

4USupport Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

4u Support Limited is a domiciliary care service registered to provide personal care and support to people living in either their own homes or with family members within the Plymouth area. Some people using the service were supported but did not receive personal care. Our inspection only looked at people who received personal care. 123 people were receiving the service at the time of this inspection.

There was a registered manager, who was also the registered provider. 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/provider was unavailable to attend this inspection and so we worked with their representatives. We received information from the registered manager following the inspection visits.

At the last comprehensive inspection in January 2016 the service was rated Good overall. At this inspection we found the evidence could no longer support that rating and now the overall rating is Requires Improvement.

Why the service now has the rating of Requires Improvement.

Staff recruitment was not robust because staff were employed before it was confirmed they were fit employees to work with vulnerable people. Staff did not work alone at this time, but were already getting to know people, including how to access their home.

Staffing arrangements did not ensure people received the amount of visit time they required, in accordance with their care plan. Some staff said they did not have the travel time they needed, and the registered manager said this would be increased. However, the registered manager did not expect staff to stay the full time agreed, in accordance with the person's care plan.

Opinion about continuity of the care workers visiting varied widely. The provider representatives said they worked continually to improve visits, and care workers confirmed visits were never missed. An 'app' monitoring device meant the office was fully aware of the times care workers arrived at a person's house and when they left. One person told us, "There used to be different carers every day, in the last 4-5 months its got much better."

Some risks were assessed and action to protect people were in place, but not all risk management was clear, such as who was at risk from cleaning chemicals in a person's home. There was no evidence that this had led to a poor outcome for people but we have recommended that risk assessment is reviewed.

People told us they felt safe when receiving care and support. They said care workers were skilled and competent when assisting them, and this is what we observed.

People said they received their medicines on time and as expected and care workers said they were clear in how to provide medicines safely. However, the information about medicine assistance in people's care plans was not always clear or complete, and this was not being checked by team leaders. This was corrected following our feedback. Care workers were very clear on how to report any medicine errors and few errors had occurred.

Care workers confirmed they had all the necessary protective clothing to promote hygiene and infection control. The use of protective clothing was monitored by senior agency staff.

People were protected through the agency's safeguarding arrangements. Staff knew what action to take if they suspected someone was being abused, mistreated or neglected. Where care workers handled people's money there were checks in place to ensure this was done in a safe way. There were arrangements for reporting accidents and incidents. There had been very few.

Staff spoke positively about the training they received and people said the care workers were skilled. Staff received supervision of their work although this was a few weeks behind the agency's schedule. Staff said the Care Certificate training looked at and discussed the Equality and Diversity policy of the company.

People were enabled and supported to lead fulfilling, independent and active lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One person said, "The carers respect that (the person) likes to do things for himself."

Health care concerns were identified and promptly followed up. Care workers worked in cooperation with health care professionals where people's needs were complex.

People's equality and diversity was respected and people were supported in the way they wanted to be. People's human rights were protected because the staff had an understanding of the Mental Capacity Act 2005 (MCA) and the importance of people consenting to their care.

People and their family members said that care workers were kind and caring. Some strong friendly relationships had been formed. People confirmed they were treated with respect and their dignity and privacy were upheld. Care workers always sought people's views and tried to accommodate them. Where people found it difficult to communicate or express themselves, care workers offered additional support and showed patience and understanding.

People's needs were fully assessed prior to receiving a service and their care was planned with their agreement. People received person centred care. However, more information about people's background would help care workers further improve this.

People said they were confident any complaint would be handled appropriately and complaints had been investigated and thoroughly followed up. There were plans to further improve this.

People received a service where the provider's values were embedded into the leadership and culture. Staff told us the registered manager was approachable and made themselves available for support and guidance.

Some people and staff mentioned difficulties communicating with the office but there were arrangements in place for senior staff to be contactable at any time and these were improved following the provider's quality monitoring survey results. People had agency contact details in their home.

Systems for monitoring the quality of the service were in place and in use. There was a clear emphasis on looking for ways to continually improve the service. However, the provider had not taken into account how their recruitment and staffing practice put people using the service at risk.

There was a clear organisational structure in place.

We found three breaches of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service has deteriorated to Requires Improvement.

People were not fully protected from risks to their health and safety because staff recruitment was not robust and staffing arrangements did not ensure staff stayed the full time when visiting people.

Risk assessments were in place but not always clear and relating to the person using the service.

Requires Improvement ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service has deteriorated to Requires Improvement.

Breaches in regulation, and non-compliance with people's care plans, had adversely affected people's safety but the provider had not taken on board the significance of their decisions in this regard.

Where we identified the need for improvement, the provider made changes, and they had responded to negative comments from their own quality monitoring arrangements. However, some areas needing improvement had been missed.

Requires Improvement ●

4USupport Limited

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 was a comprehensive inspection completed on the 28 August 2018 and the 3 September 2018. It was announced. We gave the service notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that they would be in. The inspection was completed by one adult social care inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion, their role was to ask people their views about the service.

Before our inspection, we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, the most current PIR we had requested was dated 10 May 2017.

During our inspection, we met with three people and spoke to nine people and eight family members by telephone or email. We spoke with 13 staff members. We looked at four records, which related to people's individual care needs. We viewed three staff recruitment files, training and supervision evidence and records associated with the management of the service. This included policies and procedures, people and staff feedback, and the complaints process and records. We received feedback from a Plymouth City Council domiciliary care agency commissioner and one social care professional.

Is the service safe?

Our findings

The service was not safe.

Recruitment practice was not safe. We found that on one of the three staff records we looked at the date of employment year did not correspond to the date on reference from the previous employer. Staff had not noticed this. The staff whose record we examined was employed from 13 June 2018 when they started visiting people with another staff member, as part of their induction. Their reference from their previous employer was dated 23 July 2018 and a character reference was dated 20 August 2018. Prior to staff employment a Disclosure and Barring Service (DBS) check must be completed. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people. The DBS check had not been completed until 27 July 2018. Although the staff member was not working alone until 26 July 2018, satisfactory checks had not been completed from when the person was employed and the staff member had been shown how to access the homes of vulnerable people.

Following the inspection and our feedback we asked the registered manager about their recruitment practice. They told us that following our feedback, "New staff members will only work with service users on an individual basis once both references have been received". This showed that the normal practice of employing staff prior to full checks was to continue.

Management contacted people's previous employers for references, where there had been an employer. In some cases, they were only able to get character references for potential staff. The provider's representative said they would sometimes ring people for references, but did not record that contact. That meant they did not always have enough information available from which to make safe recruitment decisions whilst those staff had already been introduced to vulnerable people living in the community.

We were informed that a senior staff member at 4USupport has now been appointed to manage the recruitment and induction process. The recruitment policy in use at the time of the inspection, and we were told was due for review, made reference to DBS checks and references but included no timescales with regard to employment. This showed that policy and practice at the time of the inspection was not robust and therefore did not protect vulnerable people living in the community.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Of the eight staff we asked only two felt there was enough time to provide the care. 12 of the 20 staff who replied to an agency survey said they did not feel they had enough time between visits. A care professional said, "(People using the service) speak highly of carers on the whole, although they have sensed that some are in a rush, and some had recognised that carers had not stayed for the full allotted time on support plan." We contacted the registered manager following the inspection, asking them how long staff were expected to spend at a person's home. They said that following review of their call monitoring records, they saw that

more than 80% of the required visit time was spent with people. They said, "Therefore I am confident that carers do have sufficient time to be carrying out adequate care to our service users." We established that they did not expect that staff would stop for the full time, as detailed in people's care plan, but that staff were "encouraged" to stay the full length of time.

4USupport is a 'Spot provider' for Plymouth City Council and as such have signed up to the Plymouth City Council terms and conditions. A domiciliary care agency commissioner with the council confirmed that staff were expected to stay at a person's house for the time detailed in their care plan and that travelling time was not included. They said, "Only if there has been an official review of the care plan can the length of the visit time be adjusted." This confirmed that 4USupport does not have the required staffing arrangements in place to meet people's needs, as outlined in each person's plan of care.

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

The registered manager said they work in partnership with Plymouth City Council and they inform the council when a package of care can be reduced or ended. 4USupport also uses a call monitoring system, which provides exact information as to care workers arrival and leaving times when undertaking visits and we found no indication that people's needs were unmet. The registered manager also told us that, since their staff survey, they have increased travel time so as to reduce staff stress.

Each person using the service had risks associated with their care and support assessed. These included falls, the environment, moving and handling and human waste. However, risk management was not always clear. In one plan, risks identified included handling chemicals and infection control but we established this meant a risk to the care staff and not the person using the service, for example. That person may have been as vulnerable to the risk as the staff that it was meant to protect but this was not stated in the assessment. The provider's representatives said they could see that there were other risks not included in their assessment, an example being people's vulnerability to abuse. Accident and incident reporting showed that the risk assessments and management arrangements had not led to poor outcomes for people. However, risks may not be adequately assessed.

We recommend that the service seek advice and guidance from a reputable source on effective risk management.

Medicine management arrangements were not consistent which had the potential to impact on safe medicine management. Two out of five care plans were unclear what level of medicine support the person needed, for example if they needed prompting to take their medicines or if they needed a care worker to administer all medicines. One care plan also stated that the person required pain relief at regular intervals, but the care worker said they were now taken as and when required instead. Minutes from a staff meeting in November 2017 reminded care workers to update medicine records as needed and team leaders were to review the records for accuracy. However, where spot checks had been undertaken by team leaders since November 2017 there was no mention of this having been done. Senior staff said this was an oversight and would be corrected. Following our feedback monitoring checks were revised to include checking the standard of medicine administration during team leader spot checks.

People requiring support with their medicines said those medicines were given on time and in the way that they required them. Care workers were very clear how they should respond if they made a medicine error. Records of errors showed this was an uncommon event and staff received retraining, or if necessary, performance management. A detailed medicines policy was available to staff at all times.

People received their arranged visits. Views about the consistency of staffing varied. People told us they had some regular carers visit them but three of the 16 people we spoke with mentioned a lack of continuity of staff. However, one said, "There used to be different carers every day, in the last 4-5 months it's got much better." Three staff also mentioned lack of continuity as a concern, and felt it could affect some people's care. The provider's recent quality monitoring survey asked people whether they were kept informed of changes to the rota due to 'staff running late or changed due to staff sickness'. Three of the 13 replies said 'often', six of the 13 replies said 'sometimes' and four had said 'not really'. People told us they were always informed of rota changes. The provider's representative said that changes were never made unless necessary to fulfil a visit. They confirmed that staff sickness was closely monitored and they would be producing an action plan based on their survey findings.

Each person, or their family representative, told us they felt the service they received was safe. People said, "I feel 100% safe, they are professionals, they know what they are doing, they know your situation," and "When I am with my carer I feel safe, I am not rushed, my carer is focused on me". One person's family member said, "My husband has two carers, they work well together, as a pair. They are brilliant; I can nip down the shop knowing that he is safe".

We observed one care worker providing care. Each of the three people they visited was relaxed and expressed confidence in the care they received.

Care workers confirmed they had all the necessary protective clothing to promote hygiene and infection control and their use of the clothing was monitored by senior agency staff.

Staff understood the types of abuse and how to protect people from abuse. There was an up to date safeguarding policy in place. It included contact details for the local authority safeguarding adult's team. Staff confirmed they would initially pass concerns to their line manager but contact the Care Quality Commission, police, or local authority if their concerns were not addressed. One care worker gave an example of how they had raised a concern about a vulnerable person's welfare, which had led to the person's increased protection.

Care plans and records showed where staff handled any money for people, for shopping for example. Those records showed a running total of money held and used. This reduced the possibility of mistakes or mishandling.

Staff were protected whilst lone working and a whistle blowing policy was available to all staff. An out of hours on call service, and the staff visit monitoring, supported staff safety.

Is the service effective?

Our findings

The service continued to be effective because staff had a good knowledge of people they supported and were competent in their roles.

Care workers were considered skilled and competent in providing effective care and support. People and their family member's comments included, "(The care workers) are very capable and confident" and "If I have any questions about (my family member's) dementia, (care workers) offer me advice, for example how to prompt them to do things."

Care workers, asked what the agency did best said, "The best thing we do is the care" and "It's the best care I have seen, but there is always room for improvement." A care professional said, "The provision of care from 4Usupprot has prevented one client being admitted to 24 hour care. Clients speak highly of carers on the whole."

Care workers received a comprehensive induction to enable them to fulfil their care and support role. One care worker said, "My induction was really good and I felt supported." The Care Certificate (a nationally recognised training course for staff new to care) was completed by staff as part of their induction. New care workers then shadowed experienced staff until they were assessed as competent.

Regular training was provided in subjects, which were relevant to the needs of people receiving the service, for example training in moving people safely, medicines management, and stoma care. Most care workers said the training was of a high standard and this was confirmed by the agency's own staff feedback questionnaire. Training was provided at the agency office where a training room with relevant equipment, was available.

Care workers received supervision of their work. They said this was usually about every six weeks, but this varied a lot. The provider's representatives said that during the summer holiday season finding time for supervision was more difficult. Records of staff supervision showed that, although not always within expected timescale, each staff did receive supervision from their line manager. The registered manager told us that observational supervision would be at least monthly in addition to their six weekly supervision meetings.

The registered manager and staff understood their responsibilities in relation to the legislative framework of the Mental Capacity Act 2005 (MCA). 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.

People's right to make decisions about their lives was respected and supported. Care workers ensured they offered people choice and only provided the care people wanted at the time. Where people lacked the capacity to understand the implication of decisions about their care, best interests decisions were taken

with appropriate health professionals, their advocate and care staff who knew them well.

People's health was promoted because care workers were attentive to changes in people's health. One person's family member said, "When my mum had an infection the care workers detected it straight away, they were also able to act promptly when she had a problem with her skin." We saw examples of where care workers coordinated their care with visits by health care professionals, a district nurse providing insulin, for example.

Where people's diet was of concern this was documented in their care plan and care workers acted accordingly, ensuring adequate food and drink was provided.

Is the service caring?

Our findings

The service continued to be caring because the staff team demonstrated genuine care and respect for people.

Compliments about the caring attitude of care workers were expressed by people using the service. Their comments included, "I recently lost (a person I cared for). (The care workers) were very respectful, asking me how I was, checking that I was OK. They were the only help I had" and "They are amazing, (the care workers) are friendly and warm and focus on what you need, I have recommended them to my friends. They make me feel positive, knowing that I have got a carer I can talk to."

Care workers understood the importance of treating each person equally, and as a valued individual. They told us how they formed positive relationships with the people they visited. We observed a care worker providing encouragement to help a person improve their mobility and independence, for example. This was done with kindness, compassion, and an understanding of the person's right to be treated with respect, regardless of their reliance on support. A person's family member said, "My husband really likes the carers, they are respectful towards him, respecting that he likes to do things for himself."

People's privacy was fully promoted. One person's family member said, "(The care workers) treat mum like one of their own. They treat her with dignity, the bathroom door is always closed, they always knock on her door before entering." One person explained how care workers were able to make light of potentially embarrassing situations. They said, "They make a joke about it so I don't feel so embarrassed."

People were supported to express their views, and make decisions about their care and how it was provided. They had been involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. Care workers also checked with the person how they wanted their care to be delivered when they arrived at a person's house.

The provider's representative gave examples of where the agency was able to advocate for people and respond quickly to requests for support. Through working in partnership with the local police, one person living with dementia was able to remain living at home, for example.

Is the service responsive?

Our findings

The service continued to be responsive.

Care workers told us, and we observed how people were able to lead the care and support they required during their visits. Care workers responded to people's needs at the time, whilst ensuring care was provided in accordance with the person's care plan wherever possible. If a care plan needed updating, this was fed back to the team leader for the area.

The majority of people using the service were referred by Plymouth City Council, who provided an initial care plan. Senior agency staff, once it was confirmed the agency could meet the person's needs (such as number of visits), continued to assess the person's needs. A senior staff member said how they sought as much information as possible, visiting the person, and talking to the people who knew them best. Records showed that people's care plans were agreed with them and they were involved in care plan reviews.

Care workers were kept up to date through an 'app' available on their mobile phones. This meant that, should a care worker not know a person well, they could refer to the care plan prior to their visit.

Care plans detailed the physical care and support people needed, and care workers and office staff had good knowledge of people's current care needs. One care worker explained how, because a person found it difficult to communicate, they could become frustrated and upset. We observed skilled communication by the care worker.

People's emotional needs were included in the care plans, however, there was little recorded about people's social, family and work background. This could make it more difficult for care workers to provide person centred care. For example, one person had been subject to a life changing illness whilst fully employed; care workers did not know what that employment had been and therefore the extent of the person's loss.

Staff received training in the Equality Act and protected people's needs and preferences accordingly. People's faith requests were supported and respected, for example.

Senior and care staff understood how to ensure people would receive appropriate care at the end of their lives, with dignity and as much independence as possible. This meant that people who would need end of life care in the future could be confident in the care delivered. A compliment received at the agency read, "Although the (care workers) were only in for a few weeks it felt like they knew the family well." This showed that care workers provided holistic care.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was proactive in identifying any communication needs. A recent agency survey had identified that 50% of people were unsure of how to make a complaint, for example, and so the complaints arrangements were being reviewed so the information people needed was more obvious. Care plans

provided guidance for care workers to facilitate effective communication. One person used prompt cards to make their needs known, for example.

Each person who provided feedback and their family members said they would not hesitate to contact the office if they had a problem. They felt comfortable about raising concerns and complaints. Those that had raised concerns were generally satisfied with the outcome and how the complaint had been handled. Records showed that complaints were fully investigated; corrective action taken where necessary and people were kept fully informed. People had a complaints procedure included with the information file in their home. We were told that 4uSupport plans to complete further training with its office team to help them better understand how to identify and respond to a complaint. They also plan to develop a website page to allow people to submit a complaint via this route.

Is the service well-led?

Our findings

The service did not continue to be well led because safety was not robustly promoted and where improvement was needed this had not always been identified.

There was a registered manager, who was also the registered provider. 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/provider was unavailable for our inspection visits but we received information from them following the visits. During the visits, we worked with their representatives.

The registered provider did not ensure risk was fully managed or carry on the service in accordance with their legal responsibilities. For example, it was accepted practice that care workers could visit people's homes before all checks had been completed to ensure they were a fit person to employ. This had the potential to increase the risk to vulnerable people. It was normal practice that care workers were not expected to stay at a visit for the full time, as documented on the person's care plan and in agreement with Plymouth City Council terms and conditions. Where a need for corrective action was identified by the service, the response was not always effective, such as checking people's medicines were managed properly and recording what was found. This was despite this having been discussed in a staff meeting.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Following our feedback some immediate changes were made including updating the spot check forms used to routinely include the accuracy of medicine management. The registered manager told us they had also made changes to induction and recruitment, for example.

The clear vision held by management and staff about the standard of care and support people using the service could expect, was outlined in information people using the service received. This vision was achieved. For example, when asked, What the service does best for you? All gave positive responses including, "Friendly but skilled", "Respectful", "I have a carer I can talk to", "They care what they do" and, "They are not afraid to go over time."

Whilst we did not meet the registered manager, their representatives, with the role of service managers, had a 'can do' attitude and demonstrated that they looked for continual improvement in the service, both for people who used it and the staff team. A crib sheet for the office team, to "quickly remind themselves of the complaints procedure when on duty", was recently developed, for example.

Staff said they were confident to take any questions or concerns to their line manager or the registered manager. One person's family member said, "(The office) communicate well with me, and listen to my suggestions."

This management team looked for ways to show how they valued the care workers, as this was a concern. Care workers told us, "It is a good company" and "A good team and company to work for". There were some negative comments. Some people and some care workers mentioned difficulty communicating with the office and the registered provider told us they were intending to improve communication by increasing the number of staff available to take calls from one to two staff. The provider's representatives said that when the main office was closed there was always a team leader on duty and available, plus management back up. A team leader confirmed this.

There was a clear staffing structure, with the registered manager supported by service managers, supported by team leaders, senior care workers and care workers.

The quality of the service was monitored using different methods. There was a staff tracking 'app', which provided data of staff visits, both to ensure no visit was missed and to promote staff safety, for example. Six team leaders worked between the office and in the community as "front line managers". Their role included spot checks. These included reviewing medication, the standard of record keeping, staff arrival time and whether health and safety procedures were followed, for example. Where it was identified that improvement was needed this would be raised with the staff member at the time, and also in their supervision. Service managers held the view that the spot checks should be increased, and more structured, which we identified as a positive for further improvement. If team leaders found a staff member was not working to an acceptable level, or where a complaint had identified concerns around a staff members practice, that staff member was performance managed. The registered manager personally reviewed complaints, accidents, and incidents. Their small numbers had not warranted statistical overview.

Recent quality monitoring questionnaires showed that feedback from people using the service and staff was sought. Results were collated, but an action plan was not yet completed due to the short timescale.

The management team attended community meetings to keep themselves informed of local improvement initiatives and the expectation of commissioners. They had recently started working in partnership with 'Dementia Friends' - and Alzheimer's society initiative, for example. One person's family member said, "My mum has dementia and they understand her illness, They write notes to remind her, talk to her. They understand the importance of doing a late visit in order to settle her in bed."

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 Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance People who use services were not protected through the governance arrangements so as to ensure risks were adequately assessed, monitored and mitigated. Regulation 17(1) (2) (b)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. People who use services were not protected against the risks associated with unsafe recruitment practice. Regulation 19 (1) (a) & 3 (a)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing People who use services were not protected

through the staffing arrangements so as to ensure enough time for visits was available.

Regulation 18(1)