Care Quality Commission

Royal Court Care Limited

Royal Court

Inspection report

Fiddlers Green Lane, Cheltenham, Glos, GL51 0SF
Tel: 01242221853
Website: royalcourtcare@hotmail.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place over two days on the 7 and 8 January 2015.

Royal Court provides care for 48 people in self-contained flats which have a bedroom, lounge, kitchenette and en suite facilities. Accommodation can be provided for people who wish to live together. People have access to shared dining rooms on each floor and to a shared lounge and dining room on the ground floor. Bathrooms are provided as well as a hair dressing salon. The grounds around the home are well presented and accessible to all people. At the time of our inspection nine flats were vacant. There were four people living in the home who had been diagnosed as living with dementia.

At the inspection on 8 April 2014 we asked the provider to take action to make improvements to make sure people's care records were kept up to date and to make sure medicines records were kept accurately. The provider sent us an action plan to tell us how they would address these issues and said they would put all changes in place by December 2014. This action has been completed.

Royal Court has not had a registered manager since October 2014. 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

Summary of findings

Act and associated Regulations about how the service is run. A new manager was appointed in July 2014 and was in the process of submitting applications to the Care Quality Commission to be registered with us.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Staff were not receiving one to one meetings or annual appraisals to discuss their performance or their training needs. The professional development of staff was not being supported through regular systems of appraisal. Staff did not have formal means of discussing or reflecting on the care and support they provided to people to make sure people's needs were being met. You can see what action we told the provider to take at the back of the full version of the report.

Staff had access to training to equip them with the skills and knowledge they needed to meet people's needs. A person told us, " They're (staff) being trained a lot more. The present manager seems to be an inspiration to them (staff)." A restructuring of teams had proven successful with staff and people who said they were happier with the new arrangements.

People were protected from possible harm by staff who recognised the signs of abuse and knew what action to take. Risks were managed whilst promoting people's independence. Hazards were reduced to keep people safe from potential harm. Accidents and incidents were monitored and changes made to people's care to prevent them happening again. Medicines were managed satisfactorily and people had their medicines when they wanted them.

People's care was personalised and reflected their wishes, aspirations and the way they wanted to be supported. People had access to activities they liked and were supported to be as independent as possible. An assessment had been carried out in line with the Mental Capacity Act 2008 where people were unable to consent to their care and support. Some people had a lasting power of attorney who could make decisions on their behalf.

People were supported to stay well and to eat a healthy diet. People were referred to health care professionals when they were unwell or there were changes in their wellbeing. People's dietary needs were considered and adjustments made to the menu to make sure they were catered for. People were treated with dignity and respect. Staff understood their individual needs and preferences and showed concern for their health and wellbeing. People's views were sought and they were involved in making decisions about their care and support.

Quality assurance systems took into account feedback from people, their relatives and staff. Audits were completed and where actions were identified these were completed to improve the standard of service provided. One person said, "These people (the provider) are making differences, these people are keen. The standards are getting better – the staff we've got appear to be much more happy and if the staff are happy, the residents are happy."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safeguarded from the possibility of harm or abuse. Staff knew what to look for and how to raise concerns.

People were protected from the risk of accidents or incidents by reducing hazards. There were some restrictions to keep people safe but these were kept to a minimum.

There were enough staff with the right skills, knowledge and experience to meet people's needs and to keep them safe.

People's medicines were administered safely and in line with national guidance.

Good

Is the service effective?
The service was not always effective.

Staff were not supported to reflect on the support and care they provided to people in one to one meetings with senior staff. Staff had access to training to develop their skills and knowledge.

Staff understood the requirements of the Mental Capacity Act 2005 and the deprivation of liberty safeguards. People's capacity to make decisions about their care and support was assessed. People made choices about their day to day care.

People were supported to stay well and to have a balanced diet.

Requires Improvement

Is the service caring?
The service was caring.

People were treated with kindness and sensitivity. Staff knew people's personal histories and were familiar with their individual care needs.

People felt involved and planned their care and support with staff. People's personal information was kept securely and respected their right to confidentiality.

People were treated with dignity and respect. Their independence was promoted.

Good

Is the service responsive?
The service was responsive.

People received care which was individualised and reflected their wishes, preferences and future care needs. People had access to activities which they enjoyed and did not feel isolated.

Good

Summary of findings

People and their relatives knew how to make complaints and were listened to. Action was taken in response to their feedback.

Is the service well-led?
The service was well-led.

Good

There was a clear vision for the development of the home. People and staff were happy with the improved standards of care.

Quality assurance systems were used to drive changes in the service and to improve the quality of the service. People, their relatives and staff were involved in this process.

Open communication was promoted and there were a variety of ways to provide feedback. People, relatives and staff were confident they would be listened to by the manager and the provider.

Care Quality Commission

Royal Court

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 7 and 8 January 2015 and was unannounced. An inspector, an inspection manager and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was caring for older people. Prior to the inspection we looked at information we had about the service including the local authority contract monitoring report and notifications. Services tell us about important events relating to the service they provide using a notification.

As part of this inspection we spoke with eight people who use the service, two visitors, the manager, seven care staff, the maintenance team, two housekeepers and the cook. We also reviewed records relating to the management of the home which included, five care plans, daily care records, recruitment records for four staff, training records and quality assurance systems. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked around the building and four people showed us their flats. Prior to the inspection we had feedback about the service from the local authority. During our visit we spoke with a health care professional.

Good

Is the service safe?

Our findings

A visitor told us their relative was "safe" living at Royal Court and it was "a weight off my mind". People had call bells at hand if they needed staff. One visitor told us their relative had fallen out of bed and staff had responded by calling the ambulance and staying with them. They said staff had looked at how they could keep the person safe from further falls.

People were kept safe by staff who recognised the signs of abuse and knew what action they should take in response to any concerns they might have. Staff had completed training in the safeguarding of adults and had access to information about how to raise and report concerns. This included information about the local safeguarding procedures. Staff would raise whistle blowing concerns and were confident the manager and provider would take the necessary action promptly in response to any concerns they might raise. Whistle blowing is where a member of staff raises a concern about the organisation. Whistle blowers are protected in law to encourage people to speak out. Records were kept for unexplained bruising or injuries. Accident and incident forms were monitored to assess whether there was a need for further investigation. We had been notified when there had been a safeguarding concern and were satisfied the appropriate action had been taken. All agencies which needed to be involved had been contacted.

People's money and valuables were kept safely and securely. People had lockable cabinets in their rooms if they wished to store possessions securely. If people needed support to manage their finances this was provided. The manager confirmed records were kept to monitor any income and expenditure. These records were audited each month to make sure they were correct.

Any hazards people faced were assessed and strategies were put in place to reduce risks and keep them as safe as possible. People were supported to remain as independent as possible and where hazards had been identified their environment was changed or specialist equipment was provided. For example, people were encouraged to maintain their mobility using walking frames. If they needed the supervision of staff this was identified and provided. Different styles of kettle were provided to enable people to make drinks in their flats safely. Walk in showers had replaced baths in people's ensuites to promote their independence and safety.

When people had accidents or incidents records were kept detailing how these had occurred and what action had been taken to prevent them happening again. These records were monitored to look for any trends which may be developing. For example an increase in falls out of bed for one person resulted in an assessment by an occupational therapist. A bed which lowered to the floor was provided with a mat placed on the floor should they roll out of bed. For people at risk of developing pressure ulcers strategies were in place to reduce the risks of developing pressure ulcers or to prevent further deterioration. People were provided with pressure relieving mattresses, cushions or chairs.

Each person had a personal evacuation plan outlining the level of support needed in case of evacuation from the building. Emergency information was provided for staff should they need it such as fire procedures and out of hours emergency support. Areas of the building had been risk assessed to make sure a safe environment was provided and maintained. Checks were completed at the appropriate intervals to make sure fire and water systems were being safely operated. Equipment including the lift was serviced in line with manufacturer's guidance.

People's needs were assessed to determine the level of staff support they needed. Assessments indicated where people needed two staff to help with moving and handling tasks. If needed, additional cover for shifts was available from a team of bank care staff and also from contracted care staff. Staff said there were enough staff to meet people's needs and there were no "real problems" with staffing levels. We heard call bells being answered at peak times and saw staff monitoring the calls to make sure they were answered. Staff said a restructuring of the teams had worked "really well" and "significantly improved the way we work". Staff were now allocated to teams to work in specific areas around the home. A senior member of care staff would oversee these arrangements and be on hand to offer extra support if needed. Teams were made up of experienced and newer staff to make sure they had the right skills, experience and knowledge of how to meet people's needs.

Good

Is the service safe?

People were supported by staff who had been thoroughly checked during the recruitment process. This included obtaining a full employment history, evidence of why they left former employment with adults and feedback from former employers. A disclosure and barring service (DBS) check was completed prior to employment. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Volunteers helping out in the home also went through this recruitment process.

At our inspection in April 2014 we found records for medicines which need to be stored with additional security had not been kept accurately. We found these medicines records were now being completed satisfactorily. People had facilities in their flats to store medicines securely. This was used by people who administered their own medicines. People who needed staff to administer their medicines were given these from a trolley which staff were able to move around the home. Staff said this was more efficient than dispensing all people's medicines from the cabinets in their rooms. Fewer errors had been reported since this system had been in place. We observed medicines being administered and records being completed. This was done appropriately. People were given their medicines at times they wished to have them. For example one person liked to get up later and so their medicines were given to reflect their routines and not the allotted time for the medicines round. Staff made sure medicines were given with the correct length of time between doses. Medicines were stored, administered and managed safely, in line with guidance from the Royal Pharmaceutical Society. Staff confirmed they completed training in the safe handling of medicines and their competency was observed and assessed by senior staff.

Requires Improvement

Is the service effective?

Our findings

People were being supported by staff who had not had access to one to one meetings or annual appraisals to reflect on their performance and their training needs. Staff did not have the opportunity to individually meet with senior staff on a regular basis to discuss the care and support they delivered. This could potentially affect the continuity and consistency of support provided to people. The manager was aware staff had not received individual meetings with senior staff since May 2014. She hoped to schedule these every two to three months and to arrange annual appraisals. **This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.**

At a handover meeting staff demonstrated an understanding of people and the skills and experience to respond to their needs. People told us, "They're (staff) being trained a lot more" and "my main carer is superb". One person said they had a key worker (member of staff allocated to review their care) who was "helpful". Staff told us they were completing lots of training and we saw arrangements being made for staff to participate in first aid and safeguarding training. New staff completed an induction which followed national guidance for induction of care staff. Training specific to the needs of people living in the home was provided for example, dementia and end of life care. Each member of staff had a training profile which evidenced when they had completed training and when they were due to refresh this training. A training record was being kept which gave on overview of training completed by all staff. We discussed with the manager how they monitored when staff needed to update their training. She said this would be annually. They were starting to carry out competency assessments and observations of staff practice in areas such as medicines administration which would indicate if training needed to be updated. Refresher training would also be provided if concerns had been raised about the performance of a member of staff. Staff were able to complete the diploma in health and social care.

People's capacity to consent and make decisions had been assessed in line with the Mental Capacity Act 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff were aware people may have fluctuating capacity to make decisions about aspects of their care or support. We saw staff seeking permission to help people and offering them choices about their day to day care. Some people living in the home had a lasting power of attorney (LPA) identified to make decisions for them regarding their personal finances or their health. This information had been recorded in people's personal files. The manager confirmed a copy of this authorisation was obtained and staff were informed if people had a LPA.

One person had been deprived of their liberty to keep them safe from harm. A deprivation of liberty safeguard (DoLS) standard authorisation had been submitted to the local authority. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The manager had just completed refresher training in DoLS and would be working with the local authority to assess whether any other people were being deprived of their liberty.

For some people there were restrictions in place to keep them safe. For instance, people using wheelchairs had agreed to use safety belts to prevent them falling out of their chairs. Likewise bed rails were used to prevent people falling out of bed where the rails could be used safely. The front door had a keypad for which some people and relatives had either the code or a key fob so they could use the door when they wished. Restrictions were recorded in people's care records with evidence they had been discussed with them or their representatives and their consent given for them to be in place.

Some people had "do not attempt resuscitate" (DNAR) orders in place which had been discussed with them, their representatives and their GP. The manager said they were reviewing the orders in place to make sure they followed current guidance and were recorded in the correct format acceptable to local emergency services.

People were able to prepare snacks and drinks in their flats or kitchens on each floor if they wished. They also had access to a menu prepared by the cook which offered the choice of two hot meals a day or an alternative if needed. The cook had a copy of each person's nutritional needs and prepared their meals according to this. They prepared food for people living with diabetes or who needed their food cut up or pureed. If people were at risk of malnutrition the

Requires Improvement

Is the service effective?

cook fortified food with additional cream, butter or sugar. Staff monitored people's weights and used the Malnutrition Universal Screening Tool (MUST) to identify adults who were potentially malnourished.

People's dietary needs were respected and followed by staff. People had been referred to a dietician when needed and their advice followed. People said the food "was not too bad" and "It's OK". One person told staff, "It's lovely thank you". Staff supported people who needed help and monitored those who ate slowly or needed prompting to eat their meals. Meal choices were offered and staff knew whether people liked to have gravy or sauces with their food. People were offered drinks and snacks throughout the day. Fresh fruit was provided in the lounge which we saw people helping themselves to. People took part in food testing during our visit trying out different foods and tastes. People were given food and fresh milk for their flats.

People were referred promptly to health care professionals. We saw staff discussing changes in people's needs and raising concerns with the GP or district nurses. A visiting health care professional said staff worked closely with them to keep people healthy and well. They said staff called them for help or advice early when needed and used the community out of hours team appropriately. People's contacts with social and health care professionals were recorded so staff could monitor when future appointments were needed. Support was provided to attend hospital appointments if needed.

Good

Is the service caring?

Our findings

A person told us, "The caring attitude is developing amongst our carers." Another person said, "Staff never get bad tempered or anything, we're thoroughly spoiled here." A visitor commented, "Staff treated her really well, they understood her needs (she had dementia) and I couldn't fault them." We saw staff responding kindly and sensitively to people. At times they were focussed on the task in hand but always spoke with people face to face and acknowledged them using their name or an endearment. We heard staff and people sharing a moment of laughter or a joke. The atmosphere in the home was calm throughout our visits and many staff told us they were happy in their work. Staff explained the impact on them and people of changes in the restructuring of teams and a new manager. They were enthusiastic about their roles and as one member of staff told us, "People are happier and staff are happier."

One person told us they might have to wait for call bells to be answered first thing in the morning or when they went to bed. Other people said they did not have to wait for bells to be answered and knew staff would respond to them as quickly as they could. A person said, "Night staff are very good – they're excellent." We saw staff responding quickly to people's needs whether answering call bells, contacting health professionals or spending time with them. One member of staff said the new restructuring of teams gave her time to be with people individually and to have a talk. Another member of staff said residents were always cared for by staff who they were familiar with and who understood their particular care needs. Other staff said the restructuring had given them the opportunity to learn more about people's histories and preferences and to build positive relationships with them.

People were able to attend local places of worship or a service held at the home. Visitors from a local place of worship had set up a befriending service and would be visiting people at the home each week to have a coffee and a chat. The manager said this would be offered to people who chose to stay in their flats initially.

People and their relatives confirmed they were involved in making decisions about their care and support. Staff had individual meetings with people to discuss and review their care. One person told us, "After lots of chats, my main carer went away and wrote my care plan, brought it back to me and I changed bits of it … a matter of emphasis." People said they were given information about the service. They had an activity schedule given to them each month and menus were displayed in the dining rooms. A resident's meeting was held in October 2014 when they were told about changes to the service such as extensions to the dining room.

At our inspection in April 2014 we found information about people was not always kept securely. We found people's personal information was now treated respectfully and confidentially. Records were kept securely and doors to offices were closed when staff were discussing confidential information. People had telephones in their flats promoting their right to privacy and confidentiality.

We saw people being treated respectfully and with dignity. A person requested the front door to their flat was locked when they were not there and this was done. We heard staff knocking on doors and seeking permission before entering flats. Staff had discussed at a team meeting how to promote dignity and respect when delivering personal care. People who chose to remain in their flats said they valued their privacy and independence. People were encouraged to be independent making themselves drinks and snacks. One person told us they had a car and went out shopping. People were observed being visited by relatives or friends. A member of staff confirmed they could visit whenever they wished. People chose where they wanted to meet with visitors whether in their flats or in shared areas around the home. The manager described how relatives had held a wake at the home after a person had died recently. They relatives sent a thank you note to the manager which said, "Lovely to see the affection in which mum was held by all." The manager described how she informed other people living in the home individually and in private when a person died.

Good

Is the service responsive?

Our findings

People and their relatives talked about the initial assessment of needs which had been completed prior to moving into the home. One relative told us they and the person living in the home had been involved with writing the care plan and they had been involved in discussions about the person's changing needs.

Assessments had been completed prior to people moving into the home which determined whether or not people's needs could be met by the service. From these, care plans were developed with people to reflect the way in which they wished to be supported, their likes, dislikes and routines important to them. Care plans were in place for a person who had been admitted three days before our inspection and was staying for a short period of time. One person told us they had just developed a care plan with their main carer which reflected how they wished to be supported. They said, "In my opinion everyone should have a care plan like this." Another person confirmed they were involved in discussions about their care. Staff completed a record evidencing their discussions with people when reviewing their care.

At the inspection in April 2014 we found people's care records did not always reflect their current needs and had not been kept up to date with any changes in their health or wellbeing. Changes had been made including a new care plan format which staff said they found much easier to understand and more individualised. A member of staff told us they had received positive feedback from social and health care professionals about the level of personalisation in the new care plans. In addition to these each person had a life history and a biography which described their background, history and wishes for their future care. Where there had been changes in people's health or wellbeing their care plans had been updated to reflect these. For example one person had been diagnosed as living with diabetes and their care records prompted staff to arrange eye screening tests. Another person had developed pressure ulcers on their legs. Their care plans highlighted the new equipment which had been provided to help alleviate and improve their skin condition.

For people living with dementia consideration had been given to their environment and to the care they received to make sure they were able to live as independently as possible. Each person's flat had a picture or photograph at the front door so they could easily recognise where they lived. Specialist crockery was used to encourage people to eat and drink. Activities were arranged to encourage people to reminisce. We saw a member of staff engaging a person with a historical book about the local environment.

People had access to a range of activities in the home such as gardening, bingo, arts and crafts, crosswords or puzzles and music and movement. We saw staff offering one to one time with people such as giving a manicure. Some people had the opportunity to go on a day trip to the seaside and said they really enjoyed this. Future activities included a themed food evening and a breakfast club.

People who chose to remain in their flats said they did not feel isolated. They said staff popped in to see them throughout the day and they had visitors whenever they wished. One person said they liked their own company but knew staff would take them to the lounge or dining room if they wished to go. Another person liked to stay in their room but to have lunch with others in the dining room and we saw staff had supported them to do this. People were supported to meet with others outside of the home either at another care home or a place of worship. Friends, relatives, volunteers and local schools who visited reduced the risks of people becoming isolated from their local community.

People said they would raise concerns with staff or the manager. One person said, "I don't have any problems but would talk to the manager." A relative told us they had raised a concern with the manager and it had been dealt with satisfactorily. Complaints information was displayed in the reception area. A complaints box was provided so that people and visitors could give feedback about the service anonymously if they wished. The provider had responded to three complaints and the action they had taken as a result. Complaints were thoroughly investigated and feedback was given to the complainant and changes had been made as a result. For example a new contractor was engaged after a complaint about dirty windows.

Good

Is the service well-led?

Our findings

A person told us, "These new people (the provider had changed in April 2014) – in a short space of time the staff appeared to be a lot happier and that makes a lot of difference. These people are making differences, these people are keen. The standards are getting better – the staff we've got appear to be much more happy and if the staff are happy, the residents are happy." A relative said, "I would recommend this home to anyone. It's excellent." People and staff had been consulted about changes to the home during meetings for example changes to the way staff worked. People had taken part in an activities survey and their responses had been used to shape the activities programme. The manager said further surveys would be sent out to people living in the home, their relatives, social and health care professionals.

Changes to the way in which people were supported and cared for were discussed in staff meetings. The manager said individual meetings were held with care staff or housekeeping or senior staff. These had been held in October 2014 and more meetings were planned for January 2015. Minutes for meetings in October confirmed changes to the way of working had been discussed with staff. Staff told us the changes had positive impacts on the service provided to people. The restructuring of their roles and responsibilities had led to greater continuity and consistency of care. A member of staff said, "We know what is expected of us, what we should be doing and where we should be working."

The provider visited the home to carry out formal audits in October and December 2014. We saw the report and action plan for October which commented, "residents happy and well cared for". Actions included improvements to the menu and to the environment as well as care plans and training for staff. There was evidence some of these improvements had already taken place such as a new care plan format and plans for the redesign of the ground floor lounge and dining room. The provider also visited informally and staff commented they were approachable and listened to concerns they raised.

A range of audits monitored the standard of service people received. Staff had lead responsibility for some of these audits and confirmed they had completed training to equip them with the skills to do this. For example, medicines, infection control and health and safety checks. We saw audits were being completed at the appropriate intervals to make sure satisfactory standards were maintained. Action was taken to address issues when needed. Care plans were being audited and we saw where actions had been identified these were being monitored to make sure they had been completed. Accident and incident records were audited to make sure changes had been made if needed to keep people safe.

At the time of our inspection the home did not have a registered manager in place. A new manager had been appointed in July 2014. She was in the process of applying to the Care Quality Commission (CQC) to become registered with us. A health care professional said staff appeared much happier and they were confident with the new manager. A person commented, "The present manager seems to be an inspiration to them (staff)." A member of staff said, "The manager's very good, she's really picked things up. She's changed the place for the good." Another member of staff told us, "If I've got a problem, I just talk to the manager and she actually does something about it. I enjoy coming to work." The manager understood their responsibilities and had submitted notifications to CQC. Services tell us about important events relating to the service they provide using a notification.

The manager was a dementia lead for the home and staff had been appointed as dementia link workers. They attended local meetings with other staff to keep up to date with best practice about how to support people living with dementia. Training for staff was resourced from local organisations so staff could learn about current guidance and review their care with other providers.

The manager described their vision for Royal Court as "A fun place to be and a home for life." Staff confirmed this saying they "enjoyed work", "I love it" and "the atmosphere is relaxed". The provider's vision for the home was to establish "a beautiful care home with a country house hotel environment". Improvements had already been made to the environment, people's care and support and staffing. Future improvements included providing restaurant quality catering and a garden where people could wander safely, sit and relax or help with the gardening.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person did not have suitable arrangements in place in order to ensure staff were appropriately supported in relation to their responsibilities by receiving appropriate supervision and appraisal. Regulation 23 (1)(a) HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff.