

Braeside Home for the Elderly Limited

# Braeside home for the Elderly Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Braeside Home for the Elderly Ltd is registered to provide accommodation, care and support for up to 24 older people. At the time of our inspection there were 19 people in receipt of care. Bedrooms are located over two floors and people who used the service have access to three lounges a dining room and bathrooms. The home is located in the town of Oswaldtwistle, Lancashire.

An unannounced inspection took place on 13 October 2016.

The home had a registered manager in post on the day of our 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.

At the last inspection on 20 January 2014, we found the service was meeting the regulations that were applicable at the time.

During this inspection we identified six breaches in the regulations relating to the management of medicines, safeguarding people from harm, staffing, records, good governance and notifications.

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

Medicines were not always managed safely. Whilst people's current medicines were stored safely in the home, the medicines that were waiting to be returned to the pharmacy had been left in a room which was unlocked. Some medication administration records had gaps in their recordings.

Records confirmed and staff told us they had undertaken recent training in the protection of vulnerable adults. People who used the service told us they felt safe living at the home. However we saw records relating to a concern that had not been referred to the Local Authority safeguarding team.

The home had recruitment procedures in place. Evidence of appropriate checks for new staff had been completed. These included references, identity and disclosure barring service checks.

Staff told us they had received training relevant to their role and we saw evidence of training recorded in three of the staff files we looked at. However, staff were unable to demonstrate an understanding of the Mental Capacity Act 2005 and staff had not received training in this area.

Records showed that staff were not in receipt of regular structured supervision from the registered manager. The registered manager told us team meetings were not taking place.

People who used the service were happy with the choices of meals on offer in the home. Meals looked

appetising and support was offered in a timely and unrushed manner.

People told us they were happy with the care people received in the home. Staff and the registered manager demonstrated an understanding of people's individual care needs. We observed positive meaningful relationships had been developed between staff and people who used the service.

Staff treated people with dignity and respect. Care was delivered in the privacy of people's bedrooms and staff were seen knocking on peoples' bedrooms doors and waiting to be invited in before entering.

People's care records had information relating to their needs; however we saw gaps in relation to reviews and risk assessments in them.

The registered manager told us they had received no complaints in the home. People who used the service, visitors and staff had access to guidance about the procedure to follow if a complaint was needed to be made.

The registered manager and the registered provider had failed to monitor the service to ensure people were receiving safe, effective care.

We received positive feedback about the registered manager and the support she provided to the staff.

The registered manager had failed to notify the commission about a safeguarding concern and four expected deaths.

## 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.

People using the service and relatives told us people were safe in the home.

Staff had received appropriate safeguarding vulnerable adults training. However, we found one concern that had not been referred to the safeguarding authority.

People medicines were not always managed safely; there were gaps in the recording of some medicines on people's records.

Effective recruitment processes were in place. The home undertook appropriate checks to make sure staff were safe to work with people living in the home.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were not provided with regular, structured supervision from the management. Evidence of staff training was seen in the staff files we looked at.

Staff lacked a clear understanding of the Mental Capacity Act 2005. Training had not been provided in this area.

Meals were appetising and provided to people in a timely manner. People told us they were happy with the meals on offer to them.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff treated people with dignity and respect. Staff were seen knocking on people's bedroom doors and waiting to be invited in.

People told us they were happy with the care that they received in the home. Staff demonstrated a good understanding of

**Good** ●

people's individual needs.

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

The service was not always responsive.

Care files were in place to guide staff on people's individual needs. However we noted review of care plans and risk assessments had not been completed recently.

Activities were not regularly recorded and we saw no activities taking place during our inspection.

The home had a complaints policy that was visible in people's bedrooms as well as communal areas. People who used the service and visitors told us they had no concerns.

**Requires Improvement** ●

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

The service was not well-led.

The quality monitoring arrangements were not fully effective. The registered manager failed to ensure audits were taking place regularly. There was no evidence of resident or team meetings taking place.

We received positive feedback about the registered manager.

The registered manager failed to submit required notifications to the Commission

**Requires Improvement** ●

# Braeside home for the Elderly Ltd

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 October 2016 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection we looked at the information we held about the service. We checked if we had received information about any concerns relating to the care and welfare of people who used the service. This included notifications the provider is required by law to send us.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

During our inspection we spent some time observing the relationships between staff and people who used the service as well as the care and support being delivered. We spoke with three people who used the service, three relatives and two visiting professionals. We also spoke with the registered manager who was responsible for the day to day control of the service, two members of care staff and the cook. We also spoke with two healthcare professionals regarding their experience of the home.

We looked at the care records of three people who used the service and three staff files. We also checked documentation that related to the management of the service. This included duty rotas, policies and procedures and daily monitoring records.

# Is the service safe?

## Our findings

All people who used the service and visiting relatives we spoke with told us they had no concerns and felt safe. One person said, "She is safe. My [relative] seems quite happy." Another said, "I feel safe here." Healthcare professionals, who visited the home regularly, were confident people who used the service were safe and protected from harm.

There were no effective systems in place to record and monitor any potential investigations to protect people from abuse. We saw one person's record that identified a referral was required to the local authority safeguarding team. We discussed this with the registered manager who confirmed this had not been done. The registered manager confirmed they would report this to the relevant authorities immediately.

Systems and processes were not operated effectively to investigate immediately any allegations of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were in place to guide staff on how to protect people from harm. The staff we spoke with were aware of the signs of abuse and understood their responsibility when dealing with any allegations of abuse. Staff confirmed they had undertaken safeguarding training and an update had been completed the day before our inspection. We saw evidence of completed records to confirm this. These provided staff with guidance on identifying and responding to signs and allegations of abuse.

We looked at how medicines were managed in the home. The Medication Administration Records (MAR) file had information to support the safe administration records including samples of staff signatures. The registered manager told us they undertook daily checks on MAR's charts for any gaps. MAR charts we checked had some evidence of completed records however we saw some gaps in their recording. It was not clear if people had received their medicines at the required time. There was evidence of medication audits that had taken place however we saw one had not been completed since 2015 and another had no actions recorded as a result of gaps identified. Auditing medicines would reduce the risk of any errors going unnoticed and enable the appropriate actions to be taken by staff.

Appropriate arrangements were in place in relation to the safe storage of people's current medicines. However we saw medicines waiting to be returned to the pharmacy were stored in an unlocked room. This would increase the risks of medicines being misused or mislaid.

Medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated safe practice to ensure essential daily checks on the temperatures of the fridge and controlled medication cupboards were completed. People's current medicines including controlled drugs were stored securely in the home this would help to minimise the risk of errors or misuse. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs.

Staff responsible for the administration of medicines confirmed they had undertaken medication training and their training records supported this. Policies and procedures were in place to provide staff with guidance on the safe administration of medicines. The registered manager required all staff responsible for the administration of medicines sign the policy to ensure they understood their responsibilities. We observed staff safely administering people their medicines and signing for them once administered.

We looked at how the service managed risks in the home. There was evidence of some completed risk assessments in place for example bedroom risk assessments however not all of these had been completed in full to ensure peoples safety was maintained. Staff records confirmed they had undertaken health and safety, fire safety and fire drills training. This would ensure staff had the knowledge to deal with any potential emergencies in the home.

Risk assessments were in place in the care files we looked at. This would ensure the safety of people using the service. Risk assessments were individualised and contained the information required to guide staff about any identified risks and how to manage them. The homes statement of purpose committed to, 'Ensuring assessments are made which balance risks and needs.'

People who used the service, visiting relatives and professionals told us staff were always available when they needed them. One person told us, "The staff are nice; they come when I need them." A relative said, "They look after her very well. The staff are very patient with her." And a professional told us, "They have the same staff team."

Staff told us and duty rotas confirmed there was enough staff to meet people's individual needs. Staff who were on each shift were also recorded in daily handover records. The registered manager told us they provided flexible support to deliver care to people who used the service.

We checked the records of three staff employed at the service in order to check safe recruitment procedures had been followed. Records included completed application forms, references and the interview process. Records provided evidence of identity checks taking place as well as a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

## Is the service effective?

### Our findings

People who used the service and their relatives told us staff asked for their consent before undertaking any care or activity. Comments received were, "I am happy the staff talk about my care and they ask if I agree to it." We saw evidence that people had signed and agreed to their care in the care files we looked at.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. 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 were being met.

Staff we spoke with told us they had no concerns about people's capacity to make decisions. At the time of our inspection no applications to deprive a person of their liberty had been made to the authorising authority.

We looked at how the service trained and supported their staff. Only one of the three staff records confirmed they had completed induction training. Whilst two of the staff files had evidence of supervisions taking place we saw these had not been completed since 2013. One staff member we spoke with confirmed it was, "A while ago" since supervision had been completed. Another told us supervision was completed, "Informally" by the registered manager. Supervision enables staff to discuss their performance and any training needs.

Staff told us and three staff records confirmed training had been completed. Topics included infection control, moving and handling and person centred care. One staff member said, "I have completed training recently." Staff also told us they had completed nationally recognised training to increase their knowledge and skills to deliver safe care to people who used the service. However the registered manager was unable to confirm that there was an effective system of monitoring of the training staff had completed. They told us, "I have a rough idea when training is due." There was no training matrix or training and development plan in place. This meant it was difficult to determine whether staff had received appropriate training

Neither the registered manager or staff could demonstrate a clear awareness or understanding of the MCA and staff had not received training in this area. Only one of the three staff files we checked had dementia training in them and without a training matrix it was difficult to monitor whether other staff had received this training. The registered manager told us training for staff in MCA and DoLS was required for the staff team.

People who used the service were not cared for by a supported, suitably qualified and supervised staff team. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service and visiting relatives all confirmed staff had the relevant knowledge and skills to meet their needs. One relative said, "The staff look after [my relative] really well I have no concerns." Another relative told us, "The staff are good as far as I can tell." One person who used the service said, "I have been here a while. Some of the staff are good." Professionals visiting the home also told us that they felt staff had the required knowledge to meet people's individual needs.

We looked at how people who used the service were supported with eating and drinking. People told us they enjoyed the meals on offer and that they were offered choices of meals and drinks. One person said, "The food is always nice I am happy with the food on offer." Another person told us, "Breakfast and lunch is lovely however we always get a sandwich for tea." We saw regular refreshments and snacks being offered throughout the day. People who used the service told us these were offered regularly to them.

We observed part of breakfast and lunchtime. We saw dining tables were set with place settings and condiments. Where people required adapted crockery and cutlery these were being used effectively. It was clear from the chatter between staff and people who used the service that the dining experience in the home was positive. Staff were engaging in light hearted communication whilst offering appropriate and timely support.

There was a weekly menu sheet for the meals on offer in the home. Meals of people's choice were offered and we saw where alternative meals were required these were prepared and provided to people. The meals looked appetising and people were able to have more if they wanted it. We spoke with the cook who told us supplies of fresh food were always available to them and the food was made fresh daily. We saw plenty of supplies of food in the home during our inspection.

Records confirming staff monitored people's weights and nutritional intakes were seen. However some of the records relating to weights were difficult to follow. The registered manager confirmed all people's weights were appropriately monitored to ensure appropriate and timely reviews took place. This would ensure any changes in people would be identified quickly so that actions could be taken. Care plans included individualised nutritional assessments. This would ensure ongoing monitoring and support was in place for people who used the service.

People's health care needs had been assessed and people received additional support when needed. There was evidence of correspondence following assessments and health reviews by professionals. During our inspection we spoke with two healthcare professionals who told us they visited the home regularly. One said, "We get appropriate referrals, the staff know about the service users (People who used the service)." Another told us, "The home calls me if people require a visit. We discuss people's reviews and any concerns. We have a good working relationship." We saw evidence of reviews by health care professionals in people's care files.

One of the healthcare professionals and the registered manager confirmed the home utilised an online assessment system called tele medicine if they had any concerns about people's health. This service was available 24 hours a day and was managed by registered nurses from the local NHS service. Telemedicine provides a remote clinical service between the home and a healthcare provider, using electronic audio and visual means. This helped to provide prompt and appropriate advice and treatment.

## Is the service caring?

### Our findings

People who used the service were complimentary about the care they received in the home. One person said, "I have been here for a few months. [Staff member] is lovely." Another told us, "I have no concerns and staff talk about my care." A visiting relative told us, "I am quite happy with the care provided to [my relative] here." Another said, "[My relative] is really happy here. I have no concerns about the care she receives."

People who used the service told us they were supported by a regular staff team. This enabled positive relationships to develop between staff and people who used the service. It was clear all staff involved in the delivery of care had a good understanding of people's needs. Staff were seen engaging in positive, meaningful conversations with people and responded appropriately to these discussions.

The statement of purpose recorded the homes aim was to 'encourage residents to become involved in all decisions which are likely to affect them.' People who used the service told us staff involved them in all of the decisions about how they wanted to be cared for. Staff were seen checking that people agreed to their care before undertaking any activity or task. Staff and the registered manager demonstrated that they had a detailed understanding of all people's individual needs and how people liked their support to be provided. One staff member told us, "Care is tailored to each person. We get to know the resident (People who used the service)." The registered manager said, "I could not go home at night knowing I had not seen all of the residents during the day."

The home had a daily handover where the registered manager and the staff team discussed the needs of all people. This included changes in care that required a review or if a person required the support of a health professional. This would ensure appropriate and timely care was provided.

The home had a friendly and welcoming atmosphere. Bedrooms were nicely decorated and people were encouraged to personalise them with photographs and personal items of their choice if they wished. People who used the service and visitors told us staff treated them with dignity and respect. One person said, "The staff are good and help me when I need it." A member of staff we spoke with demonstrated the importance of meeting people's needs in a way they wanted. They said, "I like to do the little things. They make a difference to people."

We saw staff treated people with dignity and respect during our inspection. Staff were heard speaking kindly to people and spending time with them in the public areas of the home. It was clear from the chatter and smiles that people were comfortable in the company of the staff team and had developed positive, trusting relationships. Where support with people's care was required, staff discreetly spoke with people and assisted them into their rooms to maintain their privacy. People could be assured that they would be cared for in a dignified and respectful manner.

Throughout our inspection we observed staff knocking on people's bedroom doors and waiting to be invited in. This would ensure people's dignity was maintained and choices on who entered their rooms were made by them.

## Is the service responsive?

### Our findings

People who used the service and relatives told us the staff had discussed their care with them and they had agreed to it. One said, "The staff talk about my care with me." A relative of a person told us the staff had discussed the developments of the person's care plans with them. Staff we spoke with were aware of the importance of care plans to meet people's needs. They said, "The care files are individual and tailored to each person. The reviews should be taking place monthly but they have not been done monthly." Another staff member said, "Care plans are individualised and reviews are done monthly or if there are any changes."

We looked at the care files for three people who used the service. Care plans had information in them about people's care needs to guide staff in providing safe effective care. There was also evidence in the daily handover file that some review of care plans had taken place. However gaps were seen in some of the recording. For example one file had care plans in place to guide staff on their individual needs. However, there was no evidence of a review in the last three months that would ensure records reflected their current need. Basic risks assessments were in place and covered topics such as personal hygiene, nutrition and rooms. We saw however these had not been reviewed recently. This would increase the risks of unsafe and out of date care delivery. We spoke with the registered manager about individual risk assessments for people who used the service. They told us, "There are monthly reviews in people's care files. These are written on the handover sheet. Staff are asked to sign these when they have read them. However these reviews are not pulling in review of risk assessments. We need to review care plans."

Records were incomplete and lacked up to date information. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Personal information such as people's General Practitioner, next of kin and date of birth were noted along with records confirming reviews by health professionals had taken place. There were separate records which confirmed people received appropriate and timely care. These related to daily checks and included food and fluids, continence, positional changes and personal care delivered. We also saw a handover file. This would ensure essential information about people's care was shared with all the staff team. Topics included any concerns relating to people's health, personal information and emergency contact details for people who used the service and the staff.

We asked about the activities on offer for people who used the service. This would encourage people to live a full and varied life according to their needs and wishes. The homes information leaflet documented, 'Normal activities are encouraged, [and include] activities which people have always been used to such as shopping visiting friends and relations.' One person told us, "I don't do activities." A visiting relative said, "[My relative] won't do any activities." We saw no activities taking place during our inspection.

The registered manager said, "We try with activities but only two people like to do anything and this is dominoes. We have tried everything, we have attempted a quiz. It is people's choices that they don't want to do anything." There was an activities file where records confirmed games and dominoes had been offered by staff however we saw these had not been completed for five months. Information relating to the activities

on display in the home was limited and we only saw information relating to access to a religious service for people.

The home had a policy and procedure in place to guide staff about how to deal with a complaint. We saw evidence of the complaints policy on display in the communal areas of the home as well as in people's bedrooms. All people who used the service and relative told us they had no complaints about the home and that they would be confident to raise any concerns with the staff.

We asked about any complaints received by the home. The registered manager told us there had been no complaints received in the home. They said, "If I received any complaints depending on what it was I would investigate it. I would also inform the appropriate people as well as the provider." They said any compliments or complaints would be filed to ensure an effective audit trail was completed. However we were unable to check the system in place as the registered manager was unable to locate this on the day of our inspection.

## Is the service well-led?

### Our findings

The staff were complimentary about the registered manager but felt more support was required by the provider. They told us, "She is a great manager but I don't think she is supported by the owners." Another staff member said, "[The registered manager] is great and supportive. She gets no support from the owners though."

The home had a registered manager in place at the time of our inspection. The registered manager was responsible for the day to day operation and management of the service.

During our inspection we found the registered manager to be open and transparent about the shortfalls in the quality monitoring in the home. We looked at the systems in place for monitoring the quality of the service. Quality assurance is a system to monitor and maintain a high quality of care by measuring its effectiveness. The registered provider failed to have effective systems for maintaining oversight of the home. In view of the number of shortfalls we found it was clear there were no effective auditing processes in place. We saw no evidence of any checks taking place other than one daily 'walk around' check and a health and safety check. The registered manager told us regular audits were not taking place. They said, "We used to audit medicines but they are not being done now. There are no written checks other one daily check. I do checks but they are not recorded." We were told no maintenance checks were being completed and there was no system in place to record if any maintenance jobs were required.

We asked about whether the service obtained feedback from people who used the service, families or professionals to ensure the quality of the service was maintained and met people's individual needs. The registered manager told us, "I used to complete quality surveys but I am not doing this now." We were also told any meetings to provide updates and allow staff or people who used the service to discuss any issues or concerns were not taking place regularly.

There were two copies of the homes policy and procedures held in a file. Examples of policies seen were, disclosure procedure, recruitment, end of life and privacy and dignity. We saw these files had different dates on them. We asked the registered manager which copy staff were directed to for guidance. The registered manager told us the most recent copy was in use. We noted however this copy was stored in the office and was locked out of hours. This meant staff would not have access to the most recent policies in place when the registered manager was not on duty.

Systems and processes were not operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Providers have a regulatory responsibility to notify the Commission without delay about information relating to deaths or any safeguarding concerns. During our inspection we saw that the registered manager had failed to notify the Commission about four expected deaths of people who used the service. This was a breach of Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services.

During our inspection we also saw that the registered manager had failed to notify the Commission about a safeguarding concern in the home. Regulation 18 Registration Regulations 2009 Notifications of other incidents.

It was clear from our observations during the inspection and the feedback obtained from people who used the service, visitors, health professionals and staff that the registered manager operated an open door policy and took on board any suggestions or recommendation given to her.

Certificates of registration with the Commission were on display in the public areas of the home along with, employer's liability insurance and Investors in People. There was also evidence of essential checks taking place in the service and on equipment. This would ensure the home was safe for people to live in. Examples seen were lift inspection, hoist checks, fire alarms, electric checks, and gas safety checks.

The registered manager had a system in place to record and monitor incidents. There was a policy in place and copies of templates for staff to follow when completing reports. We saw evidence of completed accidents forms which included the immediate actions that had been taken by the home.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 16 Registration Regulations 2009 Notification of death of a person who uses services</p> <p>The provider had failed to notify of the deaths service users. Statutory notifications were not submitted to the Commission. 16. – (1) (a)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider failed to notify regarding abuse of a service user. Statutory notifications were not submitted to the Commission. 18. – (2) (e)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for the proper and safe administration of medicines. 12. – (2) (g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. 13. -(3)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems and process failed to ensure complete and accurate records were in place for service users. 17. – (2) (c)

Systems and processes were not operated effectively to ensure compliance. 17.- (2) (a)

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Persons employed by the service were not provided with effective support, training and supervision to enable them to carry out their duties. 18. – (2) (a)