

Caemac Investments 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?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection commenced on 29 June 2018 and was announced. This was the first inspection for the service since it was registered in June 2016.

Caemac Investments Limited is a domiciliary care agency. It provides personal care to people living in their own homes and flats in the community. It provides a service to older adults, younger disabled adults and bespoke packages to people returning to their own home following discharge from hospital.

Not everyone using Caemac Investments Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service has a registered manager who is also the 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.

Staff were not recruited safely. The necessary pre-employment recruitment checks been completed but the provider had failed to evidence their decision to appoint members of staff with convictions recorded on their Disclosure and Barring Service (DBS) checks or robustly assess the potential risk these staff members may present to people who used the service.

Risks to people's health, safety and well-being had been identified and assessed but it was not clear if the assessments completed were up to date or reflective of people's current needs.

There were sufficient staff deployed to cover the scheduled care calls; however, the call monitoring service was not consistently used or checked to ensure that care was being provided as planned. The provider did not complete an audit of the call monitoring service.

People told us they thought that staff were well trained and staff confirmed they received regular training which supported them in their roles. However, training records were inconsistent and there were no clear systems for recording the training completed or required for the staff team. Staff did not receive formal, recorded supervision.

Assessments were completed prior to the service providing care and support to people and people felt involved in deciding the care they were to receive. Care plans provided detail as to the care and support needs of people but it was not clear if they had been reviewed and were reflective of people's current needs.

Quality monitoring systems had not been established at the service. Due to the lack of monitoring in all areas the provider did not have an overview of quality or safety. The provider was open and transparent and

was aware of some of the shortfalls identified during the inspection but had not recorded the issues they had identified, nor had they completed any action plan to evidence how they planned on addressing the issues. The provider had also not use any system or process to gather people's views on the service to ensure that their feedback was included in any service planning or development.

People told us they felt safe receiving care and support. Staff were aware of safeguarding procedures and had received training. Staff confirmed the action they would take if they identified any safeguarding concerns including reporting to local authorities or the CQC.

Medicines were managed safely. People's medicines administration records had the detail required to record what medicines had been administered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice. The service worked within the principles of the Mental Capacity Act 2005 (MCA).

People's needs in relation to eating and drinking were recorded with guidance for staff on how to provide care and support. People were supported to maintain their health and well-being. We saw that relevant health professionals were involved in the planning and delivery of the care and support people received.

People told us they were happy with their care workers. They described staff as being friendly, courteous and polite. People confirmed that they were treated with respect and that staff maintained their dignity throughout their support.

People and their relatives knew who they could raise complaints with. No formal complaints had been received at the service however an up to date policy and procedure was in place.

People, relatives and staff told us they felt the provider was approachable and made positive comments about the service. Staff were aware that some areas required improvement and were confident the service would improve. Changes within the service management and the recruitment of additional members of senior staff had had a positive impact

During our inspection we found breaches of Regulation of 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 this 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 was not always safe.

Recruitment checks were not robust to help ensure staff were safe to work with people.

Risks to people's health, wellbeing and safety had been identified; however, it was not clear if assessments had been reviewed or were reflective of people's current needs.

People told us they felt safe and were supported by sufficient members of staff.

Staff were aware of safeguarding procedures and had received appropriate training.

Medicines were safely managed and people received their medicines, as prescribed where they were assessed as needing support.

Appropriate infection control measures were in place.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff told us they had received training; however, records were not consistently maintained. There was a lack of oversight and monitoring with regards to staff training.

Staff had not received formal, recorded supervision or received feedback on their performance with a view to develop.

People consented to their care and support and the service worked within the principles of the Mental Capacity Act 2005 (MCA).

People received the support they required to maintain their health. Healthcare professionals were involved in people's care where appropriate.

Requires Improvement



Is the service caring?

Requires Improvement



The service was not always caring.

People told us that they were supported to express their views and make decisions in relation to their care and support; however, care records did not evidence their involvement. Records also did not evidence care and support plans had been reviewed.

People told us that staff were friendly, courteous and polite.

Staff treated people with respect and ensured their dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

Care plans had sufficient information to guide staff to be able to provide care and support.

Staff were knowledgeable with regards to the care needs of the people they provided support to.

People knew how to make a complaint or raise a concern. There was an up to date complaints policy.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality monitoring systems were not established so the provider was not aware of all of the shortfalls found during our inspection. Issues that had previously been identified by the provider had not been recorded.

Feedback had not been sought from people to improve the service.

People told us that contact with the office was inconsistent; however, they felt the provider was approachable and made positive comments. Staff felt supported by the provider and spoke positively about the changes being made to improve the service.

The service worked in partnership with other agencies to make sure people received appropriate care and support.

Caemac Investments 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.

Inspection activity started on 29 June 2018 and ended on 3 August 2018. The inspection was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service to people in their own homes and therefore had to give permission before we could speak with them. We also needed to be sure that senior staff would be available on the day of the visit to the office location and that records would be accessible.

Inspection activity included speaking to people and their relatives, speaking to and requesting written feedback from staff employed at the service and seeking feedback from the local authority and commissioners.

We visited the office location on 3 July 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection was completed by one inspector.

Before the inspection, we reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us.

We spoke with two people who used the service and two relatives. We also spoke with two care workers, one co-ordinator and the provider. We also sought feedback from the local authority and commissioners.

We looked at three people's care records to see if they were reflective of their current needs. We reviewed four staff recruitment files, reviewed the care call scheduling and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed.

Following our site visit we asked the provider to send us confirmation of recruitment checks for two members of staff, rotas and schedules for another two members of staff and evidence of risk assessments and care plan reviews. In addition, we also asked the provider to send us a number of their policy documents. All the requested documentation was provided.

Is the service safe?

Our findings

Staff had not always been recruited safely. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on people who have made an application to work with adults who may be at risk. This helps employers to make safer recruiting decisions and helps prevent unsuitable staff from working with people. We reviewed three staff recruitment files and found that one member of staff had 3 historic criminal convictions recorded on their DBS. We discussed the appointment of this member of staff with the provider who shared with us that another member of staff employed at the service also had a recent criminal conviction recorded on their DBS.

During our inspection, we found no evidence of any assessment or additional checks completed by the provider in relation to the convictions recorded on either of the staff members DBS' and their decision to appoint them. We also found no risk assessment had been completed in relation to either member of staff to mitigate any risk that their employment, behaviour or past history may pose to the people who used the service, colleagues or the service in general.

We discussed this with the provider who confirmed that their decision-making process had not been formally recorded and that any risk assessments or restrictions in place for the members of staff had been agreed verbally. Following our visit to the office location we requested the provider complete the required risk assessments for the members of staff and ensure that appropriate records were completed retrospectively for these members of staff to evidence their decision to appoint them was safe. We also requested that the provider inform the people receiving support from one member of staff be informed of the nature of the conviction recorded on their DBS to enable them to decide if they wished to continue to receive their support. The provider completed the actions requested of them and provided evidence within the timescale we requested.

Although the action requested was completed by the provider, the initial lack of evidence and assessment of the suitability of either member of staff prior to their appointment and completion of a risk assessment was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Fit and proper persons employed.

People told us that there were sufficient staff to meet their needs. One person told us, "I can't fault them really. It's not always the same person and they may be a little late but they have never let us down." A relative told us, "At the moment everything is working well. We're working together with them (the service) to work out the times of calls but they have been here every day and not missed anything."

From the rotas and schedules we viewed there appeared to be sufficient staff to meet the care packages agreed, with ongoing recruitment to ensure that the service did not experience any shortfalls in their service. However, the call monitoring system in use did not accurately reflect the whereabouts of staff or if any calls were late or missed. For example, whilst reviewing records on the office computer, a number of alerts were seen for missed calls. We discussed this with the provider who advised that not all staff were able to log in via the online system and these staff needed to text the provider directly to notify them that they had arrived

at the call as expected. These text messages were sent to the provider's personal mobile phone so were not recorded on the computerised system.

The provider did not complete an audit of the call monitoring system so was unable to easily provide assurances and evidence that people's care had not been missed. However, we were able to see that where the system recorded a missed call, we were able to check if the member of staff had completed notes in the persons daily records to evidence that the call has been completed. We reviewed a number of the 'missed calls' recorded in the system for the two-week period prior to our visit to the office location and found that this was the case for every occasion. The provider agreed that these issues within the system needed to be addressed and that staff should be provided with the ability to log their calls as expected.

Risks to people's safety were assessed when the agency commenced providing a service. We found a range of risk assessments in place for people which included areas such as manual handling, medicines and falls. Each risk assessment identified the hazard, the control measures in place and guidance for staff which resulted in the risk as being graded as low, medium or high. All assessments were accessible to staff via the computerised care planning system and were sufficient in detail. However, we found that it had not been identified that some risk assessments had not been updated or had been incorrectly recorded in the computerised system. We found risk assessments in place that were showing as needing review, duplicate risk assessments and risk assessments that had a review date recorded prior to the date of completion of the initial assessment.

We showed the provider the risk assessments showing as being 'out of date' in the system. The provider explained that the default review date set by the computerised care planning system was one month from the time of the assessment being completed. They went on to explain that not all assessments required this frequency of review and that they would make the required amendments in the system to ensure that the assessment review dates were accurate. We found risk assessments in the system that had been identified as needing review since January 2018 and it was not clear how this issue had not been identified prior to our inspection.

We also found risk assessments being highlighted as needing review where assessment dates may have been incorrectly recorded. For example, we found two assessments had been completed for one person on 15 December 2017 however the review date was recorded as 30 November 2017 so immediately showed the assessment as being out of date. In addition, for another person, there were four risk assessments in place however the two assessments that were showing as needing review were duplicates of the 'active' assessment. All of the concerns found with regards to the assessments and recording of risks to people meant it was not clear as to whether risk assessments were current or reflective of people's needs.

The lack of consistent and accurate risk assessments for people was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe Care and Treatment.

Any accidents and incidents were recorded by staff within care records and the computerised care planning system. The provider was alerted by the system when an accident or incident had occurred which enabled them to review the details and take action where necessary. The provider did not complete any audit or review of accidents or incidents to identify any trends or themes and could not evidence how they took action to prevent reoccurrence. However, they told us that no recent accident or incidents had been reported and that this would be done in the future.

People felt safe receiving support from the service and had no concerns regarding their safety when receiving care. One person told us, "I have no concerns. Everything seems to be done correctly and safely." A

relative told us, "The treatment my [relative] receives is impeccable. We have no safety concerns at all."

Staff we spoke with understood safeguarding procedures and told us the different types of abuse and signs that could indicate concerns that would require reporting. One member of staff told us, "We had safeguarding training again recently and it was a good reminder of everything we should be looking for. I would phone the office with any concerns but I know the phone number for the local team and CQC."

Records confirmed that staff had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding people was available to staff. This included guidance for staff on how to report concerns and the contact details for local agencies. The provider was aware of their responsibilities in relation to safeguarding and the requirement to ensure that referrals were made to the local authority where required.

Systems were in place to manage people's medicines safely and people were satisfied with the support they received. One relative told us, "[Name of relative] receives the support they need. They (staff) have helped us follow up with GP when there's been a change in the medication."

The service had a current medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. One member of staff told us, "We all receive the training to support people with medication and have to do it before we are able to do that part of the call."

People's medicines administration records (MAR) were computerised and had the required detail so staff could record what medicines had been administered accurately. The provider confirmed that they entered the details on the MAR from the information received from either the hospital discharge information or from the pharmacy. They confirmed that any discrepancies in the information provided were resolved by contacting the prescriber.

A review of the daily records and Medicine Administration Records (MAR), showed that staff were recording when medicines had been given or prompted. Where issues with medicines had been identified by staff they had been reported promptly with appropriate action taken and recorded.

The service managed the control and prevention of infection and had an up to date policy. Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as uniforms, disposable gloves and aprons. Staff we spoke with told us how they followed infection prevention and control good practice such as washing their hands and disposing of any waste safely.

Is the service effective?

Our findings

People and their relatives felt that the service met their needs and that staff were effective and well trained. One person told us, "Staff are very skilled and know what they are doing." A relative told us, "Staff have completed all the required tasks efficiently and [Name of relative] has been making good progress with their support."

Staff told us that they felt supported in their role but had not always had the opportunity to receive formal supervision or feedback from the provider. One member of staff told us, "The support I get from [Name of provider] is good and I can always go to him. I have had supervision but I think only twice in about a year. I don't think this is enough." The provider confirmed that staff had not received regular supervision and any sessions that had been completed with staff had not been recorded. They recognised this was an area that required improvement.

Staff told us that they received an induction and the training they required for their role. One member of staff told us, "We do training in different ways. [Name of provider] provides all the training that we need and we do it often." However, we found that training records were not up to date and a training plan or overview had not been completed. The provider explained that the task of monitoring training and ensuring that records were up to date was to be allocated to the care co-ordinator who had recently been appointed. We found that some training had been recorded within staff files, some training entered onto the computerised system and some certificates were found stored in the postal envelope that they had been delivered in. There was no system in place at the time of our inspection to monitor staff training and it was not clear from the records reviewed how the provider ensured that training was up to date.

The lack of supervision and monitoring of training was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Staffing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service was working within the principles of the MCA.

People and their relatives told us that that staff asked for their consent to care prior to providing support. Where people made a decision not to have help and support this decision was respected. The service had not completed any formal mental capacity assessments and best interest meetings to date as they were not supporting anyone who required this level of support. We discussed the process with the provider who told us if needed they would apply the principles of the MCA.

People's needs in relation to food and fluids were documented in their care plan and they were supported with preparing meals by the care staff, where they needed help. A member of staff told us, "The care plan tells us the support people need on each visit and that sometimes included preparing meals. Support is

different from person to person." Daily records we viewed showed that staff recorded any meals that they prepared for people and, where required, they recorded the dietary intake of people for monitoring purposes.

People could access healthcare professionals when needed and appropriate. Records demonstrated that the service worked with hospital clinicians, district nurses and GP's to make sure people got the healthcare support they needed.

Is the service caring?

Our findings

People and their relatives told us they were happy with the staff that visited them. Comments included, "The staff are all very good, friendly and courteous", "Everyone is very nice, polite and pleasant" and "The staff that visit are so sweet and willing."

Staff treated people with kindness and people thought their dignity was maintained during their visits. One person told us, "The staff are very respectful and treat me kindness and consideration." A relative told us, "[Name of member of staff] is wonderful. Kind, caring, respectful." Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people. One member of staff said, "We always treat people with dignity. I put myself in their shoes and treat them as I would want to be treated."

People told us they were asked their views and were involved in making decisions about their care and support, where possible. Relatives also confirmed that they had been involved in developing the care plans and support package provided by the service, where appropriate. One person told us, "I was able to make the choices and decisions about the support I receive. No question." A relative told us, "Myself and [Name of relative] were asked lots of questions by them to make the necessary arrangements." However, records did not show that people had been involved in the assessment of their care needs or deciding the care they wished to receive.

The provider told us that care plans were regularly reviewed and updated whenever there was an identified change. They told us that this happened following a review meeting with the person, their relatives (where appropriate) and commissioners; however, this was not reflected in the computerised care planning system. We looked at three care plans and saw they were individualised to meet people's specific needs however it was not clear if the information was current and up to date.

The computerised system provided an overview of all care plans in place for people and we saw that that four care plans review dates had passed and one care plan that had no date of review recorded. The provider told us that they were aware of this issue and would address this as a matter of urgency to ensure that all review meeting dates were entered into the system to rectify this. They recognised this was an area that required improvement.

Is the service responsive?

Our findings

People we spoke with told us they thought staff understood their needs and were responsive. One person told us, "Yes, the staff understand what I need from them. They are all very obliging and courteous." A relative told us, "We spoke with [Name of co-ordinator] on assessment who was smashing. We were able to say what we wanted and needed and everything is organised for us."

People were assessed prior to the service being received. The provider or a senior member of staff completed all the assessments. An assessment form compiled by the provider was completed during the assessment and covered the care needs of the person and their daily routines but did not include people's preferences, likes and dislikes. The provider explained that the service obtained information from the hospital discharge team and local authority when commencing a new care package and this formed the basis of the person's care plan. They went on to explain that details on preferences and any individual information was added to the care plan once the service commenced.

Staff were knowledgeable about the health and support needs of people. One member of staff told us, "A care plan is always in place when we start providing calls to someone. We can look on the system and see all the details about them before we go to visit them. We can always speak to [Name of provider] if we need any more information as [they] completed the assessment and would have met them already." Another member of staff told us, "We get all the information we need to provide the support and if we identify a change we can let the office know to update the care records." Staff told us that they were kept informed of changes in people's needs via messages or by reading updated care plans. Staff confirmed there was always a senior member of staff available to ask for clarification if they were unclear about any of the information within people's records.

People we spoke with were aware of the complaints procedure and who they could raise concerns with. One person we spoke to told us, "I have no complaints whatsoever but would contact [Name of provider] if I did." A relative told us, "[Name of provider] is very open in their dealings with me. I have no concerns but have no doubt they would respond to me correctly if I did."

We saw that no formal complaints had been received since the service commenced. Any concerns seen to have been raised were recorded within the computerised system in a person's daily notes with the action taken by the member of staff at the time to resolve the issue. There was an up to date complaints policy in place and the provider was able to describe the action they would take if a formal complaint was received.

Is the service well-led?

Our findings

This was the first inspection since Caemac Investments Limited was registered in June 2016. At the time of our inspection they had been providing care and support to people for approximately 12 months.

There was a registered manager in post who was also the 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.

Quality monitoring systems had not yet been established at the service. The provider did not have a system of audits or checks to monitor the care provided or the records in place. The provider recognised this was a shortfall so had made some changes within the office management to enable them to focus on developing the service and had employed further staff. However, as these changes had not yet been fully implemented they found that they remained in a reactive position to any issues or concerns arising and were considering employing the services of a consultant to provide a clear picture of the improvements that were required across the service.

During our inspection we found a number of areas that required action and improvement which a robust quality assurance process could have identified. The provider confirmed they were aware of some of the issues found during our inspection however, there was no action plan in place to identify what action was needed, by when and by whom to resolve them.

In addition to the lack of audits and checks, the service had not routinely sought or recorded feedback from people or their relatives on the service provided. The provider planned on completing a satisfaction survey in the coming months but had not yet developed questionnaires or decided on how the survey would be conducted.

These shortfalls are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.

The provider was open and transparent about the improvement that was required. The provider recognised that change was needed to ensure that the service was working within the regulatory framework. Despite the shortfalls in the service, the staff we spoke with enjoyed working for the agency. They told us that they recognised the provider was trying to improve the shortfalls. One member of staff told us, "It wasn't so good before with the previous management arrangements but it is getting better with [Name of provider] being more involved now."

Staff told us they felt supported by the management at the service. They told us the provider was available to provide advice, guidance or support and was approachable. One member of staff told us, "[Name of provider] is committed to providing a good service and support us a team to do the work." Another member of staff told us, "It's obvious that [Name of provider] wants to be a success and ensure the service is good."

I'm confident that the changes being made will have a positive impact." There was a staff structure in place and clear responsibilities were being developed alongside the changes to the senior staff at the service.

People and their relatives were satisfied with the care and support provided; however, they described contact with the office and the agency as being inconsistent. One person told us, "It's not normal for me to ring the office but when I do the response I get is inconsistent." A relative told us, "The admin side is a little chaotic and I've received emails at past midnight before. There needs to be some more organisation on that side of the business." However, despite these inconsistencies experienced, everyone we spoke with told us that the provider was approachable and made many positive comments. These included, "[Name of provider] is very good, I am impressed with his dedication. He has come out on calls to me", "[Name of provider] is very helpful and shows empathy to us in our situation" and "[Name of provider] is very good. I would recommend him to anyone."

The service worked in partnership with various agencies. Records demonstrated they worked with the local authority social care teams and healthcare agencies. One healthcare professional provided written feedback on the service and told us, "In all interactions Caemac have been respectful, transparent and helpful. Of three cases within which I have had involvement Caemac have stepped in to assist [Name of health care team] with two particularly complex cases and managed support effectively. On two occasions Caemac have stepped in quickly where unplanned circumstances necessitated expedient action. Concerns from Caemac about provision or an individual's circumstances have been reported in a timely manner; concerns with regards to the actions of care staff raised by service users have likewise been dealt with promptly and effectively by management."

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 12 HSCA RA Regulations 2014 Safe care and treatment Assessments in relation to risks to people's health, safety and well-being had not been accurately recorded or reviewed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems had not been established at the service. Feedback from people using the service had not been routinely sought or recorded with a view to improving the service
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices were not consistently followed. The provider had failed to act upon or assess information received on Disclosure and Barring Scheme (DBS) checks during recruitment of new staff.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not been provided with formal, recorded supervision. Staff training records were inconsistent. There

was a lack of oversight and monitoring of the training needs of staff.