

## Venetian Healthcare Limited

# The Grove

### Inspection report

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Date of inspection visit: 13 October 2015  
Date of publication: 11/11/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This unannounced comprehensive inspection took place on 13 October 2015.

The last inspection took place on 2 December 2013. The service was meeting the regulations at that time.

The Grove is a care home which offers care and support for up to 38 predominantly older people. At the time of the inspection there were 32 people living at the service. The service also provided support to people who stayed for short periods of respite.

The service had 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. The registered manager was not present at this inspection. The deputy manager and the operations manager were present.

The service used a detached house which provided accommodation over two floors. We walked around the service, bedrooms were comfortable and personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect. People were relaxed and happy being supported by staff at The Grove.

# Summary of findings

We looked at how medicines were managed and administered. We found it was possible to establish if people had received their medicines as prescribed. Regular medicines audits were consistently identified if errors occurred.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

Staff were supported by a system of induction when they started to work for the service. Supervision was provided on a regular basis and staff found this supportive and helpful. The service was not carrying out annual appraisals. Staff were not always supported to access necessary training on a regular basis. More specialised training specific to the needs of people using the service was not always being provided.

Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate and drank to help ensure they stayed healthy.

Care plans contained a large amount of information, much of which was historic and did not need to be held in the current care plan file. However, the care records were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews. There was evidence people were asked to sign in agreement with the contents of their care records.

Activities were provided both in and outside the service. The activity programme was varied and people were able to go out for coffee and visit garden centres. The Grove had their own vehicle which staff used to support people to access the local community and personal appointments. The service had links with the local community who regularly visited, such as a volunteer who brought their dog in weekly for people to enjoy.

The registered manager was supported by a deputy manager, operations manager and a stable staff team of motivated care and ancillary staff.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action have told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 safe. People and their relatives told us they felt the service was safe.

Staff knew how to recognise and report signs of abuse. They knew the correct service procedures to follow if they thought someone was being abused. However, staff were not clear on how to raise concerns outside the service, to the local authority.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Good



### Is the service effective?

The service was not effective. Staff did not always have the knowledge and skills to meet people's needs as they were not supported with necessary training and updates.

Staff did not receive annual appraisals, however they were supported with regular supervision.

The management had a clear understanding of the Mental Capacity Act 2005, however they were not clear on the associated Deprivation of Liberty safeguards.

Requires improvement



### Is the service caring?

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Good



### Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

People were asked for their views on the service.

Staff felt supported by the management team.

Good



# The Grove

## 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 checked 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 13 October 2015. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with the Deputy Manager, the operations manager and 13 staff present on the day of the inspection.

We spoke with five people who lived at the service and three relatives who were visiting during our inspection. Not everyone we met who was living at The Grove was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for two people living at The Grove, medicines records for 32 people, four staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with two more families of people who lived at The Grove, two night staff and a visiting healthcare professional.

# Is the service safe?

## Our findings

People and their families told us they felt it was safe at the Grove. Comments included; “ We know (the person) is safe there, and we can go away on holiday and not be worried” and “I feel very happy and safe here.”

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. The Safeguarding Policy did not contain the contact details of the local authority who are the lead organisation for the investigation of any concerns of potential abuse in Cornwall. Staff were not provided with clear guidance on the process to raise concerns outside of the service. 10 staff out of 39 had not received training on Safeguarding Adults. Not all staff were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. However, there were “Say no to abuse” leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. This contributed to the breach of regulations detailed in the Effective domain of this report.

The service held the personal money for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money was managed by the administrator. We checked the money held for three people against the records kept at the service and found these to be accurate.

People told us they received their medicines when required. We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. The MAR's were regularly audited for any gaps or errors. We saw that when errors or omissions had been found, the staff member concerned was spoken with and then signed the error record to show the issue had been responded to. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be

safe to use. Staff consistently recorded when they applied prescribed creams. The service was not holding any medicines that required stricter controls however, the service had robust processes in place should they hold such medicines in the future.

Some people requested to self administer their own prescribed items. The service had assessed the person was safe to do this and the assessments were regularly reviewed. People had secure storage for their prescribed items in their rooms.

The service were storing medicines that required cold storage and had a dedicated medicine refrigerator at the service. Records that showed medicine refrigerator temperatures were monitored. This helped ensure medicines were stored between 2 and 8 degrees centigrade consistently and made it more likely that a fault in the refrigerator would be noticed in a timely manner. An audit trail was kept of medicines received into the home and those returned to the pharmacy for destruction.

Accidents and incidents that took place in the service were recorded by staff in people's records. However, such events were not formally audited by the registered manager. This meant that any patterns or trends would not be recognised, addressed and the risk of re-occurrence was not reduced. However, staff were knowledgeable about people living at the service and were aware of any risks that had been identified following any events that had taken place.

Care plans contained risk assessments for a range of circumstances including moving and handling, pressure area damage and the likelihood of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, one person had been assessed as being at risk of pressure damage to specific vulnerable areas of their body. To help reduce this risk there was clear guidance and information for staff to place foam wedges and inflated cushions in specific positions when the person was in bed. The person did not have any damaged skin at the time of this inspection.

Some people had been identified as being at risk of becoming distressed or confused. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, it had

## Is the service safe?

been identified that one person responded positively to older female care staff. The care plan stated that wherever possible older female care staff should support the person and staff worked in pairs when providing care and the person could be engaged in conversation and feel calmer. Risk assessments were regularly reviewed and updated to take account of any changes that had taken place.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

During the inspection we saw people's needs were usually met efficiently. People told us staff responded quickly whenever they used their call bell. Staff carried pagers at all times so they were aware who required assistance.

The deputy manager told us there was one vacancy at the time of this inspection, for a twilight shift carer. We were told there were usually 'six or seven care staff in the morning and five or six staff in the afternoon' supported by a manager on each shift. Shifts were flexible to meet the needs of the service and fit in with staff commitments. There was a twilight shift worked by some staff to cover the evening care needs and two staff who worked at night. We checked the rota and saw staffing levels were changeable according to levels of short notice staff absence due to sickness. However, there was a minimum staffing level maintained that enabled the service to meet people's needs. Staff told us they felt there were sufficient staff and they were a good team and worked well together.

# Is the service effective?

## Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service.

People and relatives told us; “The staff here seem to know what they are doing and are very good,” “They know (the person) well” and “Staff speak knowledgeably about (the person) whenever we speak to them and ask them anything.”

We were provided with two sets of training records, one held the names of 39 staff, the other had 41 names shown. Two staff were shown on one list of training but not on the other. This meant the records used for managing staff training needs were not an accurate record of all staff working at the service. The training records showed staff had not always received necessary training. Skills for Care guidance states that all staff should undertake Fire and Health and Safety training at least annually with other mandatory training subjects such as Moving and Handling, First Aid and infection control being at least three yearly. 18 staff had not attended any Health and Safety training and nine staff required updates. All staff had attended regular Fire training. 11 Staff had not received any First Aid training. Staff had not always been provided with training related to people’s specific needs such as Mental Capacity Act (MCA) and Dementia Care. 23 Staff had not received MCA training and staff did not have a clear understanding of this legislation. No dementia care training was recorded on the training records.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff demonstrated a good knowledge of people’s needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us about the training they had received. One commented; “I am doing my NVQ and I get my shifts moved to support me to do that.” We spoke with night staff who confirmed they were supported to attend training when it was held, by having their shifts altered to enable them to attend. One night care staff told us; “I am doing my medicines training and in order to do that I have changed some of my shifts to work twilight rather than overnight and get the support I

need from experienced staff, to enable me to be confident before working alone at night.” Staff had the use of a staff room and safe lockable storage for their personal possessions. In the staff room was a large notice board for the display of useful information for staff to refer to.

The MCA provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone maybe considered to be deprived of their liberty had changed.

The management team were not clear about the most recent criteria and it had not been taken into account when assessing if people might be deprived of their liberty. Following discussion with the deputy manager and operations manager, we were assured it had not been necessary for any applications to be made to the local authority for authorisation of potentially restrictive care plans in line with legislative requirements. We were told by the deputy manager that no one living at the service required a MCA or had needed a Best Interest Meeting at the time of this inspection. The service held records of all the Lasting Powers of Attorney which had been given by people living at The Grove to others, who would step in to make decisions on their behalf should they lose the ability to make their own decisions.

Staff received regular supervision, and told us they found this very supportive. Staff were not provided with annual appraisals. The deputy manager agreed this needed to be arranged. Staff told us the management team had an open door policy and they were able to ask for additional support if they needed it.

The premises were in good order. However, there were areas of carpeting which was showing signs of wear and had been taped down to reduce the risk of people tripping. We were assured by the deputy manager that the carpet

## Is the service effective?

was scheduled for replacement soon. There were no malodours in the service at the time of this inspection. Toilets were clearly marked, however, two bathrooms were not marked with any indication of what the room was used for, but had numbers on them. The deputy manager told us people were always assisted by staff to use the bathrooms. People's bedrooms were marked with numbers and their names. We were told there were no people living at the service at the time of this inspection, that required additional orientation to their surroundings, such as pictures to help with identification of their rooms and various areas of the service.

Newly employed staff were required to complete an induction before starting work. The service used Common Induction Standards but had not put in place any process for new staff to undertake the new Care Certificate which replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The deputy manager told us this would be put in place.

We spent time observing what happened over the lunch time period in the dining area. People were provided with support when they needed it. Some people chose to have

their meals in their rooms and this was provided on a tray. Tables were well presented and laid with tablecloths, napkins, condiments and cutlery. The food looked appetising and people told us they enjoyed it.

We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting new residents in order to identify their dietary requirements and preferences to meet individuals' specific preferences. They told us; "I get all the foods that I need to provide good meals and I got out and chat with people to see what they like and if they fancy anything specific." The service had been inspected by the Food Standards Agency in July 2015 and received a five star rating.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. We saw staff recorded one person's intake for a period of time until they were satisfied that they were taking sufficient nutrition and fluids.

People had access to healthcare professionals including GP's, opticians and chiropodists. The district nursing service supported the care staff at The Grove and monitored people's care needs. Care records contained records of multi-disciplinary meetings and notes

# Is the service caring?

## Our findings

Not everyone at The Grove was able to verbally tell us about their experiences of living at the service due to their healthcare needs. Some people's comments included; "Wonderful," "I cant think of anything to say against it at all," "Marvellous."

Relatives told us; "(the person) has always said she wanted to come here, since she visited someone here for a time. Now she is here and we are very happy," "The care here is wonderful" and " Care here is faultless, we looked at many other places before coming here, it is very good."

During the day of the inspection we heard many positive interactions between staff and people who lived at the service. Staff appeared happy in their work, we heard staff singing and enjoying a chat with people as they worked. We heard staff identifying themselves by name when speaking to a person who was registered blind.

People's dignity and privacy was respected. Staff ensured doors were closed before carrying out personal care. People spoke to people in lowered voices when asking if they required assistance to use the bathroom. Staff used people's preferred names when chatting with them. Staff were kind and respectful when supporting people and there was a calm atmosphere throughout the service. Bedrooms were well decorated and furnished to reflect people's personal tastes. People were encouraged to them to have things around them which were familiar and reminded them of their past.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with

them about their family member knowledgeably. People were well cared for. Some women wore jewellery and make up and had their nails painted. Staff were seen helping one person to have a manicure during the inspection.

People and their families were involved in decisions about the running of the service as well as their care. Where people had agreed to their family being involved in their care families had been invited to attend care plan review meetings if they wished. We saw people had been asked to sign in agreement with the contents of their care plans.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in gentle and understanding way. People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds past lives. They spoke about people respectfully and fondly. Staff knew about people's individual preferences regarding how they wished their care to be provided. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

We saw the home sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals. Responses received were positive.

# Is the service responsive?

## Our findings

People told us; “Everything I want is here,” “I couldn’t be happier, I do my crochet and if I want to go down to join in the singing I do” and “I like to go out in the garden, I wish I could do some digging, but I have some pots to plant up.”

Relatives told us; “I am very happy with the care, (the person) is always clean and well cared for, if I ever need anything explaining they (staff) will come and sit down with me and the care plan and go through it, and its all there for me to see.” We were told the staff always call relatives when anything changes with their family member and keep them well informed at all times.

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The deputy manager and staff were knowledgeable about people’s needs.

People were supported to maintain relationships with family and friends. There was a computer and keyboard. This helped people to keep in touch with the others via Skype and email. The service had wi-fi which enabled people to use their own mobile phones or tablets. The computer was connected to a large flat screen television for people to see films and access the internet more easily. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

Care plans were detailed and informative with clear guidance for staff on how to support people. The files contained a large amount of information on a range of aspects of people’s support needs including mobility, communication, nutrition and hydration and health. A great deal of this information was historical and made the care files extremely large and heavy to manage. The deputy manager agreed the archiving of much of this information was needed and something they were working on. However, the information was well organised and the most recent information was fairly easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and current.

Daily notes were consistently completed and enabled staff coming on duty to get an overview of any changes in people’s needs and their general well-being. People received care and support that was responsive to their

needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people’s backgrounds and life history from information gathered from families and friends. This helped ensure there was a consistent approach between different staff and this meant that people’s needs were met in an agreed way each time.

The Grove had a full time activities coordinator. The person in post had just replaced the last activity coordinator, and had only been in the job for a few weeks. They told us they were; “Feeling their way, seeing what people enjoy and want to do.” People had access to a range of activities both in the home and outside. There was a programme of varied events which was advertised in the monthly newsletter distributed to each person at the service. This newsletter also contained information relating to general knowledge, a personal welcome to new people and staff, and a quiz for people to complete if they wished. People could be supported to go out for coffee to the local garden centre and also attend personal appointments. The service had an arrangement with the local college and students came in to The Grove to chat, sing and enjoy coffee and biscuits with people.

People had access to quiet areas and a well maintained garden and courtyard. Many people were seen walking in the garden and the patio door was easily managed by people to come and go independently from the lounge, as they pleased. One person regularly took a taxi to visit their own home, spend time there and then returned to The Grove in the afternoon. This person told us they missed their own home but had been very lonely living alone there for years, the regular visits helped them greatly, and they enjoyed the company back at The Grove. The visiting hairdresser used a well equipped salon room three times a week. We saw people enjoying having their hair done and having tea and biscuits while under the hairdryers.

Some people chose not to take part in organised activities and therefore were at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms and we saw staff checked regularly on people and responded promptly to any call bells. We heard staff chatting to people in their rooms about their plans and any visitors they had coming. Once a week a volunteer visited the service with their dog, and people told us they greatly

## Is the service responsive?

enjoyed patting the dog and having a chat with this regular visitor to the service. People's religious beliefs were supported and a visiting member of the clergy held a service at The Grove once a month.

The service had regular Fetes which were open to the public. We were told by the deputy manager that members of the public visited the home when the Fete is held and greatly enjoy the event.

People and families were provided with information on how to raise any concerns. Details of the complaints procedure were contained in the pack provided when people moved into The Grove. People told us they had not had any reason to complain. The deputy manager confirmed there had been no complaints received

# Is the service well-led?

## Our findings

Relatives and staff told us the registered manager was approachable and friendly and had an 'open door' policy. We were told there was always someone available from the management team to support staff and people, day or night.

People told us; "We can always raise anything with the staff and it gets sorted" and "We have meetings to talk about things to do with the home."

Relatives told us; "I can always talk to them (management)," "They (management) always call us whenever anything changes, very good and keeping us involved" and "Best home in Cornwall."

We reviewed the policies and procedures held by The Grove. The service did not have a policy or procedure to guide staff regarding the Mental Capacity Act 2005 legislation. There was a policy relating to the associated Deprivation of Liberty Safeguards. This policy had not been updated to reflect the latest criteria, which reviewed when a person may require an application to be made for a potentially restrictive care plan. Staff were not clear on the new criteria. The deputy manager agreed this was an oversight and assured us this would be addressed.

There were clear lines of accountability and responsibility both in the service and at owner level. However, the deputy manager and the operations manager told us the level of support received from the owner of the service had decreased recently. We were told this decrease in support had led to difficulty in them obtaining agreement for staff to attend training courses and other requests for financial expenditure had been declined. This had led to uncertainty within the whole staff team and some staff had left the service as a result.

There was a clear philosophy at the service to provide high standards of care and comfort to people which maintained their independence and ensured their well-being.

The management team was supported by team coordinators, team leaders, care staff and ancillary staff. Staff told us they felt well supported through supervision and regular staff meetings.

There were systems in place to support all staff. Staff meetings took place regularly for all staff groups such as housekeeping, kitchen, care staff and management. These

were an opportunity to keep staff informed of any operational changes and working practices. The meetings gave an opportunity for staff to voice their opinions or concerns regarding any changes and share views. One carer who worked at night told us; "If we cannot attend the staff meetings due to shifts and sleeping, we are always sent the minutes of the meeting and then if we want to raise anything we can do that at supervision."

The registered manager, or deputy manager, worked in the home every day supporting staff. This meant they were aware of the culture of the home at all times and were available to assist staff whenever required. Daily staff handover provided each shift with a clear picture of each person at the home and encouraged two way communication between care staff and the management team. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

There were systems in place to monitor the quality of the service provided. People's views and experiences were regularly sought at 'residents' meetings. A survey had been carried out to obtain the views of people, their families and visiting healthcare professionals. We saw the responses to this were positive. One person had commented their tea was not always hot when it reached their bedroom which was upstairs from the kitchen. We saw this had been responded to by putting their tea in a flask. The person told us their tea was hot now when it arrived in their bedroom. This meant the service was responding to people's concerns.

Many compliments had been received by the service from people who were pleased with the service they received. One visiting healthcare professional's comments included; "Very high standards and the staff respond promptly to clients needs and respect choices and preferences."

The operations manager had responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. Fire equipment and passenger lifts were all regularly serviced. A hazard reporting book was used by staff to record any work that needed to be carried out. We saw all the entries had been responded to and addressed.

## Is the service well-led?

Audits were carried out over a range of areas, for example, the building was regularly checked for any works needed. There was a programme of re-decoration of all bedrooms when rooms were vacated and communal areas as needed. A gardener was employed to manage the grounds.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider in the provision of a regulation activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 HSCA 2008 (RA) 2014 (2) (a)