Safehands Care Limited

Safehands Care Limited Bolton

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
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 11 and 12 July 2018 and was announced. This was the first inspection of Safehands Care Limited since their registration with the Care Quality Commission in July 2017.

Safehands Care Limited is a domiciliary care service located in Bolton, Greater Manchester. The service provides personal care to people living in their own homes. At the time of the inspection the service provided care and support to 177 people.

There was a registered manager in post. 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.

At this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were around staffing and good governance. You can see what action we told the provider to take at the back of the full version of the report.

A management restructure in January 2018 had a negative impact on the performance of the service. Policies and procedures had not been consistently followed in the main office. The registered manager had been promoted to area manager during this period and took a more active role in May 2018 in response to the problems. During the inspection the registered manager provided evidence about the actions they had taken to improve the quality assurance systems.

Management oversight of safeguarding notifications had been poor. The system to monitor this was modified during the inspection to ensure better oversight in future. People using the service reported feeling safe. Staff understood safeguarding and how they would report any concerns.

Recruitment had been unsafe as people had been recruited without following procedures.

The care files needed simplifying to reduce duplication and to make them more organised and more accessible to staff. The layout and content of the files was not user friendly.

Information about people's personal choices and preferences were not detailed enough and needed to be more visible in the care files.

The systems for organising rotas was not always effective and had a negative impact on people and staff through missed visits and call cramming where staff had to carry out too many visits in one day.

The training and induction information that we reviewed was sufficient and provided staff with the skills they needed to carry out the role.

The service worked within the principles of the Mental Capacity Act. Staff received training and could give good practice examples of care in this area.

All the people we spoke with said staff were caring and that they were treated with dignity and respect.

Promoting independence was integral to the service and this was evident in all the answers provided by the people that we spoke to.

All the staff we spoke to cared about their work and told us that they enjoyed the support workers role. They reported that they wanted to make a difference to people's lives.

Formal complaints were investigated following a clear structure to ensure that timescales in the policy were met and that complaints were resolved as far as possible.

The registered manager was experienced and committed to service improvement. However, recent improvements need to be sustained.

The service had clear values which was apparent when we spoke to staff. All the staff that we spoke to provided strong answers on promoting people's independence and being committed to their roles.

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.

Quality assurance systems were not robust enough.

Staff had safeguarding training and knew how to raise concerns.

The Care Quality Commission (CQC) had not received safeguarding notifications correctly. The office records did not tally with Local Authority and CQC records.

Recruitment procedures had not been followed.

The rota system impacted on the consistency of the care being provided. Periods when people's main carer were on their days off were not adequately planned for and this impacted negatively on the care provided.

Visits were also missed and the office system did not pick this up.

Is the service effective?

Good

The service was effective.

Training and induction was sufficient and supported staff to undertake their roles effectively.

The service worked within the principles of the Mental Capacity Act.

Is the service caring?

Good

The people we spoke to felt they were treated with dignity and respect and said staff were caring.

All the staff we spoke to cared about their work and told us that they enjoyed the support workers role.

The service met the Accessible Information Standard and promoted access to independent advocacy services.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The care files were not user friendly and were difficult to navigate.

Information about people's personal choices and preferences were not detailed enough and needed to be more visible in the care files.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems had failed to work. They have been modified to ensure better management oversight in future.

The registered manager was experienced and committed to service improvement.

Safehands Care Limited Bolton

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.

The inspection took place on 11 and 12 July 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

On the first day the inspection team consisted of two adult social care inspectors. One inspector returned for the second day of the inspection. This gave us the opportunity to see the manager and office staff; and to review care records, policies and procedures.

Before our inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service and we looked at all the statutory notifications they had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

Before the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. The local authority was working closely with the service to complete an action plan focused on quality assurance. We also contacted Bolton Healthwatch who said they did not have any information about the service. Healthwatch is an independent consumer champion

that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke to the nominated individual, the registered manager, two office based staff members. We visited three people in their own homes and spoke to one relative. We also telephoned and spoke to six people about their experience of using the service and we telephoned seven staff members and asked them about their experience of working for the service. We contacted members of staff by email and received three responses. At the end of the inspection process we had spoken to nine people who used the service and fourteen members of staff in total.

During the office visit we looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, 5 staff recruitment files, training and supervision records, the training record, 7 care files, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the inspection.

Requires Improvement

Is the service safe?

Our findings

Quality assurance systems were not robust enough. It had taken too long to identify unsafe practice in relation to safeguarding incidents and recruitment. The service was also experiencing problems with the rotas and had failed to identify missed visits. During the inspection the registered manager provided evidence of the actions they had taken to improve their quality assurance systems and produced an action plan of further improvements which were to be completed within an agreed timescale. We are satisfied that the issues identified have been addressed and we will look at the internal monitoring systems at our next inspection.

The service had robust recruitment procedures in place which helped to protect people against the risk of abuse. However, the procedures had not been followed and three office administrators had been recruited unsafely. These three staff members have now left the service. The registered manager explained that this was an isolated error and all other staff had been recruited safely.

We checked five staff personnel files to check that the procedure had been followed correctly. Appropriate checks were carried out before staff began working for the service to ensure they were fit to work with vulnerable adults. Each file we looked at contained application forms, photos and proof of identification, evidence that at least two references had been sought from previous employers and DBS checks completed. These checks will help to ensure people are protected from the risk of unsuitable staff. These had been obtained before staff started working for the service. This demonstrated that staff had been recruited safely when the policies and procedures were followed.

We looked at the system used to track and manage safeguarding notifications. The file contained one safeguarding notification for March 2018. This did not tally with the local authority who had recorded three in February 2018 and two in March 2018. Care Quality Commission (CQC) records showed two in February 2018 and one in March 2018. This was discussed with the registered manager who explained that the policies and procedures had not been followed and the process had now been corrected to ensure management oversight of this important issue in future. The new process included a front log sheet to track safeguarding issues and included a section that logs that both the local authority and the CQC have been notified and a section for lessons learnt where required. The safeguarding policy has also been updated to reflect these changes as it is a statutory duty to inform the CQC of any allegations of abuse.

Policies and procedures for safeguarding people from harm were in place and the induction and mandatory training further strengthened staff's knowledge in this area. This provided staff with guidance to identify and to respond to signs and allegations of abuse. The training records we looked at demonstrated all staff had received safeguarding training. During the inspection we spoke with staff and asked them about their understanding of safeguarding. They were all able to tell us what it was for and what action they would take if abuse was suspected or witnessed.

All the people we spoke to reported feeling safe and were happy with their main carers. One commented,

"The carers that come are very good, they listen and take notice of what you say." Another stated, "The carer now is great, oh definitely, they treat me as an equal and don't talk to me like I am stupid. This is important to me."

We looked at the whistleblowing procedure and this provided clear guidance for staff member members that wanted to raise concerns. All the staff we spoke to felt able to raise concerns with the office and one commented that they would feel more comfortable contacting the Care Quality Commission. We could see in the training record that all staff had attended whistleblowing training in the last 18 months.

We looked at how the service managed risk and reviewed 4 care files in the office and 3 care files in people's homes. Each contained several risk assessments used to help keep people safe. These included a personal safety risk assessment that listed different risks ranging from self-neglect, nutrition and safeguarding risks, a moving and handling risk assessment and a home risk assessment which included an assessment of issues such as safety around the home, such as walking hazards and pets. Each risk assessment contained sufficient information to minimise any risks identified. However, the files that we looked at were disorganised and were difficult to follow. The registered manager agreed to review the files and this will be checked at the next inspection.

People who used the service and staff reported problems with the staffing arrangements. 3 people we spoke to specified problems when their regular member of staff were on their days off. For example, one carer worked 11 days followed by 3 days off. The person we spoke to commented, "there are problems during the 3-day period. I don't know what times they are coming and someone didn't come last Friday and there was no call." A relative stated that they also had a poor service when the main carer was off as the replacement was often late and commented, "I am up 7 to 8 times in the night and I am shattered in the morning, a phone call would help, it is the not knowing that is bad."

This issue impacted negatively on staff too. Some staff reported carrying out 30 visits in one day without a break and another felt guilty on their days off because they were worried that the people they cared for were not being seen as required. The service is in the process of recruiting more staff and we recommend a review of the rota system to deal with the issues highlighted above.

We found this to be a breach of Regulation 18 (1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service used an electronic system to log the time and duration of their visits and a weekly audit was used to monitor one file a week to check that the time specified in peoples care plans was provided. We checked the audits and they had been completed in January, February and March 2018. They had not been completed in April, May and June 2018. The registered manager was auditing all the care files during our inspection to ensure that standards were being met before reverting to one file a week which is what the procedure required.

The electronic system also notified the office if there were any late or missed visits within 30 minutes. The registered manager informed us that a new telescreen is going to be installed in the office to make it easier to monitor these alerts in future.

During a home visit we were informed by the person using the service that there had been two missed visits last week. The office was not aware of this and explained that the new telescreen would prevent this from happening again. We looked at the persons Medication Administration Records (MARS) which showed that the cream used for their shoulders and heels had not been given because of the missed visits.

We looked at how the service managed people's medicines and the registered manager agreed to address poor recording and to include it in their action plan. We examined four MARS audits carried out in February, March and two in April 2018 which enabled the service to spot any performance issues and to correct them. Three of the four MARS sheets in the audits had missing signatures. Two files that we looked at in the office needed clearer information about medication. One had been assessed as needing level 2 medication support where assistance was needed but the medication was not listed in the file. There was no mention of allergies. The second file was very brief and did not match the council assessment and the form was not dated.

The safe administration of medicines was covered in the induction and staff had to be assessed as competent before they could carry out this aspect of the role. We checked five staff files and all had completed this in their induction. A medication risk assessment was completed for each person using the service and the seven care files that we inspected contained a completed assessment.

The medication policy was out of date. It referred to a red, amber, green traffic light system to describe the level of support the person requires with their medication. The council assessments and the seven care plans we looked at used a different system. The registered manager agreed to update the policy.

During one home visit a care plan needed updating as it stated that they understood their medication when it was clear from the visit that they did not. They had a diagnosis of dementia. The carer demonstrated that there was no impact and that all medication had been administered correctly and that the carers knew that the person lacked capacity to manage their own medication. The care plan was updated to ensure that this is documented clearly.

The second MAR sheet that we saw in a person's home was fully completed with no gaps and the third person was supported by their relative to take their medication.

The service had a control of infection policy and personal protective equipment (PPE) policy in place. Both had been updated in October 2017 and provided sufficient guidance for staff. All staff when asked could describe what their responsibilities were in relation to infection control.

Bi-monthly spot checks were carried out on care staff and included a section called, 'hand hygiene tool' which checked nine areas including nail varnish and jewellery. The service also carried out PPE control audits each month to monitor the use of protective clothing for staff. This included gloves and aprons used for personal care. Protective clothing is used to help prevent cross infection. The audit carried out in May 2018 had a section highlighting concerns for further action. It acknowledged that the procedure was not being followed by staff and that 29 had not signed to say they had taken protective clothing for over a month as the procedure states they should. The registered manager had addressed this with staff and will continue auditing the issue until it meets the required standard.

Good

Is the service effective?

Our findings

People supported by the service had received an assessment of their needs before carers commenced their visits. This ensured the service had information about the support needs of people and they could confirm these could be met. Following the assessment, the service, in consultation with the person had produced a support plan for staff to follow in the files that we inspected. People we spoke with confirmed that they had seen a social worker initially and that this had been followed up by a two-hour visit from the service.

The induction matrix was detailed with 5-days of training focusing on different mandatory areas including dementia, health & safety, infection control and dignity and respect. Competence assessments in medicines, person centred care, equality and diversity, communication and record keeping and safeguarding were carried out on all new staff.

We looked at 4 staff members induction checklists and all had been completed correctly. Staff also shadowed more experienced members of staff for a week before they went out alone. We looked at four staff files and could see that all of them had shadowed someone for a week.

The training matrix was up to date and demonstrated that all mandatory training, such as moving and handling and safeguarding had been updated within three years. Supplementary training was offered as required and included continence management, end of life care, epilepsy and diabetes for example.

Staff that we spoke said they had received sufficient training. One commented, "Yes I feel the training is exceptional and covers all areas of the support workers role." Another stated, "my trainer was excellent and made sure we understood each topic fully before moving on to the next one."

The supervision policy stated that supervision would be provided four times a year. Supervision provided managers with the opportunity to evaluate the performance of staff. We looked at a sample of four staff supervision records where we could see that training requirements, safeguarding issues, dignity and respect and any significant concerns had been discussed. The records that we saw showed that supervision was regular and consistent.

Supervision was supported by regular bi-monthly spot checks, hand hygiene audits and observations of carers in practice being recorded in all four staff files that we looked at. We looked at a sample of five bi-monthly staff spot checks carried out in May 2018. This provided a comprehensive checklist with 6 areas in the general care section that included time spent, if the tasks had been carried out in line with the care plan and asked if people were treated with dignity and respect. The personal care section had 7 areas to check and a general section with 12 areas including log book entries and medication. One form was negative and this was picked up by the manager who had advised a second spot check. The issues were to do with incorrect uniform and not having aprons for personal care.

Support with food and drink was identified in the initial assessment and was transferred into the support plan and was discussed with the person. The registered manager explained that if a risk was identified a

fluid balance chart and a nutrition chart would be put in place for the care workers to complete at each visit. If there were any concerns the GP, family and dietician would be notified if required.

The service had communication systems in place including communication books in each person's house, team meetings, monthly staff newsletters and regular updates for carers by text messaging. The news letters covered issues such as carer of the month, introductions of new staff, timekeeping and performance issues.

The registered manager told us they did not routinely support people with their medical appointments. Most people did this for themselves or their families made appointments if needed. If they arrived and a person was unwell or had had an accident, such as a fall, they would report this to the office who would inform the person's family. If required the staff would contact the person's GP or 999 and stay with the person until the ambulance or their family arrived. We checked the daily message log on the computer in the office and there were several examples where I could see this had taken place.

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.

The service was working within the principles of the MCA. The MCA policy and procedure was clear. All staff had Mental Capacity Act training in their induction and this was up to date on the training matrix. All staff I spoke to were able to give examples demonstrating that they understood this aspect of their work. One explained that they had raised concerns with the social worker because they felt one person lacked capacity around their finances. A second staff member said that information is in the care plans and if they notice any changes they notify the office.

We saw in the care files that where possible people agreed to their care and support and signed to say that they agreed. The people we spoke with told us that before receiving any care, staff always asked them for their consent.

Good

Is the service caring?

Our findings

All the people we spoke to said that the service was caring and that they were treated with dignity and respect. One commented, "Absolutely yes" and a second said that the staff were, "Very kind".

All the staff we spoke to cared about their work and told us they enjoyed the support workers role. They reported that they wanted to make a difference to people's lives. One commented, "I feel passionate about providing exceptional care to the best of my ability." A second said, "I find the job very rewarding and it's in my nature to help people."

The service met the Accessible Information Standard. They routinely asked what people's communication needs and preferences were and these were clearly recorded in the people's files that we looked at. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. Section 250 of the Health and Social Care Act 2012 states that all organisations that provide NHS care or adult social care must follow the standard.

Access to independent advocacy was promoted and information about how to contact these services were in all three files that we looked at in people's homes. Independent advocacy services can support people to participate in meetings about their care and support and can help people to secure their rights.

Independence was actively promoted and was discussed and recorded in the initial face to face assessment with the service. Staff we spoke to were able to explain that this was integral to their role and all those we spoke to stated that they encouraged people to do what they can and only step in when they are needed. One staff member commented, "This is our role. It is central to what we do."

The service had good systems for engaging with people to ask them about their experiences of using the service. They were asked in telephone reviews and face to face quality reviews if they were treated with dignity and respect. The service carried out 49 telephone quality reviews and 37 face to face quality visits in June 2018. We reviewed six telephone quality reviews and seven quality visits. People were asked fourteen questions including, "Are you satisfied with the overall service provided by the care team' and 'Do your care workers treat you with dignity and respect' All six reviews were positive with the option for further action if required.

We saw all records were held securely and staff were trained in confidentiality and data protection. This helped keep people's care and support private where required.

Equality & Diversity information in the care files needed updating to ensure that people are given the opportunity to share relevant information if they chose to. The Equality Act 2010 identifies nine protected characteristics that people should be asked about. The service currently requests information that covers four of these nine areas. The manager agreed to implement this fully.

Requires Improvement

Is the service responsive?

Our findings

We looked at 7 people's care files during the inspection. The layout and content was not user friendly. There were several forms in the files that duplicated information from other forms making the information harder to follow. The order of the documentation was not consistent and made it difficult to access. We discussed this with the registered manager who explained that work had already started on reviewing the files and showed us more up to date files that had improved. We will review this at our next inspection.

The registered manager informed us that all support plans are updated annually and that they also attended reviews with the social worker after 6 weeks. A central record was used to collate this information and was printed off monthly to plan reviews for the month ahead.

Clear notes about the support provided at each visit were made and the registered manager showed us an audit that monitored the quality of these entries.

Each care plan we looked at contained evidence that initial assessments had been completed by the council prior to people's care package commencing. This was followed up by the service with a face to face visit to agree a support plan. All the care files we examined asked people for consent for personal care, assistance with medication and permission to share information where required. The care files contained an assessment checklist signed by people to check whether the care plan had been discussed and agreed, risk assessments completed and complaints discussed. The service also used a 'personal needs and outcome assessment', to gather more information, including peoples preferred communication, health and abilities and how to remain independent.

Information about people's personal choices and preferences were not detailed enough. The recording was not always consistent and was often too brief. This included a lack of specific detail about people likes, dislikes and their personal history. This reduces the opportunities for staff when providing person centred care because the specific information was not available in enough detail. This information helps new staff have a better understanding of who people are and can provide more person-centred care as a result. We raised this concern with the registered manager who told us that following the inspection, they would re-evaluate people's care plans to improve the capture of this information.

We looked at systems for managing complaints. The complaints procedure was discussed with people during the face to face meeting to agree the initial support plan. Complaints were also promoted in a service user pack that was given to each person using the service. The three people we visited at home knew how to call the office but did not know how to complain. One commented that, "The information was too long and needed to be in larger print." The registered manager agreed during the inspection to review the service user pack to make it more user friendly.

We looked at the complaints folder and could see that one complaint was recorded in January, one in March, two in April and seven in June 2018. The documentation included a 'corrective action form' and a checklist logging the date of the complaint, when it was acknowledged and when it had been resolved. The

nominated individual also audited the complaints every 6 months to identify any themes or problems that needed further management attention.

The service had an end of life policy that provided guidance to staff and included a form called, 'Thinking ahead – planning for your end of life care.' End of life care plans were developed as people neared the end of their life and would include a discussion about their wishes and any cultural or religious needs that they may have. At the time of the inspection the service had no people on end of life currently.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. 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 registered manager had been promoted to area manager in January 2018. The arrangements put in place to manage the service after this change had lacked adequate over sight and this had impacted on the performance of the service. The registered manager had taken a more active role again in May 2018 in response to these problems. During the inspection the registered manager provided evidence of the actions they had taken to improve their quality assurance systems and produced an action plan of further improvements which were to be completed within an agreed timescale. We will look at the internal monitoring systems at our next inspection to check that the improvements have been sustained.

We asked people supported by the service and staff if they thought the service was well managed. They both told us that they had experienced problems with poor management, poor communication and problems with the rotas which included late visits and missed visits. Some people had told us that things had started to improve recently and that they were happier with the service. One commented that they were surprised when someone from the office had returned their call because they hadn't in the past. Someone else commented, "The problems are resolved now and they are on time. The lady that comes now is great, she's really good." Some people who used the service and some staff reported that they were still experiencing problems with the poor organisation of the rotas.

Team meeting minutes were detailed in 2017 covering different agenda items ranging from welcoming new starters to discussion of policies and procedures. There was a noticeable change in 2018 where they were very short and brief. One staff member commented that they didn't always take place. Meeting minutes are now sent to head office to ensure better oversight and communication in future.

Head office was actively involved in auditing the service and this had helped to pick up on the problems. We looked at meeting minutes from head office dated March 2018. These provided an audit of key performance indicators and included an action plan where the office team had to provide weekly updates on performance issues that had been identified. This needed to be more preventative and quicker at spotting problems.

We found this to be a breach of Regulation 17 (1) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was experienced and committed to service improvement. The registered manager received consistent weekly support from a senior member of staff from head office and they also attended a monthly meeting with other managers at head office.

The registered manager explained during the inspection that the service had clear values for the service which it instilled at every opportunity starting with the induction and continued through supervisions, newsletters and team meetings. The values were apparent in all the staff that we spoke to where they provided strong answers on promoting people's independence and being committed to their roles.

There were some good audits in place which provide a foundation to build on. For example, head office carried out a survey by post every six months to people who used the service and their relatives. We looked at an action plan produced following a survey in November 2017 where 71 people had returned the questionnaire. The topics covered included questions about communication with the office, knowing how to complain, asking if care staff arrived on time and if they were treated with dignity and respect. We will look at the surveys again when we next inspect the service to see if improvements have been sustained.

There were systems in place to monitor the quality of work undertaken by staff. This included unannounced spot checks by the registered manager or senior staff to observe the care staff supporting people. The spot check included a separate medication competency check. This provided an opportunity for senior managers to monitor the work of staff and provide feedback about any improvements that were needed. We looked at recorded examples of the spot checks and could see follow up actions carried out by the registered manager. They also completed hand hygiene audits to ensure high standards of infection control.

The registered manager or senior reviewed the care plans every twelve months. The Medication Administration Records (MARS) were returned to the office each month where a random selection was audited every six weeks to check that they have been completed correctly. Any issues identified were recorded and followed up.

Additionally, the service also worked closely with the local council where the council had also recently audited aspects of the service. This will provide additional oversight after the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Lacked adequate management oversight

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Negative impact on service delivery