

Happy Homecare UK Ltd

# Right at Home (Chorley & West Lancashire)

## 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



## Overall summary

This inspection took place over three days on 23 and 28 September and 1 October 2015 and was unannounced. We last inspected Right at Home (Chorley & West Lancashire) on the 12 and 16 September 2014 and the service was judged to be fully compliant with the previous regulatory standards.

Right at Home (Chorley & West Lancashire) is a domiciliary care agency based near Chorley town centre. The agency supplies staff to work across Chorley, Leyland,

Parbold and Standish areas. The service provides support to people living in their own homes. The service is regulated to provide people with support for their personal care needs.

There was a registered manager in place at the time 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

# Summary of findings

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 service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. We saw that the service had an up to date safeguarding policy and procedure and staff told us they were familiar with it and knew how to access it.

We found a number of issues relating to recruitment practices. Gaps in employment histories were not always accounted for, suitable references were not always in place and there was no record of a criminal record checks on one person's file, who provided care for people.

We noted that several people's care plans contained review dates that had been missed by several months with regards to their medication care plans and risk assessments. We discussed these issues with the proprietor of the service, who told us that there was a need to review people's care plans and that this had been highlighted within a recent internal audit.

We asked staff if they received appropriate support in the form of supervision, appraisal and training. We received a mixed response from staff in terms of the formal support they received. However they all told us that informal support was good and that members of the management team were always available to speak to if they had any issues.

There was little evidence within staff files to show that people had received a comprehensive induction before starting work. The proprietor and registered manager accepted this and had begun to put systems in place to ensure all new staff received an induction

We discussed consent issues with staff. All were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, prompting medication and helping with day to day tasks. People we spoke with and their relatives spoke positively about how staff communicated with them.

People we spoke with told us the staff that supported them were kind and compassionate and when possible enabled them to make a range of decisions about how their care and support was delivered.

We spoke with staff on issues such as privacy and dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us.

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed.

We looked in detail at six people's care plans. Care plans did have some good information within them and they were laid out appropriately, so it was clear for staff to follow the instructions and information within them. However, care plans generally lacked detail about the individual person and how to care for them and much of the information within care plans was task orientated and not personalised to the individual. We also saw that some information was generic across all the care plans we looked at.

The care plans we looked at lacked detail around people's past life history and their likes and dislikes. There was some basic information in some people's care plans however this was limited. By gaining a better understanding of people's histories and preferences carers would be able to provide a more personalised service to individuals.

We saw evidence that some audits had taken place however these were infrequent and did not form part of a scheduled quality improvement process and there was little evidence to show that audits were fed back to staff or caused changes or improvements to people's care or informed care planning.

People we spoke with talked positively about the service they or their loved ones received. People spoke positively about the management of the service and the communication within the service. We spoke with six members of staff, all of whom spoke positively about their employer. Staff had a good understanding of their roles and responsibilities. Staff we spoke with praised the management team.

# Summary of findings

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. All policies and procedures were version dated and included a review date. This meant staff had clear information to guide them on good practice in relation to people's care.

We found several breaches of the Health and Social Care Act (2008) (Regulated Activities) Regulations. These breaches amount to breaches of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. These related to staffing, fit and proper persons employed, person-centred care and good governance.

# 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 not always safe

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. We saw that the service had an up to date safeguarding policy and procedure and staff told us they were familiar with it and knew how to access it.

We found a number of issues relating to recruitment practices. Gaps in employment histories were not always accounted for, suitable references were not always in place and there was no record of a CRB or DBS check on one person's file, who provided care for people.

We noted that several people's care plans contained review dates that had been missed by several months with regards to their medication care plans and risk assessments. We discussed these issues with the proprietor of the service who told us that there was a need to review people's care plans and that this had been highlighted within a recent internal audit.

**Requires improvement**



### Is the service effective?

The service was not always effective.

We asked staff if they received appropriate support in the form of supervision, appraisal and training. We received a mixed response from staff in terms of the formal support they received. However they all told us that informal support was good and that members of the management team were always available to speak to if they had any issues.

There was little evidence within staff files to show that people had received a comprehensive induction before starting work. The proprietor and registered manager accepted this and had begun to put systems in place to ensure all new staff received an induction.

We discussed consent issues with staff. All were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, prompting medication and helping with day to day tasks. People we spoke with and their relatives spoke positively about how staff communicated with them.

**Requires improvement**



### Is the service caring?

The service was caring.

People we spoke with told us the staff that supported them were kind and compassionate and when possible enabled them to make a range of decisions about how their care and support was delivered.

**Good**



# Summary of findings

We spoke with staff on issues such as privacy and dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us.

## Is the service responsive?

The service was not always responsive.

People we spoke with and their relatives told us they knew how to raise issues or how to make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed.

We looked in detail at six people's care plans. Care plans did have some good information within them and were laid out appropriately, so it was clear for staff to follow the instructions and information within them. However, care plans generally lacked detail about the individual person and how to care for them and much of the information within care plans was task orientated and not personalised to the individual. We also saw that some information was generic across all the care plans we looked at.

The care plans we looked at lacked detail around people's past life history and their likes and dislikes. There was some basic information in some people's care plans however this was limited. By gaining a better understanding of people's histories and preferences carers would be able to provide a more personalised service to individuals.

**Requires improvement**



## Is the service well-led?

The service was not always well-led.

We saw evidence that some audits had taken place. However these were infrequent and did not form part of a scheduled quality improvement process and there was little evidence to show that audits were fed back to staff or caused changes or improvements to people's care or informed care planning.

People we spoke with talked positively about the service they or their loved ones received. People spoke positively about the management of the service and the communication within the service. We spoke with six members of staff, all of whom spoke positively about their employer. Staff had a good understanding of their roles and responsibilities. Staff we spoke with praised the management team.

**Requires improvement**



# Right at Home (Chorley & West Lancashire)

## 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.

This inspection took place on 23 and 28 September and 1 October 2015 and was unannounced.

Prior to the inspection we reviewed the information we held about the service. This included information such as notifications informing us about significant events and safeguarding concerns. We also contacted the local authority to see if they had any current issues or concerns about the provider.

The inspection was carried out by the lead adult social care inspector for the service and an expert by experience, who made calls to people using the service and relatives or people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with a range of people about the service; this included five people who used the service, two relatives of people using the service and six members of staff, including the registered manager, proprietor and care staff.

We spent time looking at records, which included six people's care records, six staff files, training records and records relating to the management of the home which included audits for the service. We also looked to see if the provider had relevant, up to date policies and procedures in place and asked staff if they were familiar with them and knew how to access them if they needed to.

# Is the service safe?

## Our findings

We looked at the personnel records of four members of staff. We found a number of issues relating to recruitment practices. One file we looked at contained no interview form so it was unclear if an interview had taken place. All the files we looked at contained job offer letters that referred to a nine month probationary period new staff had to work to prove their competence. However, there was no evidence within anyone's files who had worked more than nine months that this period had been formally passed or that their competency within that period had been assessed. The proprietor told us that there were letter templates on the system in order to formalise the end of, or extension to, a probationary period but that these were not used and that people were informally told that their probationary period had finished.

Three of the staff files we looked at only had one reference on file. It is seen as good practice to have at least two references for new staff including one from their previous employer. One member of staff had only given one reference on their application form and this had not been picked up during the recruitment process. There was a section on the providers 'Interview Evidence form' to check references, this was blank. Another area that we found issues with was checking gaps in previous employment. We saw on two of the files we looked at there were large unexplained gaps in employment history, one of four years. Again this was not evidenced as being questioned within the services recruitment processes.

Another file we looked at had no record of a Criminal Records Bureau (CRB) or Disclosure and Barring (DBS) check recorded. The DBS system has now replaced the old CRB system. There was evidence of an application being made but there was no evidence on file that a form had been received back. This had been picked up by the service during an internal audit and the member of staff had been asked to bring the relevant documentation in, which they had not done at the time of our inspection. The proprietor told us that they would not start any member of staff without a CRB or DBS check and they had lost potential staff awaiting such clearances in the past.

**These shortfalls in recruitment practices amounted to a breach of regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.**

All of the five people we spoke with told us they felt safe whilst receiving care and support from Right at Home. The two relatives we spoke with also confirmed they were happy that their loved ones were happy and safe with the care they received. One person who received support told us, "Carers are very respectful at all times and yes I feel safe when they are in my home." A relative we spoke with said, "I have the utmost faith in all the carers. They are well trained. My (relative) feels very safe in their hands."

We looked at the systems for medicines management. There had been some minor issues highlighted during our previous inspection in September 2014 regarding the filling in of Medication Administration Records (MAR) charts. There had been some further issues highlighted in this area following a safeguarding investigation by the local authority in April 2015. People we spoke with did not cite any issues with their medicines or the competency of staff who prompted them to take their medicines. Relatives we spoke with also told us they were happy with the medicines management routines in place. When we spoke with staff they were knowledgeable about people's medicines and they all confirmed that they only prompted people and did not directly administer medicines to anyone. Staff told us that they had the necessary guidance in how to fill in MAR charts and they felt comfortable doing so. The staff training matrix showed that the majority of care staff had received medication training within the past twelve months and we were told the registered manager was to undertake 'train the trainer' training for medicines management, so further training could be done in-house.

The proprietor of the service told us that they had brought in a specific member of staff, who had previously worked as a care worker, to audit areas such as medicines management. They collected all MAR charts on a monthly basis to check that they were completed correctly and there were no omissions or missing signatures. We saw evidence that this had been done. However, within some of the care plans we saw some contradictory information relating to medicines management. For example, one risk assessment stated that a relative would administer one person's medicine. However, the level of input required from care staff stated 'assist'. There were no contingency plans in place within the person's risk assessment for if the family member was not able to administer the person's medicine. We discussed this with the proprietor and registered manager of the service who assured us that the risk assessment would be updated to ensure such plans

## Is the service safe?

were in place. Another person's medication risk assessment stated that they 'self-administered' their medication. However, the care plan stated an 'occasional prompt' was needed. There was no other information to support this statement or guidance as to when the person needed prompting. We noted that several people's care plans contained review dates that had been missed by several months with regards to their medication care plans and risk assessments. We discussed these issues with the proprietor of the service who told us that there was a need to review people's care plans and that this had been highlighted within a recent internal audit. We have made a recommendation about this.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. We saw that the service had an up to date safeguarding policy and procedure and staff told us they were familiar with it and knew how to access it.

We discussed staffing levels with the registered manager and proprietor. They talked us through the staffing rota for the next 24 hour period. People who received support told us they found there was enough staff to support them and that consistency levels, i.e. the same people coming to support them, were good. Staff we spoke with told us that

they had been struggling with staffing levels but that no visits had been missed and the situation was improving. One member of staff told us, "Staffing is getting better and I know we are in the process of recruiting more staff." The service did not use agency staff to cover any absences of permanent staff. Cover was provided from the existing staff team, including the care coordinator and registered manager.

We saw that the service had an accident and incident log. The file contained a summary of all incidents and accidents, which included the person's name, who the accident or incident pertained to, as well as the date, time, location and nature of the incident. There was no evidence that the latest incident had been formally investigated as there was only a written statement on the file. We discussed this with the proprietor of the service who told us the incident had been investigated and it needed to be written up and filed.

We recommend that people's medicines care plans and risk assessments are reviewed to ensure that information within them is up to date and that further guidance, in line with the NICE guidance on medicine management for staff is included within care planning documentation. We also recommend that all care staff have annual medicines management training to ensure they remain competent in this area.



# Is the service effective?

## Our findings

We asked staff if they received appropriate support in the form of supervision, appraisal and training. We received a mixed response from staff in terms of the formal support they received. However, they all told us that informal support was good and that members of the management team were always available to speak to if they had any issues. With reference to inductions, three of the four care staff we spoke with told us they had received an induction prior to delivering any care. One member of staff told us, “I had an induction with the previous manager. We went through policies and procedures, went through medication records and had the opportunity to meet people before I delivered their care.” However, another member of staff said, “I had no induction, I just started straight away, as I was experienced. I did not get to visit everyone before I started but did accompany a few visits. I think someone rang up and told them I was coming.” There was little evidence within staff files to show that people had received a comprehensive induction before they started work. The proprietor and registered manager accepted this and had begun to put systems in place to ensure all new staff received an induction.

There was little evidence that supervisions or appraisals had taken place. This was confirmed when speaking with staff. Some had received a recent supervision, but others had not. One staff file contained no evidence of a supervision or appraisal taking place in two years. Another had evidence of only one taking place in two years, whilst another had evidence of an appraisal and several supervisions taking place. This was discussed with the proprietor and registered manager who confirmed this was an area they needed to improve upon and that some supervisions had taken place, whilst others were being arranged.

Staff told us that they received support on a day to day basis from peers and management and that they could always drop in to the office or ring the office for support. They told us that there was an out of hours phone number to ring for assistance and that this was always answered when they needed to use it. One member of staff told us, “We don’t have team meetings, as it is hard to get people

together. Communication can always be better, but I don’t have any major issues with it. Key messages are emailed and texted to staff and you have to reply to show that you have received the message.”

Staff files contained little information relating to training undertaken. Staff we spoke with however all told us that they were happy with the level of training provided. One member of staff told us that they had had specialist training for Parkinson’s disease after requesting it to help them care for one of the people they visited. We were given a staff training matrix by the registered manager which showed that whilst the majority of staff had undertaken training in key areas such as safeguarding, infection control and manual handling, some of this training needed to be updated. The proprietor and registered manager recognised this and told us that all staff were to go back through all their mandatory training. They had recently signed up to an external training agency so staff could take the new care certificate, but as yet staff had not begun this process.

### **The lack of formal supervisions and appraisals as well as some gaps in training amounted to a breach of regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing.**

People we spoke with told us their needs were met in a way they wanted them to be. They told us that staff were competent and caring when carrying out their role. One person told us, “The girls (carers) are smashing. Their time keeping is excellent and if they are going to be late I am always told.” Another person told us, “I am very happy with what is done for me.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We spoke with staff to check their understanding of the MCA. The staff we spoke with had little understanding of

## Is the service effective?

the code of practice. Staff had not received training for either the MCA or DoLS. However no-one receiving care was assessed as needing a DoLS assessment or referral at the time of our inspection. We have made a recommendation about this.

We discussed consent issues with staff. All were very knowledgeable about how to ensure consent was gained from people before assisting with personal care, prompting medication and helping with day to day tasks. People we spoke with and their relatives spoke positively about how staff communicated with them.

**We recommend that staff are trained so they understand the basic principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards as people may use the service in the future who do not have the capacity to make decisions for themselves.**

# Is the service caring?

## Our findings

People we spoke with told us the staff who supported them were kind and compassionate and when possible enabled them to make a range of decisions about how their care and support was delivered. One person told us, “I only have to ask and the staff do anything, they are more like friends to me.” Another person told us, “The care I receive is superb and the carers are like friends.”

Relatives we spoke with also had no concerns about how staff cared for their loved ones. One relative we spoke with told us, “The carers are very respectful at all times, we have no issues with them at all.” Another relative said, “10 out of 10 for care, brilliant, first class. I have recommended the company to at least three other people.”

We spoke with staff on issues such as privacy and dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk

through practical examples with us. One member of staff when asked about how they assisted people with personal care told us, “I use a common sense approach. If I’m helping someone with personal care then I explain what is going to happen and make sure they are comfortable. I talk to them and reassure them as much as possible.” Another member of staff said, “I try and see if people can do things for themselves first. You get to know what people can and can’t do and we are briefed quite well prior to a care package starting.” This was backed up by people we spoke with, who were being supported and who had no issues with how their care was delivered, or how staff approached them or spoke to them.

We contacted other professionals involved with the service, such as the local authority safeguarding team and contracts unit, and asked them about their experiences of dealing with managers and staff at the service. The responses we received were positive regarding the care people received and how managers and office staff dealt with enquiries and issues.

# Is the service responsive?

## Our findings

We looked in detail at six people's care plans. Care plans did have some good information within them and were laid out appropriately so it was clear for staff to follow the instructions and information within them. However, care plans generally lacked detail about the individual person and how to care for them and much of the information within care plans was task orientated and not personalised to the individual. We also saw that some information was generic across all the care plans we looked at. For example, each person's personal profile contained a section entitled, 'By having your help I want to be able:-' and then there were six statements in place. These statements were the same in five of the care plans we looked at, which meant that people's care was not personalised. In one of the care plans we looked at their personal profile was missing. Another had no medication section. Some of the care plans we looked at had basic information missing such as telephone contacts for next of kin. Risk assessments were found to be of a similar quality without the necessary detailed information for care staff to follow.

Some information within care plans was found to be contradictory. For example one person was classed as needing no assistance with taking their medication. However, their risk assessment stated that they needed assisting with their medication. Another person's care plans stated they needed, an 'occasional prompt' with taking their medication. However, no risk assessment was in place, as they had been assessed as not needing one even though care staff on occasion would be assisting them. Another file stated that the person was, 'at risk of falling' due to their medical condition. However, within their risk management plan under the section, 'Insert instructions for care staff on managing identified risks', this was blank. There were other similar examples seen within other people's care plans.

The care plans we looked at lacked detail around people's past life history and their likes and dislikes. There was some basic information in some people's care plans, however this was limited. By gaining a better understanding of people's histories and preferences carers would be able to provide a more personalised service to individuals.

### **These issues amounted to a breach of regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-Centred Care.**

People we spoke with and their relatives told us they knew how to raise issues or make a complaint and that communication with the service was good. They also told us they felt confident that any issues raised would be listened to and addressed. One person told us, "I know how to complain but I have never needed to". Another person said, "I know how to complain but wouldn't want to." Relatives we spoke with also told us that they knew who to approach with any concerns they had and that the response was always a positive one, when they had raised concerns.

The service had a complaints procedure in place which we were shown a copy of. Staff we spoke with knew the complaints procedure and how to assist people if they needed to raise any concerns. The registered office had a complaints file in place which showed that complaints were dealt with in line with the organisations policies and procedures. However, the latest complaint on file did not have any evidence to show that this had been responded to. We discussed this with the registered manager and proprietor who told us that the complaint had been dealt with but this had not been recorded in the complaints folder.

# Is the service well-led?

## Our findings

We saw evidence that some audits had taken place. However these were infrequent and did not form part of a scheduled quality improvement process and there was little evidence to show that audits were fed back to staff or caused changes or improvements to people's care or informed care planning.

We were informed when we arrived to undertake the inspection that care plans had not been reviewed, but a system had been put in place to ensure that care plans would be reviewed systematically over the coming weeks. All of the six care plans we looked at confirmed this to be the case. Some of the care plans we looked at had not been reviewed for 18 months. Review dates had been set but they had not taken place. This meant that changes to people's circumstances would not be reflected within their care plans and could potentially put people at risk. We were told that staff were updated by telephone to any changes in people's needs. However, changes need to be documented within care plans and systems put in place to regularly review them.

### **These issues amounted to a breach of regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance.**

People we spoke with talked positively about the service they or their loved ones received. People spoke positively about the management of the service and the communication within the service. One person told us,

"The office staff are very approachable," and another person said, "I look forward to the carers coming every day, I couldn't do without them and that goes for the office staff too."

We spoke with six members of staff, all of whom spoke positively about their employer. Staff had a good understanding of their roles and responsibilities. Staff we spoke with praised the management team. One member of staff told us, "The manager and owner are approachable. I feel I could ask them anything." Another member of staff said, "If I feel there are any problems or issues I can approach the office no problem." No staff we spoke with said they had an issue with how the service was run or that they felt unable to approach the office.

We were told by staff we spoke with that there was an 'open door' policy and that the management team were available when needed. However, there were no formal team meetings taking place at the time of our inspection. We discussed this with the proprietor who told us that formal team meetings had not taken place but that staff did come into the office. Staff we spoke with said that they would find team meetings useful to improve communication and due to the fact that the role was that of a lone worker.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. All policies and procedures were version dated and included a review date. This meant staff had clear information to guide them on good practice in relation to people's care.

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

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure that staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a)

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have suitable systems in place to establish effective assessment, monitoring and improvement of the service. Regulation 17 (1) (2) (a) (b) (c) (e) (f).

### Regulated activity

Personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The care and treatment of service users did not always reflect their preferences.

Regulation 9 (1) (c) (3) (b)

### Regulated activity

Personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider did not ensure that recruitment procedures were operating effectively to ensure that persons employed were of good character and had the qualifications, competence, skills and experiences which are necessary for the work to be performed by them.

This section is primarily information for the provider

## Action we have told the provider to take

Regulation 19 (1) (2) (a) (b)