. There's meant to be two staff turn up, but sometimes only one does." However, another person said, "Yes, they [staff members] are on time."
- The registered manager failed to ensure effective call monitoring was in place. During the inspection we identified there were no rotas available. We shared our concerns with the registered manager who told us he did not require rotas or staff to complete a timesheet. This meant there was no way to determine if staff arrived to visits on time nor stay the full duration.
- After the inspection we requested an immediate action plan from the registered manager. We were not assured by the action plan that was submitted to us.

The failure to ensure effective monitoring of staff deployment and missed calls are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Staffing.

- A staff member confirmed staff were at times late to visits, however this was not a frequent occurrence.

Learning lessons when things go wrong

- People did not receive care and support from a service that learned lessons when things went wrong.
- The registered manager was unable to demonstrate adequate systems were in place to ensure sufficient action was taken to identify and respond to issues identified.

The failure to implement systems to identify issues found at this inspection is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and process in place.
- Staff understood their responsibility in identifying, responding to and escalating suspected abuse.
- Records showed staff received training in safeguarding. At the time of the inspection there was one safeguarding incident being investigated by the funding local authority.

Preventing and controlling infection

- The registered manager had arrangements in place for preventing and controlling infection.
- Staff confirmed they had access to personal protective equipment (PPE), namely masks, gloves, aprons and shoe protectors. Staff told us they could access additional PPE from the service as and when needed.
- Staff frequently undertook lateral flow tests to ensure they hadn't contracted COVID-19 and as per government guidance to help prevent the spread of infection.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- People received support from staff that did not reflect on their working practices to drive improvements.
- We identified there was no documentation in relation to staff induction. A staff induction is whereby staff receive an introduction to the service, people, the policies and their roles and responsibilities. The registered manager told us all staff employed underwent an induction, however this was not something they documented. We were not satisfied with the registered managers response.
- Staff members were not supported to reflect on their working practices through regular supervisions and annual appraisals. The provider failed to provide us with a record of staff supervision, therefore we were not assured the staff were supported in their practice. We shared our concerns with the registered manager who was unable to give us an adequate justification as to why these had not taken place.
- A staff member told us, "No, we don't have a supervision, I think I would benefit from a supervision."

The failure to ensure people received effective care is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Staffing

- During the inspection we reviewed the training matrix for staff and found staff received adequate training, for example in safeguarding, manual handling, fluids and nutrition and manual handling.
- Staff spoke positively about the training they received and confirmed they could request additional training if needed.

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

- People were at risk of not having their nutritional needs met as the provider failed to document people's requirements in relation to food and drink.
- Care plans failed to contain information in relation to what level of support people required to access food and drink. We reviewed one person's care plan which made no mention of them being at risk of malnutrition and the action staff should take to keep them healthy.
- After the inspection we requested an immediate action to address our concerns, but what we received wasn't satisfactory.

The failure to ensure people's nutritional and hydration needs were met is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Meeting Nutritional and Hydration Needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were not always supported to live healthier lives as staff were not always aware of people's specific health and medical needs.
- People's care and support plans were ineffective and failed to clearly document the support people required to maintain their health and wellbeing.
- Although the registered manager told us they worked with other healthcare services and professionals, there was no evidence to support this statement and no records that demonstrated guidance provided was implemented into the delivery of care.
- After the inspection the registered manager told us they had engaged a consultancy firm to work with them to improve the service. We will continue to monitor their progress.

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

- People's needs were not robustly assessed and recorded prior to the commencement of the service. Records showed the provider met with people to review their care needs. However, the content did not give a personalised overview of people's requirements.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent to care and treatment was sought prior to being delivered.
- Staff understood their role and responsibility in line with legislation. One staff member said, "[The MCA] is about understanding if someone can give consent and supporting people to make decisions in their best interests."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always supported by staff that treated them with kindness and respect.
- We received mixed feedback about the care and support people received. Comments included, "We haven't been that enamoured with all the [staff members]. When we first started using [the service] they were slapdash" and, "I'm really happy with [staff members], they're doing an amazing job."
- Care plans did not always comprehensively record people's diverse needs. We were therefore not assured people were always treated well.
- Despite our findings above, individual staff spoke positively, kindly and with compassion about the people they supported. One staff member we spoke with gave us an example of how they supported one person's faith needs by using shoe protectors when in their home, as this was a requirement of their culture.

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

- People's views were not clearly recorded. Care plans did not document people's preferred communication methods, to enable staff to support people to make decisions about their care.
- Despite our findings a relative told us, "Yes, the staff [members] do ask my relative what they want." Another relative said, "Sometimes [my relative] doesn't want to get dressed, the staff [members] do listen to [my relative]."
- Staff understood the importance of supporting people to make decisions about their care and gave examples of how they speak to people and offer choices to support them to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People did not always receive care and support that prompted their independence.
- Care plans did not robustly record the level of support people required to maintain their independence.
- Despite our findings staff told us they kept curtains and doors closed when delivering personal care, to ensure their privacy was maintained.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- The care people received was not person-centred and did not always meet their needs and preferences.
- During the inspection we identified people's care plans were ineffective and did not contain adequate information for staff to effectively meet people's needs. Care plans failed to detail people's likes, dislikes, preferences, medical, social, health and mobility needs.
- One person's care plan made no reference to their risk of malnutrition, despite this being highlighted as a concern by the funding local authority. Another care plan we reviewed, made no mention of the person's use of mobility aids, namely a wheelchair and hoist and how to support the person with these.
- There were no records to show people's care plans were regularly reviewed with people or their relatives, to reflect their changing needs.

The failure to deliver a service that was responsive to people's needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Person Centred Care.

- We shared our concerns with the registered manager who told us they had been focusing on delivering care and support. We requested the registered manager submit updated care plans for everyone at the service, by 15 July 2022. However, the registered manager failed to submit all care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider failed to ensure there was an AIS policy in place, this meant people were at risk of not having their communication needs met.
- Care plans failed to document people's preferred method of communication.
- Despite this, staff members knew the people they supported well and how to effectively communicate with them in a way they understood.

Improving care quality in response to complaints or concerns

- People's complaints were not documented, investigated or responded to.
- One relative told us they had made complaints to the registered manager, however during the inspection we found no evidence of any complaints having been recorded. The registered manager told us the service

had not received any complaints in the last 12 months.

- We reviewed the complaints policy and found it detailed the process the service would follow should a complaint be received. For example, the complaints being recorded, investigated, access to advocacy services for people to use and response deadlines. However, the registered manager failed to follow their complaints policy.

The failure to act on complaints is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Receiving and Acting on Complaints.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- People did not receive a service that was well-led. The registered manager did not have an adequate understanding of their role, regulatory requirements and lacked oversight of the service. Monitoring systems had not been implemented to ensure effective oversight of the service.
- During and after the inspection we requested the registered manager submit all audits undertaken, however this was not provided to us. This meant we could not be assured systems were in place to monitor the effectiveness of the service.
- The registered manager was unaware of the issues identified during the inspection, regarding the lack of risk assessments, ineffective care plans, poor recruitment processes and inadequate staff competency assessments.
- The registered manager was not aware of the number of people the service provided support to. The number provided by the registered manager was in contradiction to the number recorded by the local authority. We were therefore not assured the people received care and support from a service that was well-led.
- The registered manager did not understand the gravity of our concerns and after the inspection we requested updated risk assessments and additional documentation.
- The registered manager failed to demonstrate continuous learning and improvement.
- The registered manager did not undertake robust auditing of the systems and governance across the service. Therefore, they had not highlighted the shortfalls we identified.
- After the inspection we requested an immediate action to address our concerns. Information received included an action plan, risk assessments and care plans. The documents we received following our inspection did not provide sufficient assurance that the registered manager had effectively responded to our concerns. Other documentation we had requested was not submitted.

The failure to ensure the service was well-led is a breach of Regulation 7 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Requirements Relating to Registered Managers and Good Governance.

- The registered manager told us they had instructed a compliance organisation to work with them to drive improvements.

Working in partnership with others

- Although the registered manager told us he worked in partnership with other healthcare professionals, we found no evidence to support this statement.

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

- At the time of the inspection the service did not have an embedded culture that looked to achieve positive outcomes for people.
- The registered manager had failed to demonstrate records were maintained to provide staff with robust guidance to ensure positive outcomes.
- Care plans were not comprehensive and failed to detail people's needs and preferences to ensure person-centred care and support was provided.

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

- People were supported by a service that did not have adequate understanding of the duty of candour. The registered manager was unable to identify the appropriate steps to follow when things went wrong. We have signposted the registered manager to the Care Quality Commission Regulations for further information.

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

- People were encouraged to share their views through questionnaires undertaken by the registered manager.
- We reviewed the completed questionnaires and found responses provided were positive. The questionnaires covered for example, staff members knowledge, privacy and dignity, communication and whether staff complete all aspects of their role. One comment stated, 'Good care and communication.'

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 care people received was not person-centred and did not always meet their needs and preferences</p> <p>Regulation 9(1)(b)(c)(3)(a)(b)(c)(d)(g)(i) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Person Centred Care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were at risk of avoidable harm as the registered manager failed to implement risk assessments that gave guidance to staff to keep people safe.</p> <p>Regulation 12(2)(a)(b)(d)(g) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe Care and Treatment</p>
Regulated activity	Regulation
Personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>People were at risk of not having their nutritional needs met as the provider failed to document people's requirements in relation to food and drink.</p> <p>Regulation 14(1)(2)(b)(4)(a) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Meeting Nutritional and Hydration Needs.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>People's complaints were not recorded or acted on.</p> <p>Regulation 16(1)(2)(3)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) 2014 - Receiving and Acting on Complaints</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager failed to ensure there was systems in place to monitor the service and drive improvements.</p> <p>Regulation 17(1)(2)(a)(b)(d)(f) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People were at risk of receiving care and support from unsuitable staff as the registered manager did not have robust recruitment processes in place.</p> <p>Regulation 19(1)(b)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Fit and Proper Persons Employed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers</p> <p>The registered manager did not have an adequate understanding of their role, regulatory requirements and lacked oversight of the service due to a lack of monitoring systems implemented.</p>

Regulation 7(1)(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Requirements Relating to Registered Managers

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure staff received on-going supervisions and annual appraisals.

Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Staffing