

Inspire Management Group Ltd

Siddeley House

Inspection report

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Date of inspection visit:
04 February 2022

Date of publication:
11 March 2022

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

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

The Care Quality Commission (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 consider any wider social care provided.

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

The service was not always safe as some people using the service, their relatives and a health care professional had raised concerns regarding calls not taking place at the agreed time and for the agreed duration.

Some people and their relatives told us the care provided was not always effective. They thought the difference in the quality of skill sets of individual staff members, showed a need for training more focussed on the needs of individual staff. Some staff were described as very skilled, whilst others were not.

The service was not always well-led as the quality assurance system did not always identify and address people's concerns about the service delivered.

Staff were appropriately recruited with required checks carried out. People and staff had risk assessments, that were monitored and updated when required. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. Medicines were safely administered. The service met shielding and social distancing rules, used Personal Protection Equipment (PPE) effectively and safely and the infection prevention and control policy was up to date.

People had not experienced discrimination and their equality and diversity needs were met. Staff received supervision, and appraisals. The people using the service and relatives we contacted, said the way staff provided care met their needs although some better than others. Staff encouraged people to discuss their health needs and these were passed on to appropriate community-based health care professionals. The provider had developed a professional's network that enabled joined up working between services based on people's needs, wishes and best interests. This included any services that required transitioning as people's needs changed. Staff protected people from nutrition and hydration risks, and people were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences.

Most people and their relatives said they received care and support from staff in a friendly way, although some felt that some staff carried out tasks with little interaction. This depended on individual staff and how well-established they were with people. People said those that were well established paid attention to small details making all the difference. Staff respected and acknowledged people's privacy, dignity and

confidentiality. People were encouraged and supported to be independent and do things for themselves, whenever possible. This improved their quality of life by promoting their self-worth. Some staff were very caring, compassionate and passionate about the people they provided a service for, whilst others were less committed.

The service was responsive with people's needs assessed, reviewed and care plans in place including any communication needs. Person-centred care was provided. People were given choices, encouraged to follow their routines, interests and hobbies so that social isolation was minimised. People were given enough information to make their own decisions. Complaints were recorded and investigated.

The provider had transparent management and leadership with an open culture that was honest and positive. The statement of purpose clearly defined the provider vision and values, that staff understood and followed. Staff were aware of their responsibilities, accountability and mostly were willing to take responsibility and report any concerns they may have. The provider reviewed the quality of the service people received. The provider had well-established working partnerships that promoted people's needs being met outside its remit to reduce social isolation. Registration requirements were met.

Why we inspected

This service was registered with us on 27/05/2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Siddeley House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out this inspection.

Service and service type

Siddeley House is a domiciliary care agency, registered for 'personal care'. The service provides personal care to older people who may be living with dementia, have a physical disability, sensory impairment and younger adults. At the time of inspection, there were 59 people who were receiving support with personal care from this service.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke in person with the registered manager. We contacted 14 people and their relatives, eight staff and one health care professional, to get their experience and views about the care provided. We reviewed a range of records. This included five people's care records and medicine records. We looked at three staff files in relation to recruitment, training and staff supervision. We checked a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staff and training information, and audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider staffing was not always safe. The recruitment procedure and records demonstrated recruitment was safe.
- The provider policy was that people who received visits were supported by staff in small hubs, to promote continuity of care and reduce footfall where possible. However, some people and their relatives felt that staff were struggling to fulfil their visits due to being rushed and this resulted in calls not taking place on time or for the full duration.
- One relative said, "My [relative] requires a 9.00am call to help them get up and dressed. Frequently, they arrive at 11, 12 or 1pm when [relative] has struggled to get up. There is nothing for them to do so what are they being paid for." A further relative told us, that staff had told them they could not get to the call on time because they were rushed and had too many calls to fit in. Another relative said, "Often not on time, don't stay the duration and rushed." However, they went on to add that, overall, they were happy with the service.
- A staff member said, "To be honest, there are times we might be late for a variety of justifiable reasons, when you can't leave someone who has had an accident or injury, but sometimes people don't want to hear why we are late."
- A further relative commented, "Very good and mostly on time. They [staff] do what [relative] needs." Staff told us, they did not feel rushed and had sufficient time to do their jobs. A health care professional noted that there had been a steep rise in concerns raised by people about time keeping.
- The call logs demonstrated that calls had been missed and the provider was doing their best to rectify the situation.

We found no evidence that people had been harmed however, people using the service and relatives had raised concerns regarding calls not happening at the agreed times and lasting the full duration. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The recruitment interview process contained scenario-based questions identifying prospective staff's reasons for wanting to work in health and social care, skills, experience and knowledge. Before employment prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. There was also a probationary period for new staff.
- Staff files confirmed the recruitment process and training had been completed. Staff were provided with an information guidance handbook.

Systems and processes to safeguard people from the risk of abuse

- There were safe systems and processes to safeguard people from abuse. Most people and their relatives said they thought the service was safe. One person said, "A very safe service."
- Staff were enabled through training to identify abuse and the action required, if encountered. Staff knew how to raise a safeguarding alert and when this was needed. There was no current safeguarding activity. The provider had safeguarding, prevention and protection of people from abuse policies and procedures that were available to staff.
- Staff explained to people how to keep safe and specific concerns about people were recorded in their care plans.
- The provider gave staff health and safety information and training that included general responsibilities, safety in people's homes and travel and transport.

Assessing risk, safety monitoring and management

- Staff were able to support people to take assessed risks and enjoy their lives through their risk assessments and care plans.
- Risk assessments included aspects of people's lives such as daily living, activities and health. When people's needs changed their assessments were updated and regularly reviewed. When more familiar with people using the service, staff became more aware of their routines, preferences and identified situations in which people may be at risk and acted to minimise those risks.
- There were policies and procedures that explained how to manage risk and crisis, promote service continuity and whistle blow, including reporting bad practice. Staff were aware of the lone working policy to keep them safe.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date.
- Staff were trained to administer medicine and this training was regularly updated. When appropriate, people were encouraged and supported to self-medicate.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and audits took place. Staff received infection control and food hygiene training that people said they followed when working. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons.
- The provider provided COVID-19 updates for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Accidents and incidents were reviewed to identify themes and take necessary action.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always receive induction and mandatory training to the level that enabled them to support people and meet their needs well.
- Some people using the service and their relatives felt that the training needed to be more focussed on individual staff needs, due to the large disparity between the skill sets of individual members of staff.
- Some staff were described as very skilled, delivering high quality care, whilst others were just going through the motions. One person told us, "She [staff member] is absolutely brilliant." A relative said, "We have had a service for a year and quite frankly are leaving. To begin with we had an excellent carer [staff], who was changed with no explanation. Since then we have experienced a high turnover of new staff, who we don't think are trained to the same calibre."
- A health care professional said areas of concern had been made in relation to staff not following procedures appropriately including hoisting, use of key safe and respect. These had been responded to in writing by the provider.

Recommendation

We recommend the provider revisit the training it provides for staff to ensure they have the knowledge to carry out their tasks appropriately and it meets their individual and personal needs.

- A relative commented, "A bit of a mixed bag. Some of the carers [staff] are excellent, whilst others don't seem to have been quite so well trained." One person said, "Very good carers. I had respite and have continued privately afterwards."
- The importance of clear communication was impressed upon staff as part of induction training and revisited during staff meetings, training and supervision.
- New staff were introduced to people before providing them with a service. The purpose was to increase their knowledge of people, their routines, preferences and surroundings with an aim to make people feel relaxed and comfortable when receiving care and support.
- The induction training was based on the Skills for Care Common induction standards. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- Staff spoke favourably of the training provided said it was good and enabled them to do their jobs well. One member of staff said, "I'm very happy to work under the IMG (Inspire Management Group) as they provided high class training and a comfortable work environment. Being able to help my clients is a huge satisfaction." Inspire Management Group is the provider. Another staff member said, "I have completed my

basic care training, currently doing Level 2 in Health and social care." A further staff member commented, "I have completed my basic care training and renew each year and I am currently doing my Level 2 in Health and Social Care." During the Covid-19 pandemic care staff were offered well-being support.

- The training matrix identified when mandatory training required updating and when that had taken place. Staff mandatory training included moving and handling, falls awareness, professional boundaries, safeguarding, medicine administration, lone working, health and safety and mental capacity. There was also specialised training focussed specifically on people's individual needs with guidance and plans. They included dementia awareness, managing continence, and challenging behaviour.

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

- The provider carried out a need's assessment with people and their relatives to determine what their needs were and how they would like them met. This included what they would like to gain from the services provided and desired outcomes.

- People had their physical, mental and social needs assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included The National Institute for Health and Care Excellence (NICE) and other expert professional bodies, to achieve effective outcomes. Easy to understand written information was provided for people and their families, by the provider.

- The registered manager told us that before a new person received a service, a commissioning local authority would provide assessment information. Delegated provider staff, the person using the service and relatives also carried out a separate need's assessment. The speed of the assessment was carried out at a pace that suited the person and their needs.

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

- People were not always supported by staff to eat and drink enough and maintain a balanced diet, on time when calls were very late. They were assisted with oral feeding, if required and staff monitored food and fluid intake.

- People's care plans included health, nutrition and diet information with health care action plans. Nutritional assessments were regularly updated and there were fluid charts, as required to make sure people had drunk enough. If staff had concerns, they were passed on to the management team for consideration, who alerted appropriate health care professionals.

- If people required support with diet, staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff made sure people still ate meals they enjoyed.

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

- People were supported to keep healthy by staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support. This included community-based health care professionals, such as district nurses and staff supported people to refer themselves to health care services, such as their GP, when required.

- Staff reported any health care concerns to the office who alerted appropriate health care professionals and commissioning bodies.

- People's health and medical conditions and any changes were recorded in their care plans. A relative told us, "We had a package as part of re-enablement and have continued with it. They [staff] appreciate how important it is to support people to exercise and get back on their feet."

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

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

- The registered manager understood their responsibilities regarding the MCA within the context of domiciliary care provision.
- Staff were aware of their responsibilities regarding the MCA and Deprivation of Liberty Safeguards (DoLS).
- People signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services. The provider shared this information appropriately, as required, with GPs and local authority teams.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were respected by staff, well treated, and had their right to equality and diversity recognised. People and their relatives told us they found some staff very supportive, caring and they liked and were relaxed in the company of the staff. One person said, "Couldn't ask for any better." A relative told us, "She [staff member] is so thoughtful and caring."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognising and respecting their differences. People and their relatives said staff treated them as adults, did not talk down to them and people were treated respectfully and equally. A relative told us, "The staff do their best, but I feel they are over-stretched."

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

- People's care plans recorded that they and their relatives were involved in the decision-making process about the care and support they received.
- People and their relatives received regular questionnaires to determine if they were receiving the care and support, they needed.
- The provider sign posted people to advocates if they required support or representation.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy, dignity and independence promoted.
- Some relatives said that staff's knowledge of people meant they were able to understand what words and gestures meant if people had difficulty communicating. This meant they could support people appropriately and without compromising their dignity. They were also fully aware this was someone's home and they must act accordingly and in a respectful manner. A relative told us, "They [staff] are very respectful and friendly."
- People felt respected and relatives said most staff treated people with kindness, dignity and respect. Staff were trained to respect people's rights and treat them with dignity and respect.
- The provider had a confidentiality policy and procedure that staff understood and followed.

Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received person centred care that meant they had choice, control and their needs and preferences were generally met.
- Person-centred care and support plans were agreed with people and their relatives, based on the initial assessment. Once the service had started, people using the service were contacted to establish if the support provided was working and their needs were being met. One person said, "They do check that I'm okay."
- Staff supported people and their relatives to make decisions about their care and the way it was delivered. Staff were available to people and their relatives to discuss any wishes or concerns they might have. Staff made sure people understood what they were telling them, the choices they had and that they understood people's responses.
- The management team reviewed people's care plans and staff daily logs recorded electronically the tasks they required support with and if they had been carried out. However, one relative told us, "Sometimes what carers [staff] have done is vague as [relative] has dementia. I haven't seen daily logs and have been there when they [staff] are visiting and have not seen them write anything down. This was checked with the provider who assured us that the records are checked and a review of all people receiving a service was underway over the following two weeks.
- People's care and support needs were reviewed a minimum of six monthly with them and their relatives. Their care plans were updated to meet their changing needs with new objectives set. Staff supported people to take ownership of their care plans and they contributed to them as much or as little as they wished.

Meeting people's communication needs

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

- The AIS was being followed by the provider and staff with easy to understand written information provided for people and their families.
- People's communication needs were met. The provider provided staff with information about people's communication preferences, in their care plans and guidance on how best to communicate with them.
- People said staff communicated clearly with them which enabled them to understand what they meant and were saying. They were also given the opportunity to respond at their own speed.

Improving care quality in response to complaints or concerns

- There was a system for logging, recording and investigating complaints, that was followed.
- People said they were aware of the complaints procedure and how to use it.
- People said that the management were generally good at letting them know about changes to timing and why, when they were aware of calls running late. One person told us, "If I contact the office, they deal with a problem straightaway."

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were not always clear about their roles and its importance.
- Whilst the provider quality assurance system was comprehensive it did not always pick up and address the required areas for improvement identified in safe and effective. The provider worked with people and health care professionals to identify areas for improvement and progress the quality of services people received although this was not always successful.

We found no evidence that people had been harmed however, the quality monitoring system did not effectively identify and address people's concerns regarding calls not happening at the agreed times, lasting the full duration and staff training. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's care planning system recorded appointment scheduling, people's details, tasks and rotas for staff, people who used the service and their relatives. Monitoring and quality assurance audits took place at appropriate intervals.
- The registered manager and management team contacted field staff to give support and this helped staff to provide the service that people required.
- Regular meetings took place to discuss any issues that had arisen and other information, such as staff who may not be able to cover calls and any tasks that were not completed and why. Spot checks were carried out to gauge the quality of the service provided. One person said, "The [registered] manager had visited them on a weekend to see if they were happy with the service."
- Audits included daily logbooks, support plans, risk assessments, medicine administration records, complaints and file changes. The staff files and data base contained recruitment, training, performance and development information.
- Feedback from organisations was integrated into the quality review system to identify if the support provided was what people needed including district and palliative nurses and GPs. This was with people's consent. The provider also worked with hospital discharge teams to prevent vulnerable people being discharged without appropriate support being available.

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

- The provider had an open culture that was positive and honest. People and their relatives said that they

generally felt listened to by the registered manager and office staff who did their best to meet people's needs. One person said, "They do respond to me." A relative commented, "The main carers [staff] are very responsive and good."

- People and their relatives had available services explained to them so that they were clear about what they could and could not expect of the service and staff. Field staff told us they were well supported by the registered manager, office staff and each other. One staff said, "I would like to state that it's a great pleasure working with IMG and I am happy." Another staff member told us, "Our coordinator has been very cooperative, understanding and acts promptly on any issues. In fact, all the staff members are very helpful, fulfil our needs and support us with our concerns."
- The provider had a clear vision and values, that staff understood, and people said were mostly reflected in staff working practices. They were explained during induction training and revisited during weekly staff meetings. The statement of purpose, mission statement and user guide were regularly reviewed.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted an inclusive and empowering culture.

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

- The provider was aware of their duty of candour responsibility.
- There was management reporting structure was transparent with an open-door policy in operation.
- Our records demonstrated that appropriate notifications were made to the Care Quality Commission as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- People, their relatives and staff gave their views about the service and the provider worked in partnership with them. Their views were sought by telephone, visits to people, and feedback questionnaires and surveys. The provider identified if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. Information relayed included updates from NHS England and the CQC.
- There was an equality and diversity policy, which gave a commitment to ensure people using the service and staff with any of the legally defined protected characteristics did not experience inequality or discrimination. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010 which includes protection from discrimination due to factors such as age, gender, sexual orientation, religion and disability.
- Staff received annual reviews, regular supervision and there were virtual staff meetings that covered priorities such as Covid-19 and PPE training including infection control, high-risk health and risk assessments.
- The provider had a policy of relevant information being shared with appropriate services within the community or elsewhere. This was maintained by community-based health services links, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals.
- People's vulnerability regarding social isolation was reduced by the agency and staff sign posting them towards other organisations that may be able to meet their needs, within the community if they could not.

Continuous learning and improving care

- The provider improved care through continuous learning.
- The provider kept people, their relatives and staff informed of updated practical information such as keeping safe guidance and PPE good practice.
- Audits fed action plans to identify any performance shortfalls that required addressing and progress made towards them. The registered manager was in daily contact with staff, generally in person.

- The complaints system was regularly monitored and enabled staff and the provider to learn from and improve the service.
- People, their relatives and staff provided regular feedback to identify if people were receiving the care and support, they needed. A staff member told us, "They [management] do listen to us."

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 Systems had not identified or addressed issues with staff deployment and training. Regulation 17 (1) and (2)(a) and (b).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not deployed effectively to meet people's needs. Regulation 18 (1)