

DCAS Direct Personnel Limited

# Tottenham Town Hall

## Inspection report

Town Hall Approach Road  
London  
N15 4RY

Date of inspection visit:  
29 May 2018

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05 July 2018

### 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

This inspection took place on 29 May 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The service was last inspected on 30 March 2017, where we found the provider to be in breach of four regulations in relation to need for consent, staff care and treatment, staff recruitment and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Responsive and Well-led to at least good. At the inspection on 29 May 2018, we found that the provider had made some improvements but they were not sufficient and they remained in breach of Regulation 12 and 17.

Tottenham Town Hall is a domiciliary care service run by DCAS Direct Personnel Limited. This service provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Tottenham Town Hall receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection, the service was providing personal care to 13 people with physical disabilities and older people in their own homes.

The service had a registered manager. 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.

The provider did not always identify all risks associated to people's healthcare and mobility needs. People's risk assessments lacked information for staff on how to mitigate risks to provide safe care. People's medicines administration records had some gaps and errors. Staff were not provided with additional health specific training and did not receive regular supervision to do their jobs effectively.

People's needs assessments did not always reflect their needs and abilities. People's care plans lacked information on their likes and dislikes. We have made a recommendation regarding personalising people's care plans. Staff did not always accurately record how they supported people in their daily care notes. The management did not keep records of telephone monitoring calls and had not carried out any spot checks since the last inspection. Spot checks are home visits carried out by the management to check if staff are providing care as per the agreed care plan. The provider had not sought formal feedback from people and their relatives since the last inspection.

People told us they felt safe with staff and relatives told us they found the service safe. Staff knew the safeguarding procedure and were able to describe types and signs of abuse. The provider employed sufficient and suitable numbers of staff to meet people's needs safely. Staff followed correct infection control procedures whilst supporting people. The provider had processes in place to learn lessons from

accidents and incidents.

Staff told us they felt supported in their role and found training useful. People's nutrition and hydration needs were met. Staff asked people before supporting and encouraged them to make decisions. People's care plans made reference to their capacity to make decisions around their care and treatment.

People told us they were supported by staff who were friendly and treated them with dignity and respect. Staff were trained in equality and diversity and told us they treated people equally. People were encouraged by staff to remain independent.

The provider had introduced new care plans that gave information on people's background history and how they liked to be supported. People and their relatives knew how to raise concerns but told us they never had to make complaints.

People, their relatives and staff told us the management was approachable. People and their relatives were happy with the service and told us they would recommend it. The provider worked with other organisations to learn best practice to improve the care delivery.

We found three 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 back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risks to people were not always appropriately identified. People's risk assessments did not provide staff with sufficient information on how to provide safe care. People's medicines administration charts had some gaps and were not accurately completed.

People told us they felt safe with staff and received medicines on time. Staff arrived on time and stayed throughout the agreed care visit duration. People were protected from abuse by staff who knew safeguarding procedures.

The provider followed appropriate recruitment procedures and ensured sufficient numbers of staff were available to meet people's needs safely.

Staff wore correct personal protective equipment when supporting people to avoid spread of infection. The provider had systems in place to learn lessons from accidents and incidents.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were not provided with regular supervision to do their job effectively. People's needs were assessed but we found some inconsistencies. Staff were provided with induction and regular training to support people well. However, staff did not receive health specific training to effectively meet people's individual needs.

People told us staff knew them and met their individual needs including dietary needs. Staff asked people's permission before supporting them. People told us staff gave them choices

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People told us staff were friendly and caring. The provider

**Good** ●

ensured people received continuity of care. People's gender preference of care needs were recorded in their care plans and met by staff.

Staff were trained in dignity in care and equality and diversity. People told us staff respected their privacy and treated them with dignity. People's cultural and religious needs were recorded in their care plans and met by staff.

People were encouraged to remain independent. Staff knew their role and responsibilities in respecting confidentiality and when it was necessary to break it.

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

The service was not always responsive.

People told us their needs were met by staff who knew their likes and dislikes. People's last-minute care visit changes were accommodated by the provider.

The provider had introduced new personalised care plans and were in the process of reviewing them. The care plans were detailed and included information on people's background but did not include their likes and dislikes.

People and relatives knew how to make complaints. People's end of life care wishes were recorded in their care plans.

**Requires Improvement** ●

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

The service was not always well-led.

The provider lacked overall sight of the management of the service. The management had not identified gaps and errors in care delivery and management of service related documents. The provider had not formally sought people and their relatives feedback since the last inspection.

People and their relatives told us the management was approachable and would recommend the service. Staff said they felt supported and listened to by the management. The provider worked with other providers and national organisations to improve the service.

**Requires Improvement** ●

# Tottenham Town Hall

## 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 inspection took place on 29 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authority about their views of the quality of care delivered by the service.

During the inspection visit, we spoke to the registered manager and the director. We reviewed four people's care records, two people's medicines administration record charts, four staff's recruitment, training and supervision records, and records related to the management of the service.

Following the inspection, we spoke to two people who used the service, two relatives and four care staff. We reviewed documents provided to us after the inspection. These included one person's care plan, staff training matrix, an action plan and end of life care policy.

# Is the service safe?

## Our findings

During our previous inspection in March 2017, we found inconsistencies in people's risk assessments, not all risk assessments were reviewed, people's medication administration record (MAR) charts were not being completed appropriately and the service was in breach of Regulation 12. During this inspection we checked to determine whether the required improvements had been made. We found the service had made some improvements but were not sufficient.

The provider had introduced risk assessment forms where they listed risks associated with people's health, care and mobility and maintained separate internal and external environment risk assessments. The environment risk assessments were appropriately completed. However, we found the provider did not always identify health, mobility and care risks appropriately and the risk assessments did not provide sufficient information on how to mitigate those risks. For example, two people's needs assessment stated they had diabetes. The relatives prepared meals for these people that staff were required to heat up for them. However, the provider did not give staff information on what signs to look for if people's blood sugar levels dropped and what actions to take if they noticed any signs. For another person, their care plan stated they were immobile and used aids such as a standing hoist and a transfer board for their personal care support. However, the care plan stated the person was at low risk of falls and the risk assessment did not give any further information to staff on how to support this person safely whilst using the stated aids. This demonstrated the provider did not always identify risks to people and did not provide sufficient information on how to manage those risks safely.

The provider listed medicines that people were prescribed and whether they required prompting or administration support from staff. Since the last inspection, the provider maintained MAR charts for people requiring prompting and administration support. We found some gaps in MAR charts and the MAR charts were not prepared accurately. Dates did not match with the days of the week and staff did not always record medicines that had been administered and or prompted. For example, one person's MAR charts for the month of January did not record what medicines had been administered in the week commencing 22 January 2018 and there were no records for 29, 30 and 31 January 2018. This meant the provider had not made sufficient improvements to ensure safe and proper management of medicines.

The above issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they would arrange a risk management training for the registered manager and following that the registered manager would review and update people's risk assessments. We asked the management about how they would address the gaps in the MAR charts and they told us the MAR charts would be prepared in the office and retrain staff in completing the MAR charts. People and their relatives were happy with the medicines management support.

People and their relatives told us they felt safe with staff. They told us staff arrived on time and if they were running late staff would inform them. One person said, "Yes, they [staff] are on time and have never missed

any calls [care visits]." Another person commented, "She [staff member] comes every day, three times a day. She arrives on time, if she has an appointment she lets me know. She stays for the whole time." Relatives' comments included, "She [staff member] arrives on time and never misses a visit" and "They [staff] do come on time." Staff told us care visits were planned well and they had sufficient time to travel between care visits. We looked at people's daily care notes that confirmed staff arrived on the agreed time and stayed throughout the agreed care visit duration.

The provider followed safe recruitment procedures. Staff recruitment records included application forms, interview notes, identity, reference and criminal checks. This showed the provider vetted staff before they started working with vulnerable people. Staff absences and emergencies were managed by the current staff and where necessary the registered manager who had care work experience carried out care visits. The provider used selected agencies if they were unable to cover staff emergencies and absences. They told us same agency staff were used to ensure the consistency in care delivery standards. The provider had ongoing recruitment in place to ensure they had sufficient numbers of trained and vetted staff when they received additional care packages. This showed the provider planned and worked towards ensuring there were always sufficient numbers of suitable staff to meet people's needs safely.

Staff were trained in safeguarding when they started working and thereafter received annual refresher training. Staff knew their responsibilities in identifying and reporting abuse and could describe types and signs of abuse. They told us if they saw any signs of abuse such as "bruises, people not looking happy, change in behaviour, neglect, lack of food and appropriate clothing" they would report it to the office. Staff knew how to and were willing to escalate their concerns if they thought the management did not deal with the concerns appropriately and people were still at risk of abuse. This showed the provider had systems and processes in place to safeguard people from abuse. Since the last inspection, there had not been any safeguarding cases.

The provider trained staff in infection control procedures and provided them with gloves and other protective equipment as requested. Staff knew the infection control procedures and confirmed that they received sufficient quantities of gloves from the provider. People told us staff used personal protective equipment whilst supporting them with personal care.

There were systems and processes in place to report, record and learn from accidents and incidents. No accident or incident had been reported in the last year. The management discussed lessons learnt during staff training days.

## Is the service effective?

### Our findings

Supervisions and appraisals are important tools to ensure staff have structured opportunities to discuss their role and responsibilities, and training and development needs with their manager. The provider's policy stated staff should receive a minimum of four sessions in a year. However, staff supervision records showed that although staff received one to one supervision they were not four times a year. For example, two staff had received only one supervision in the last year. The registered manager told us they had not been able to carry out one to one supervision sessions as per the requirements of the provider's policy due to the volume of their workload. Staff appraisal records showed some staff had received appraisals in the last year. The registered manager had scheduled appraisals for staff that had completed a year of service. Staff did not receive health specific training such as dementia, diabetes, stroke to support people with health needs. The management told us they would schedule specific trainings that enabled staff to meet people's individual health and care needs effectively. This showed staff were not provided with sufficient supervision and specific training to provide effective care.

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All new staff received induction training before they started working with people. The induction training included organisational information, policies and procedures, and staff handbook, and mandatory training such as safeguarding, health and safety, medication and moving and handling. Staff also received annual refresher training in mandatory areas. Staff told us they found training helpful. One staff member said, "They [the management] give me regular training. The last training was in the beginning of May 2018 in health and safety, safeguarding and medication. It is very useful as I learn what I should be doing." Staff training records confirmed that staff received regular training in fundamental areas to fulfil their role as a care worker.

The director said they were in the process of recruiting a staff member who would support the registered manager with office duties which would then free up the registered manager's time to carry out regular supervisions. Staff told us they felt supported by the management and found supervision session helpful.

During our previous inspection in March 2017, we found care plans did not include information on people's capacity to make decisions and where they lacked capacity who should staff contact regarding decisions around care and treatment and the service was in breach of Regulation 11. During this inspection we checked to determine whether the required improvements had been made. We found the service had made sufficient improvements.

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.

Since the last inspection, the provider reviewed people's care plans and included information on people's capacity and how staff should support them to make decisions. People's care plans had consent to care forms that were signed by people. People and relatives told us staff asked their permission before supporting them. One person commented, "They [staff] ask me before supporting me." A relative said staff gave their family member choices and asked their permission before helping them. Staff we spoke to told us they gave people choices and encouraged them to make decisions. A staff member commented, "I always do what she likes, ask her how she would like to be supported."

People told us staff knew their needs and abilities and were well looked after. One person said, "She [staff member] is excellent. She helps me with accessing shower, food preparation and knows me well." A relative commented, "She [staff member] looks after my [person using the service] very well. All her [person using the service] needs are met."

The provider had processes in place to assess people's needs and abilities and thereby develop care plans that suited their needs. The provider carried out an assessment on receipt of a referral and met with the person and their relatives and health care professionals involved in their care. The needs assessment covered areas such as health and medical conditions, health and care needs including nutrition, hydration and communication, support at home and kind of support people required to maintain their independence. For example, one person's assessment stated they could eat independently but at times their hands shook and staff to bear that in mind whilst supporting them with their nutrition and hydration needs.

However, we found not all people's needs assessment reflected their needs and abilities. For example, one person's needs assessment stated they had limited mobility, were not able to transfer independently and "requires a ceiling hoist and assistance of someone when transferring." However, the registered manager told us this person did not have a ceiling hoist and were able to transfer with support. The provider told us they would conduct another needs assessment and send us an updated care plan. Following the inspection, the provider sent us an updated care plan that reflected the person's needs and abilities.

People told us they were happy with the nutrition and hydration support. They said staff prepared breakfast of their choice and heated up meals for them that were prepared by their relatives. Staff we spoke to were aware of people's dietary needs and preferences. They told us they received training in food and hygiene that enabled them to meet people's nutrition and hydration needs safely. Daily care notes showed most staff recorded how people had been supported with their dietary needs. Some quotes from the daily care notes included "made a cheese sandwich, made porridge and gave fruits, made pasta and client [person using the service] ate it all, gave crackers and tea." This showed people were supported where requested with their dietary needs.

Majority of people using the service lived with their relatives or closer to their relatives who supported them in accessing healthcare services. The provider said people and relatives had been informed that staff could help with accessing healthcare appointments and services if they needed that support. However, so far people had not requested that support.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring, friendly and helpful. One person said, "They [staff] are friendly and good. We communicate very well." A relative commented, "She is friendly, she is kind." People told us staff could speak their native language and that made it easier for them to communicate.

People were generally supported by same staff team. People's daily care notes and staff rotas showed staff worked with the same people. One person said, "I have had her [staff member] for nearly two years." A relative commented, "My [person using the service] receives the same carer [staff member] for over two years." This aided trust between staff and people, and built positive working relationships. Staff told us supporting the same people enabled them to understand them, their needs, wishes and preferences better. This also ensured continuity of care. People were asked their gender preference of care and this preference was recorded in their care plan. People's daily care notes showed people's gender preference was met. Staff spoke about people in a caring manner and told us they liked supporting people. A staff member said, "I find the job and helping people rewarding."

People told us they received care in a dignified way and staff respected their privacy. One person said, "Yes, they [staff] treat me with dignity and respect." Another person commented, "Oh absolutely, treat me with dignity and respect. She [staff member] sometimes stays late because she chats with me. We are like a family." Staff received training in dignity in care during the induction. They were able to give us examples of how they supported people in a dignified way. One staff member said, "I give them privacy and respect their choices. I ask them [people using the service] if they liked to have shower or bath. I give them plenty of time to carry out their tasks. I sit and chat with them, ask them about their interests and hobbies."

Staff received training in equality and diversity before they started working with people as part of their induction training. They told us they were aware of people's individual needs and preferences and treated people equally. People's religious needs were recorded in their care plans and staff supported them to meet those needs. For example, some people were supported by staff to access their preferred place of worship on a weekly basis. One person said, "She [staff member] takes me to [place of worship] every Friday." People told us their religious dietary needs were met. People's care plans had instructions for staff to follow to meet people's religious, cultural and spiritual needs. The provider told us they worked with staff and supported people from diverse backgrounds and communities. The management said they were open to working and supporting lesbian, gay, bisexual and transgender people. They asked people about significant people in their lives and relationships during assessment of needs and this was recorded in their care plan.

People told us staff encouraged them to voice their views and supported them to maintain their independence. One person said they were independent and staff supported them to remain independent by encouraging them to do things that they could such as "eating and drinking", "washing my face and brushing my teeth" and "choosing my clothes." Staff told us they encouraged people to do things that they could by themselves.

People's sensitive and personal data was stored securely in the office in locked cupboards and was only

accessible by the management. Staff knew the importance of confidentiality and when would it be necessary to break people's confidentiality.

## Is the service responsive?

### Our findings

At the last inspection, we found the provider did not always maintain care plans for people and relied on the local authority's assessment of needs to deliver care. Care plans that had been developed were task-oriented and lacked information on people's likes and dislikes and background history. During this inspection we found the provider had taken steps to address the gaps and made some improvements.

The provider had recently introduced a new template for people's care plan 'personalised care plan'. We reviewed three drafts of the personalised care plan. The care plans recorded information on people's personal details, background information, health, communication, continence, medical and housekeeping needs. The care plans also gave information on how people would like to be supported and the overall aim of the care plan. For example, one person's care plan stated their aim was to receive appropriate support with the activities of daily living, to maintain their independence and live a fulfilling life in their own home. The care plan stated they ate independently, were able to communicate and although able to mobilise independently due to their sensory impairment needs staff needed to maintain a clutter free environment. Staff told us they found information in people's care plans useful. One staff member said, "There are care plans in people's homes. It is good as can check them if not sure of something." This meant staff were given information on how to support people to meet their individual needs. However, we found people's care plans did not record information on their likes and dislikes.

We recommend that the provider seek guidance and advice from a reputable source, in relation to recording people's likes and dislikes in their care plans.

People told us staff knew their likes and dislikes and found the service responsive to their needs. People and relatives said the provider accommodated any last-minute changes to care visit timings and care tasks. Staff we spoke to knew people's likes and dislikes and their wishes and could give us examples of them. For example, a staff member told us the person they supported liked to eat porridge, fruits and a cup of tea for breakfast and one of their favourite meals was spaghetti. Another staff member said the person they visited like to read their religious book and liked to talk about current affairs. People told us staff supported them in activities such as shopping, accessing places of worship, going to cafes. People's daily care notes showed staff recorded their care visits without any gaps. However, we found not all staff had accurately recorded how they had supported people. This meant the provider could not be sure of what people were supported with at each care visit. We asked the management about this and they said staff would be retrained in completing daily care notes to ensure the notes gave true reflection of how people were supported.

The provider continuously encouraged people and their relatives to raise concerns and make complaints. There had been no complaints since the last inspection. People and their relatives knew how to make a complaint and told us they had never made a complaint. One person said, "I will complain to the manager if I am not happy about something." Another person told us, "I would speak to the agency if not happy but never to make a complaint." A relative commented, "We have never complained. If not happy will call the company." People were given a service user handbook at the time of assessment which included information on how to make a complaint. The provider's complaints policy and forms showed they had

processes in place to encourage people and relatives to make complaints and address them in a timely manner.

The provider asked people their end of life care wishes at the time of assessment. Where people had expressed their wishes and preferences these were recorded in their care plans so that staff knew how to meet those needs.

## Is the service well-led?

### Our findings

During our previous inspection in March 2017, we found the service lacked robust data management, monitoring and evaluation systems, and the service was in breach of Regulation 17. During this inspection we checked to determine whether the required improvements had been made. We found the service had made some improvements but were not sufficient.

The provider lacked overall sight of the management of the service. There were lack of assessing, monitoring and evaluation systems and processes to ensure safety and quality of care delivery. The management had not appropriately identified risks associated with people's healthcare and mobility needs. People's risk assessments lacked sufficient information for staff to provide safe care. Although, the provider had implemented new medicines administration record (MAR) charts, these were not being prepared and completed accurately. The registered manager checked the completed MAR charts but had not picked up on the gaps such as staff were not always recording medicines that they had administered.

There were lack of auditing processes to ensure documents related to care delivery were accurate and up-to-date. For example, people's needs assessment did not always reflect people's needs and abilities. Although, people's care plans were informative they did not record people's likes and dislikes. People's daily care notes were not always recorded accurately. For example, some people's daily care notes had minimal information and exactly same description of how they had been supported across weeks. The registered manager had not identified the repetition of care visit notes. This meant they could not be sure of how people were being supported at each care visit.

Staff received regular training in fundamental areas required for a care worker role. However, the provider did not train staff in additional health specific trainings to ensure staff supported people with their individual needs. For example, people with diabetes, stroke and visually impairment. Staff had not received one to one supervisions as per the requirements of the provider's policy.

The provider had not formally sought feedback from people, their relatives and staff on the quality of the service and support. The registered manager carried out quarterly telephone monitoring calls but did not maintain any records of these calls. They had not carried out any spot checks to assess if staff were delivering care as per the agreed care plan. The provider had not carried out annual surveys since the last inspection. The management told us they had forgotten about it and would send out survey forms in the next month.

The above identified issues were a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulation 14.

Following the inspection, the registered manager sent us an action plan detailing action points and deadline to address all the gaps, errors and issues identified during this inspection.

People and their relatives told us they were happy with the service; the management was approachable and

prompt in replying to their calls. One person said, "The agency is very good and I will recommend it to my friends." Another person commented, "I am very happy with the agency and with my carer [staff member]." Relatives' comments included, "She [person using the service] is happy with the carers [staff]. We are happy with the agency. We will recommend the service" and "I am very happy with the service."

Staff told us they felt listened to and well supported by the management. They said the director and the registered manager returned their calls in a timely manner. Staff comments included, "Yes, she [the registered manager] listens to me when I speak to her. I am happy with the service and how it is managed", "The management is good, she [the registered manager] is very nice. Whenever I have a problem I call her and she listens to me" and "If I am not sure about something I speak to [the registered manager] and to [the director], they are very approachable, very nice people. They encouraged me to do qualification training. Absolutely 100% very supportive."

The provider worked with other providers and national domiciliary care organisations to learn best practices to ensure people are receiving good quality of care.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons failed to ensure that care is provided in a safe way to service users, including: assessing the risks to the the health and safety of service users of receiving the care or treatment; doing all that is reasonably practicable to mitigate any such risks and the proper and safe management of medicines.</p> <p>Regulation 12(a)(b)(g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately and completely maintain records in respect of each service user; to maintain other records as are necessary to be kept in relation to the management of the regulated activity and to seek feedback from service users' and other person on the service provided in the carrying on the regulated activity, for the purposes of continually evaluating and improving the service.</p> <p>Regulation 17(1)(2)(a)(c)(d)(e)</p>
Regulated activity	Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulated activity did not receive appropriate training and supervision as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18(2)(a)