

Morepower Limited

# AQS Homecare Hampshire

## 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?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

AQS Homecare Hampshire is a family run domiciliary care agency providing personal care for a range of people living in their own homes. These included older people living with dementia and people living with a physical disability or a learning disability.

At the time of this inspection the service had just been awarded an additional contract to provide domiciliary care in the Eastleigh, Gosport and Fareham areas by Hampshire County Council and was undergoing an internal restructuring process.

The last inspection of the service took place on 08 and 10 April 2014, where we identified breaches of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We set compliance actions in relation to those breaches and the provider sent us an action plan stating they would be meeting the requirements of the regulation by the end of June 2014.

# Summary of findings

This inspection, which was announced, was carried out over the 12 and 14 May 2015 and at the time of our visit the service was providing personal care to 66 people. During the inspection we found the provider had completed all the actions they told us they would take.

There was a registered manager in place at the service. 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.

People using the service and their relatives told us they felt safe. However, there were not always enough staff available to meet people's needs. In addition, although, there were risk assessments in place, these were not personalised and did not identify potential risks to some people.

Staff providing care to people were able to demonstrate that they treated them with dignity and respected their privacy. However, people's choices with regard to the gender of the person providing care were not always respected. We have recommended that the provider reviews their internal processes in respect of meeting people's gender preference requirements in a domiciliary care environment.

The provider did not always ensure that people's records were accurate and up to date. People placed with the service following the restructuring process did not always have a detailed care plan in place before care was provided.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) which applies to services providing care in the community.

Although staff were aware of the principles of the MCA, they did not have access to sufficient information to enable them to understand the ability of a person living with a cognitive impairment, such as dementia, to make specific decisions for themselves. We have recommended that the provider seek advice and guidance on adopting the latest best practice guidance in respect of mental capacity assessments for people living with a cognitive impairment.

Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

There were suitable systems in place to ensure the safe management and administration of medicines across the service. All medicines were administered by staff who had received appropriate training. Healthcare professionals, such as GPs and district nurses were involved in people's care where necessary.

People and their representatives had been involved in the planning and review of their care. People were supported to have enough to eat and drink by staff who had received the appropriate training, professional development and supervision to enable them to meet people's individual needs.

The provider sought feedback from people using the service and their relatives in respect of the quality of care provided and had arrangements in place to deal with any concerns or complaints.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

# 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.

There were not always enough staff to meet people's needs. However, the recruitment practices ensured that all appropriate checks had been completed before staff commenced working with people.

People's health risks were not always personalised and managed effectively.

Staff were aware of their responsibilities to safeguard people.

People received the right medicines to meet their needs in a safe and appropriate way.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff supporting people living with a cognitive impairment did not always have sufficient information to enable them to understand the ability of a person to make specific decisions for themselves.

People were supported to have enough to eat and drink.

People were supported to access health professionals and other specialists if they needed them.

Staff received an appropriate induction and on going training to enable them to meet the people's needs. Staff were supported to provide care through regular supervisions and an annual appraisal process.

**Requires improvement**



### Is the service caring?

The service was not always caring.

People's preference with regard to the gender of the person providing care was not always respected.

People and when appropriate their relatives were involved in planning their care. Staff used care plans to ensure they were aware of people's needs.

Staff developed caring and positive relationships with people using the service.

**Requires improvement**



### Is the service responsive?

The service was not always responsive.

Not all people using the service had a detailed care plan in place to ensure staff had sufficient information to be able to respond to their needs.

Where care plans were in place they were detailed and people had been involved in their completion.

**Requires improvement**



# Summary of findings

The provider sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

## Is the service well-led?

The service was not always well-led.

People's records were not always accurate and up to date.

People and staff were provided with opportunities to become involved in the development of the service.

The provider had a system in place to monitor the quality of the service being provided.

The provider was aware of their responsibilities to notify the Care Quality Commission of significant events affecting people using the service.

**Requires improvement**



# AQS Homecare Hampshire

## 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.

The inspection was announced. The provider was given 1 day's notice because the location provides a domiciliary care service and we needed to be sure that staff would be available. The inspection was carried out by one inspector and an expert by experience over the 12 and 14 May 2015. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We also sent out questionnaires to 45 people using the service and eight health professionals. We reviewed the information in the PIR, the responses to our questionnaires, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine people who used the service or their relatives. We also spoke with six members of the care staff, one of the providers, a registered manager from another of the provider's services who was carrying out a quality assessment process, the office manager and the registered manager.

We looked at care plans and associated records for seven people using the service, staff duty rota records, four staff recruitment files, records of complaints, accidents and incidents, policies and procedures, and quality assurance records.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “The carers make sure I don’t fall over when I try to do things” and “I never feel uncomfortable when they are here”. Relatives told us they could relax because they knew their relatives were in safe hands. One relative said “We have had no accidents and are comfortable having the carers in the house” they added “All safety issues are fine”

However, we found there were not always enough qualified, skilled and experienced staff available to meet people’s needs. The provider told us they were going through a restructuring process as a result of being recently awarded an additional contract to provide domiciliary care in the Eastleigh, Gosport and Fareham areas by Hampshire County Council. As part of this process there was an agreed implementation plan, which had included a phased hand over of care packages from outgoing providers over a 12 month period. However, this phased approach has not occurred as planned which resulted in the service having to unexpectedly respond to an additional number of care packages at very short notice.

The provider had an on going recruitment programme in place and the service was also in negotiations with outgoing providers to transfer existing staff across to them. The provider has told us they could also use staff from other branches and office staff as a contingency to cover care calls.

The unexpected additional packages meant that the service was unable to recruit sufficient staff quickly enough to meet these additional needs. The provider has told us the lack of staff was exacerbated by staff sickness. As a result there were insufficient care staff available to support the new care packages and meet people’s needs. In addition, the office administrative infrastructure was not effective in supporting the increased demand in supporting people who required a service. This has meant that the people using the service were at risk of receiving unsafe or inappropriate care and support.

New people using the service did not always have their care needs fully assessed prior to commencing with the service. People were not able to receive a service at their preferred time and there was an increase in the number of complaints in respect of missed or late calls. In addition, the office records were not always maintained and up to

date. One person using the service told us “I refused the carer’s help when they come as they get here too late. I have done the work”. Another person said, “The office doesn’t seem to be organised. The carers come anytime between 9.15am and 1pm, they have been late four or five times in the last three weeks. I cannot do things with my family if the carers come late, half the day has gone” and a third person told us, “The carers never turn up when they are supposed to and the office swaps times when they feel like it”.

### **The failure by the provider to ensure they deployed sufficient staff to meet people’s needs is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We raised these concerns with the provider and the registered manager who acknowledged there had been concerns raised as a result of the large number of people transferring to the service at short notice during the restructuring process adopted by the local authority. The provider forwarded us a copy of their action plan and restructuring implementation plan, which detailed the action they were taking to ensure they were able to meet people’s needs safely.

At a previous inspection we identified that care plans did not have completed or robust risk assessments or moving and handling assessments. During this inspection we found that manual handling assessments and risk assessment were in place. However, some risk assessments were not personalised enough to reflect people’s individual needs and potential risks. For example, one person had a history of severe depression, which was manifested in self-neglect and a risk of malnutrition and dehydration. Although there were risk assessments in place to support this person they were not personalised and did not reflect the potential risks specific to their depression. We pointed this out to the registered manager who agreed it was an area for improvement and by the end of our inspection they had taken action to address our concerns.

### **We recommend that the provider seek advice and guidance on person centred risk assessments**

At a previous inspection we identified that the provider had failed to ensure there was an effective recruitment procedure in place. During this inspection we found the provider had a safe and effective recruitment process in place. This ensured that staff who were recruited were

## Is the service safe?

suitable to work with the people they supported. All of the appropriate checks, including Disclosure and Barring Service (DBS) checks were completed on all of the staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

There were arrangements in place to support people with regard to their medicines management. The agency had a clear medicines policy, which was available to all staff in their 'Staff Handbook'. People's care files contained information regarding the medicines they were using and whether they were self-administered. All staff received appropriate training prior to them supporting people with their medicines. Staff were assessed on their competency in supporting people with their medicines as part of a regular spot check supervision process.

Staff administering medicines are required to initial the medicines administration records (MAR) chart to confirm the person had received their medicine. Before these MAR charts were archived they were reviewed by the office

manager. We found that where the MAR chart had not been completed correctly these errors had been identified as part of the review process and remedial action had been taken to prevent reoccurrence.

Staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All staff and the registered manager had received safeguarding training and knew what they would do if concerns were raised or observed in line with the providers' policy. Information about keeping people safe and the different types of abuse was also included in the 'Staff Handbook' given to all staff. All of the safeguarding alerts over the previous 12 months had been investigated and where appropriate remedial action was put in place to minimise further risk. The provider had also ensured that safeguarding incidences were notified to the appropriate authority within a timely manner.

There were arrangements in place to deal with foreseeable emergencies. A contingency plan had been prepared to ensure care was still provided in the event of disruption to the service, such as in extreme weather conditions, or a flu outbreak amongst the staff team.

# Is the service effective?

## Our findings

People using the service provided a mixed response to whether the service was effective or not. Those who had been with the service for more than three months were positive about the service provided. One person told us they were “very happy with the care. They were good, full marks” and added “We’ve had no problem with the agency”. Another person said they had “No problem at all, they all seem very friendly and able”. However, people who were new to the service raised concerns over the lack of consistent care staff and the lack of staff knowledge in respect of their care needs. One person told us “Carers come and say you will have to tell me what to do as there is no folder”. Another person said “The carers turn up and don’t know what they are doing”.

The registered manager acknowledged there had been concerns raised as a result of the large number of people transferring to the service at short notice during the restructuring process.

The Mental Capacity Act 2005 (MCA) provides a 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 should be made involving people who know the person well and other professionals, where relevant.

Staff understood their responsibilities in relation to the MCA. They were able to explain the principle of capacity and how it applied to people using the service. People’s care records contained a section which identified whether they were living with a cognitive impairment, such as dementia. However, there was no information in the care records of those people living with a cognitive impairment to assist staff in understanding and supporting the person’s ability to make specific decisions for themselves. We raised this with the manager who agreed it was an area for improvement.

**We recommend that the provider seek advice and guidance on adopting the latest best practice guidance in respect of mental capacity assessments for people living with a cognitive impairment.**

Before receiving a service, staff undertook a pre-assessment, known as a ‘care needs assessment’ within the organisation, with the person to identify their individual needs, their personal preferences and any risks

associated with providing their care. This included their medical history, an assessment of their ability to communicate and information about their mobility needs. The pre-assessment gave the provider the opportunity to ensure they had the staff with the appropriate skills and experience available to meet the person’s needs and provided a risk assessment for their home.

For people who had been placed with the service as part of the restructuring process adopted by the local authority, staff were not always able to complete a pre-assessment by the service before care was provided. On these occasions staff relied on the assessment of needs provided to them by the commissioning care manager, until they were able to complete their own assessment. The registered manager agreed this was an area for improvement and the provider forwarded us a copy of their action plan and restructuring implementation plan, which details the action they were taking to manage the transition for people using the service.

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme based on the Skills for Care common induction standards and for staff recruited since April 2015, the principles of the care certificate. The care certificate is a set of standards that health and social care workers adhere to in their daily working life. They spent time shadowing more experienced staff, working alongside them until they were competent and confident to work independently. The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as, infection control, manual handling and safeguarding vulnerable adults. Staff were also supported to achieve a vocational qualification in care. Staff demonstrated an understanding of the training they had received and how to apply it.

At a previous inspection we identified that the provider had failed to have suitable arrangements in place to ensure staff received supervision and appraisal. During this inspection we found that staff received regular, three monthly supervisions and an annual appraisal. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported, by their manager and they could raise any



## Is the service effective?

concerns straight away. One staff member said, “The managers are really good, they listen and you can call them anytime”. Staff files contained records of workplace supervisions carried out by supervisors, which included whether the member of staff had followed the agreed person centred care plan. These were recorded electronically and were analysed by both the registered manager and the provider. Where issues or trends were identified this was followed up with a personal action plan or a training event.

People were supported to have enough to eat and drink. Where people required support with their nutrition and

hydration, this was documented in their care file. Staff were aware of people’s food preferences and how they liked their meals prepared. People who had their meals prepared for them told us they were happy with the level of support provided and that staff responded to their wishes.

People’s records of care showed that staff identified when people were unwell or in need of additional support. When necessary staff liaised with other healthcare professionals, such as GPs, district nurses and chiropodists to ensure people received a consistent approach to their healthcare.

# Is the service caring?

## Our findings

People and their relatives told us they felt the service was caring. One person said “the carers are always kind, friendly and compassionate”. Another person told us “They are all pleasant and lovely”. A third person told us “Very good. We work together and help one another and I never feel embarrassed”. A relative said “The carers treat [their relative] gently. They are always very good with them and don’t rush them. If [their relative] is not up to it, then the carers give them a little wash. If they are having a good day they support [their relative] to wash the top half of their body by themselves.

However, we found that people were not always treated with dignity and respect. Staff explained some of the actions they took to ensure that people’s privacy and dignity was respected while delivering care. This included knocking on people’s doors and identifying themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One member of staff said “I ensure that doors and curtains are closed. I explain what I am doing and offer them a choice”. People’s wishes regarding the gender of their care staff were not always respected. One relative said “I have asked the agency on three previous occasions not to send male carers to my relative, but they have ignored me”. Another relative said “We have not had a choice of carers. A male carer arrived and I had to send him away; this has happened twice in four months”. We raised this concern with the registered manager who agreed it was an area for improvement. They told us that it was due to the unexpected demands to meet the new care packages. The registered manager accepted that people did not always receive care in line with their gender preference.

**We recommend that the provider reviews their internal processes in respect of meeting people’s gender preference requirements in a domiciliary care environment.**

The provider had a series of policies and procedures in place which provided information and support to staff with regard to treating people with dignity and respect. Information regarding confidentiality, dignity and respect formed a key part of the induction training for all care staff and was included in the staff hand book. It was also included in the service users guide given to all of the people using the service to inform them of the level of care they should expect. Dignity and respect also forms an integral part of the service’s quality assurance process through impromptu ‘service user spot-check’ reviews, which included a question on whether they felt respected.

Staff developed caring and positive relationships with people. However, although people who had been placed with the service as part of the restructuring process were positive about the care staff who supported them they did not always receive care from a consistent team of care staff. One person said “It is always different girls, I don’t see the same girls twice”.

People and when appropriate, their relatives had been involved in making decisions about their care. Their care plans contained information such as people’s personal histories and their likes and dislikes. Staff were aware of the importance of respecting people’s choices. For example, one member of staff told us that one person they supported liked to wash by their bed rather than in the bathroom. The person’s care plan recorded this preference and their daily records of care showed that their wishes were being respected. Another person’s care plan showed they preferred care staff to use their key safe to gain access without disturbing them, their care records showed this was complied with. Daily records of care demonstrated that where people had chosen not to do something and this was respected.

# Is the service responsive?

## Our findings

People and their relatives were mixed as to whether they felt the service was responsive to their needs. Those who had been with the service for more than three months were positive about the service provided. One person told us “I have no problem contacting the agency; someone has always answered the phone when I have called and dealt with my query”. However, people new to the service as part of the restructuring process adopted by the local authority did not always find the service was responsive to their needs. One relative said “My relative has raised the issue about carers turning up at the wrong time. It has not been resolved”.

All of the people who had been placed with the service as part of the restructuring process adopted by the local authority were managed through a risk based approach to care planning and risk assessments. All of them were given a temporary care plan and risk assessment based on the local authority handover assessment. These were followed up by supervisors who completed a full care plan on a risk or needs basis. Prior to the follow up assessment by the service the provider could not be assured the assessment was correct and staff would have the appropriate skills necessary to meet a new person’s needs. The registered manager agreed this was an area for improvement.

Following their formal assessment people received care that had been designed to meet their specific needs. Once established each person’s care file contained a personalised care visit plan, which provided care staff with detailed information of the exact support people required at each visit. Each visit plan was signed by the person receiving the support agreeing to the level of support being provided. The staff were knowledgeable about the people they supported and the things that were important to them in their lives. Records were personalised and documented people’s interests, histories, wishes and personal preferences.

Their care needs were reviewed on a three monthly basis by a supervisor and changes agreed with the person or where appropriate a relative, who signed the updated care plan. This approach enabled decisions about care and treatment to be made by staff at the appropriate level. In addition, the regular review visits by a supervisor provided an opportunity for people to provide feedback on the

service they had received and raise any concerns they had. Where care plans were updated or changed, care staff were required to sign a check list to confirm they were aware of the changes.

All care plans, including contact details and links to the relevant health professionals, were stored in both paper and digitised format. This meant that they were accessible across the service to people authorised to access them. The provider had a centralised out of hours unit available to offer support to people when the office was closed. Staff manning this unit had access to people’s digitised care plans and were able to provide a focussed response based on the information held about the person’s needs.

The provider sought feedback from people or their families through the use of a series of quality assurance survey questionnaires and ‘service user spot-check’ forms. These were sent out to people on a regular basis to seek their views on the level of service provided. We saw the results from the latest ‘service user survey’ and the ‘service user spot-check’ form, which were completed in 2015. The results of both were predominately positive. These results were stored electronically and had been analysed by both the provider and the registered manager and assessed against other services owned by the provider. In addition, the office carried out a series of telephone surveys on an ad hoc basis to obtain feedback from people using the service.

People and relatives knew how to make a complaint. The service had policies and processes in place to deal with complaints. A service users’ guide was provided to all people using the service or their relatives. This provided information on how to make a complaint and included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. One person said “At the start, carers were not turning up or were coming late, but we complained and after a week they began to come regularly and have been doing so now for three months”. Complaints received by the service were dealt with by the office manager and escalated to the registered manager or the provider if appropriate. The service had received a number of complaints over weeks previous to our inspection. This related to issues stemming from the provider changeover process. We spoke with the person investigating these complaints, who had visited each of the complainants and was able to demonstrate the action they had taken to resolve each person’s complaint and reduce the risk of reoccurrence.

# Is the service well-led?

## Our findings

People provided differing views on whether they felt the service was well-led. Those who had been with the service for more than three months were positive about the how well-led the service was. One relative said “Yes, generally. My relative feels comfortable speaking to them, everyone has been very helpful”. However, people who had been placed with the service as part of the restructuring process adopted by the local authority did not always find the service demonstrate good management and leadership. One person told us “I get the feeling that they don’t know what they are doing as if they have taken on carers quickly. They have been sending me carers at night time and they know that I don’t want carers at night. My family has sent messages through to the office that I don’t need them but they still keep coming”.

At a previous inspection we identified that the provider had failed to ensure that accurate and appropriate records were not maintained and personal information was not stored securely. During this inspection we found the provider had made improvements to ensure personal information was stored securely. There were concerns over the accuracy of records relating to the contact details of people using the service, which were not always up to date or factually correct. For example, during our inspection, we requested the contact details of people using the service. On reviewing this information we found that eight telephone numbers provided to us were incorrect. We raised this concern with the office manager who agreed it was an area for improvement.

The provider had a clear vision for the future of the service in respect of the provision of care. They acknowledged that the recent Hampshire County Council restructuring process and additional contract to provide domiciliary care services by, had impacted on their ability to deliver the high quality of service they aspired to. They had an action plan to show how they intended to meet regulations and deliver safe and appropriate care to people.

There was a clear management structure with directors, a registered manager, officer manager, care co-ordinators and administration staff. Staff understood the role each person played within this structure. There was the potential

for people and their relatives to comment on the culture of the service and become involved in developing the service through regular feedback opportunities, the ‘service user spot-checks’ and the ‘Service user surveys’.

Staff were aware of the provider’s vision and values and how they related to their work. Regular staff meetings provided the potential for the management team to engage with staff and reinforce the provider’s value and vision. They also provided the ability for staff to provide feedback and become involved in developing the culture of the service. There was an opportunity for staff to engage with the management team on a one to one basis through supervisions and informal conversations. Observations and feedback from staff showed us the service had a positive and open culture. Staff spoke positively about the culture and management of the service. One staff member said “I enjoy what I do, everyone is so friendly, [the management team] are open to ideas and listen to you”. Another member of staff told us the providers were “very approachable. I had a problem with a client and [the provider] came over to support me”. A third member of staff said “The management is very good. I feel very supported”. They added “The directors are very much involved”.

At a previous inspection we identified that the provider had failed to have an effective system to regularly assess and monitor the quality of service that people received. During this inspection we found that the provider had suitable arrangements to support the registered manager. The provider visited the service on at least a monthly basis, which also formed part of their quality assurance process. There were six monthly manager meetings involving all of the managers from the services owned by the provider, which provided an opportunity to raise concerns and share best practice ideas. The provider also used more experienced managers to carry out quality assurance visits and provide support to those managers who were new to the role. The provider was aware of the concerns resulting from the restructuring process adopted by the local authority and had instigated mentoring support and a quality assurance check by an experienced manager from another of the provider’s services. This process was happening during our inspection. The registered manager carried out regular audits and reviews of different aspects of the service including care plans, daily records of care and medicine administration charts. Some of these audits were carried out on a dip check basis where random files were checked and audited.

## Is the service well-led?

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The provider and the registered the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

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	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing  The provider failed to ensure they deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs.