

Bridge Pole Limited

Carrbridge House

Inspection report

39 Valley Road
Hackenthorpe
Sheffield
South Yorkshire
S12 4LH

Tel: 01144537829

Website: www.bridgepole.co.uk

Date of inspection visit:

29 June 2017

05 July 2017

Date of publication:

17 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Carrbridge House is a care home registered to provide accommodation and personal care on a respite basis to one person at a time with a learning disability and/or autism. The service is part of a wider service offered by the registered provider, Bridge Pole Limited. Bridge Pole Limited have two other registered care homes where respite is offered. They also provide support to people in the community. The support provided to people in the community is not a registered service with CQC as the service does not provide personal care. The service is unique in that it operates at registered provider level and staff are allocated to work with people in the community or when they attend respite at any of the three registered locations. Hence people who use the service, their relatives and staff refer to all the services as 'Bridge Pole.'

There was a manager at the service who was registered with the Care Quality Commission (CQC.) A registered manager is a person who has registered with CQC 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 and associated Regulations about how the service is run.

This is the first inspection of Carrbridge House. The service was registered with CQC in September 2016.

This inspection took place on 29 June and 5 July 2017 and was announced. The registered provider was given 48 hours' notice of our inspection because the location is a small care home used for respite care and we needed to be sure that someone would be in.

On the day of our inspection there was one person using Carrbridge House.

At this inspection we found that people who used the service were safe. Staff knew how to identify if a person may be at risk of harm and the action to take if they had any concerns.

Recruitment processes were not always safe as not all information in regard to staff's suitability to work with vulnerable adults was available as required by the regulations.

Training for staff could be improved as not all training was accredited and some required updating to ensure staff were up to date with current practice. Competency of some elements of staff roles required implementing. Supervision was provided and staff felt supported, but this had not taken place at the frequency identified in the registered provider's policies and procedures. Not all staff had received appraisals annually, in accordance with the registered provider's policies and procedures.

Risk assessments were in place to minimise risks presented by people and the environment, such as fire safety.

Systems for managing medicines were safe.

People were supported to have choice and control of their lives, but there were restrictions in place where there was no supporting documentation to confirm the legal authority of those restrictions.

Staff knew the people they were supporting very well and their preferred ways to be supported.

People participated in a range of daily activities both in and outside of the home, although some advocates and staff felt this required expanding to better meet people's needs and promote their independence.

There were systems in place to monitor and improve the quality of the service provided, however, the checks and audits in place had not identified shortfalls found during the inspection.

People and their relatives had been asked their opinion of the quality of the service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff recruitment documentation did not include all the information required to ensure their suitability to work with vulnerable people.

There were systems in place to make sure people were protected from abuse and avoidable harm.

There were systems in place to manage risks to people and the environment.

Safe procedures for the administration of medicines were followed and medicine records were accurately maintained.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Training for staff required improvement so that the information and knowledge was from an accredited source. Supervision and appraisal, although taking place, were not in accordance with the service's policies and procedures.

Where restrictions were in place for people, there was no supporting documentation to show this had followed legal processes in accordance with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

People were encouraged to eat and drink food that was healthy for them. They were also supported to access relevant health professionals when required.

Is the service caring?

Good ●

The service was caring.

The interactions we observed between staff and people were respectful. We saw positive relationships had developed between people and staff.

Discussions with staff evidenced how they applied the value of caring and respected people's privacy, dignity and independence.

Is the service responsive?

The service was not always responsive.

People's support plans contained a range of information and had been reviewed to keep them up to date. They required more detail to show any changes were being put into practice when reviews had taken place. In particular recording activities identified as improving people's wellbeing.

People and relatives were confident in reporting concerns to staff and managers, but did not always feel they were listened to.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There were quality assurance and audit processes in place, but these had not always been effective to ensure compliance with regulations.

Staff told us they felt they had a very good team. Staff said the registered manager and other managers in the organisation were approachable and communication was good within the service.

The service had a range of up to date policies and procedures available to staff.

Requires Improvement ●

Carrbridge House

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 29 June and 5 July 2017 and was announced. The registered provider was given notice of our inspection because the location was a care home for one person that people used on a respite basis. The inspection was carried out by an adult social care inspector.

Prior to our inspection, we contacted three stakeholders, including the local authority contracts and commissioning unit, a health professional and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

The service was not asked to complete a provider information return (PIR) for this inspection. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection the service was used by three people for respite breaks. During our inspection we were able to speak with one of those people and two relatives to obtain their views of the care provided. We also telephoned two staff and were able to speak with one of those. On the visits to the service and the registered provider office we spoke with a further seven staff, including the registered manager and a company director.

We spent some time being able to observe the relationship between the person who used the service and staff in the home environment. We also spent time looking at records, which included two people's care records, four staff records and other records relating to the management of the home such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

We checked sufficient numbers of suitable staff were available to keep people safe and meet their needs.

One relative raised concerns about the numbers of staff supporting their relatives and that some staff were not their preferred choice. They told us their relative did not always get their full allocated time, because staff were deployed to other areas of the service.

We looked at the service's staff rota for the month prior to this visit. This record showed the numbers of staff that had been used to support the different people who had used the service, including people at the care home and those supported in the community. This identified five staff had been used to support one person and three staff another. However, it was the same staff that supported those people in the community throughout the month, which was on one occasion for one person and 18 times for the other. This meant there was a seamless service for people who used the service between support provided in the community and at their respite service. The registered provider had a system in place to enable them to verify they had sufficient staff to cover all the required hours at all services.

We checked whether the recruitment of staff was safe.

We inspected three staff files and found not all the required information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were in place. For example, evidence of satisfactory conduct in previous employment in health and social care or with vulnerable adults and children. Also, some information and documents had been received after the staff member had commenced employment.

We inspected the registered provider's recruitment policy and found it did not include reference to all information required by Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This meant there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

We checked and found systems were in place to protect people from harm and abuse.

When we visited the service the person looked comfortable in the presence of staff and told us they felt safe with them. They said if they did not feel safe they would tell someone.

When we asked staff if they felt people were safe comments included, "I'm confident. There are lots of checks in place and [registered manager] checks them closely."

There was a policy and procedure available for staff in regard to responding to and recording safeguarding vulnerable adults concerns. This required updating so that it reflected current guidance of the procedure

relating to safeguarding alerts. Discussion with the registered manager identified they knew the information in their policy and procedure had been changed in terms of practice, which meant this would not impact on people who used the service.

Staff confirmed they had been provided with information about identifying and responding to harm and abuse, so they had an understanding of their responsibilities to protect people from harm. Staff could describe examples of what might be identified as harm or abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made. This meant correct procedures were followed to uphold people's safety. Staff told us they would always report any concerns to a manager and they felt confident that management would listen to them, take them seriously, and take appropriate action to help keep people safe.

We checked the systems in place for safeguarding people's money and found this protected people from the risks of financial harm.

The registered manager explained that each person brought some of their own money to Carrbridge House when they came to stay. A sum of money was also provided to people, by the registered service, to buy food and either cook meals of their choice or go out with staff. We checked the financial records and receipts and found the records and receipts tallied.

We checked the systems in place for managing risks to individuals and at the service to ensure people and others were safe.

We looked at two people's care records, one of whom was currently using the service. The plans contained individual risk assessments in relation to people's support and care provision. Support plans were designed to minimise risk whilst allowing independence, and to ensure people's safety. They included assessment of risks presented as part of daily life, for example, crossing roads, using public transport and using the kitchen. There were also risk assessments relating to people's behaviour that challenged. We found the risk assessment lacked detail of the mitigating action to minimise the risk posed by the behaviour that challenged.

We found that incidents and accidents were reported to the registered manager, for example, medicine errors. There was a system in place for investigation into the cause of accidents and incidents, so that appropriate action could be taken.

Service records, environment checks and care home audits were provided to demonstrate safety checks were carried out. A fire risk assessment had been completed, together with associated checks for fire maintenance. The fire risk assessment had identified actions were required to ensure people and staff were safe. The registered provider confirmed immediately after the site visit that these had been acted on.

We also saw staff completed task lists on a daily basis to support the ongoing monitoring of environmental risks at Carrbridge House.

We checked and found people's medicines were managed so they received them safely.

Discussions with staff confirmed they had received instruction on the service's medication policy and procedure and had their competency to deal with medicines assessed prior to them taking on the responsibility for medicines. We discussed with the registered manager how these could be improved, as we found the record did not include what practices had been assessed and whether the observation had been

satisfactory, with no required improvements identified.

We found medicines were securely stored in a locked cupboard. Regular audit checks were completed by the staff and registered manager to ensure there was safe storage and accurate record keeping of medicines.

We saw when controlled drugs were in use at the service there was safe storage and a controlled drugs record to record the receipt and administration of the drugs in accordance with legislation. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are stored and dealt with.

We checked one person's Medication Administration Records (MAR) and found they had been fully completed and signed by staff and, countersigned by another member of staff where controlled drugs were administered.

Is the service effective?

Our findings

We checked that people were supported to have their assessed needs, preferences and choices met by staff with the right skills and competencies. This required improvement so that the information provided to staff was also supported by training from an accredited training provider, to ensure the information being shared was to an acceptable industry standard.

Training records showed induction training was provided that covered a wide range of subjects such as the philosophy and principles of care, organisation culture, fire, health and safety, Control of Substances Hazardous to Health, reporting incidents, infection control, risk assessment, medicines, safeguarding, complaints, first aid and anti-discrimination.

When we spoke with staff they told us the training and instruction they received provided them with the skills they needed to do their job. One member of staff told us their induction was spread over five days and included health and safety, medicines, policies and procedures, whistleblowing, safeguarding and first aid. They confirmed it was sufficient to assure them of their competence, when they started their role.

Requirements for new staff working in health and social care are that they complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There is no fixed guidance about the timescale for when staff should achieve this. It is in place for staff new to social care in order for them to demonstrate expected competencies and knowledge. Guidance is that this should be completed within 12 weeks. Not all new staff at Bridge Pole Limited had completed the training within this timescale.

Staff told us that they shadowed experienced staff when they started working with the registered provider. They were also supported and monitored continually by a manager until both were confident the staff member was competent in their role of providing care and support to people.

The registered manager was able to provide training statistics that showed the current situation in regard to staff training. They told us they encouraged staff development and progression, whilst this was limited because of the size of their business.

We looked at the training tracker, the system used by the registered person to have an oversight of training provided to staff. We found that not all the training was accredited, a number had not completed essential training for working in health and social care and where staff had received training, a number had not had their knowledge refreshed in that subject area.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually.

Staff confirmed they received regular supervision and appraisal and were given opportunities to discuss any concerns and share information; they said the registered manager was always approachable.

Records seen showed that staff had not been provided with individual supervision and an annual appraisal in accordance with service's own policy and procedure.

This meant there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

We checked that systems and processes were in place to verify people consented to care and treatment in line with legislation and guidance.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found restrictions identified in people's care plans. However, there was no supporting information confirming if the person had capacity or not and if they agreed to those restrictions. There was no information of the process followed to confirm the restriction was lawful. The registered manager told us these were in place as part of the care programme approach in place for the person.

The registered manager had submitted a DoLS application for one person at the request of the local authority. However, this did not include the restriction in place for when the person displayed behaviour that challenged. We made a recommendation about this.

We checked and found people were supported to maintain a balanced diet.

In discussions with staff we found people were provided with a monetary allowance from the registered provider to either buy food to prepare and cook at the service or go out into the community. Staff told us they encourage people to eat healthy food or choose less of an unhealthy option. However, people were still able to choose what they wished to eat and did not always act on the guidance. This was supported by daily records, which recorded what people had eaten and the choices offered whilst they were in for a respite stay.

We checked that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support.

People's care files contained information of professionals involved in the person's care such as the GP if healthcare was required whilst they were on a respite stay. The plans contained information about people's health so that staff could provide appropriate support where necessary.

Is the service caring?

Our findings

We checked staff respected people and their privacy and dignity and supported them to express their views and be involved in making decisions about their care, treatment and support.

When we spoke with people they indicated staff listened to what they said and took into account their views. We observed this on our inspection. The person who used the service already had a plan about what they would like to do during their stay and we saw staff facilitated this.

We saw interactions between staff and the person who used the service were courteous and respectful. Staff knew people very well and communicated with them about their plans. We observed people seemed relaxed in their company. We saw the person's independence was promoted. For example, the staff member asked the person if they had everything they needed to go out and presented a checklist of what this might be. This enabled the person to act on the information independently.

Staff we spoke with were able to describe how they maintained people's dignity and respect and gave examples of how they would implement this.

We saw staff respected people's privacy. For example, the person who used the service on arriving, chose to spend time in their room before going out. Staff told us this was usual practice and that they would come and say when they were ready to go out. This is what we saw.

When we spoke with staff about what motivated them to care or what it meant to care they said, "It's all about the service user and enjoying your time with them, promoting a healthy and beneficial lifestyle."

However, there were mixed comments from relatives about the service provided. Comments included, "It's great. The staff are marvellous. What I like is if you need to talk about anything they'll speak with you. It's the best place [relative's] been in by far and they like it. They're caring staff, polite and it's the same staff. If ever we make arrangements [relative's] always ready," and "With the staff [relative] likes they're brilliant, I can't fault them and they have good relationships, but there are others that haven't treated [relative] so well and managers don't always listen." We shared this information with the manager, who confirmed they had listened to the information and acted on it when they had sufficient supporting evidence.

We also saw that procedures in place ensured information about people was protected. For example, staff rotas were accessed on line via a protected password. The information about the shift was coded in the eventuality that the password protection failed.

We saw advocacy information leaflets were available at the home. An advocate is a person who would support and speak up for a person on their behalf, when they do not wish to or when they are unable to do so for themselves.

Is the service responsive?

Our findings

We checked people received personalised care that was responsive to their needs.

The person using the service at the time of the inspection said they were not aware of their care plan. A staff member present, which the person had said they wanted there, described this in a different way and showed them the care file. The person nodded indicating they knew what this was and that they were involved in discussions about their care and support. This told us staff were aware of the level of people's understanding and responded appropriately.

There was a mixed response from relatives about their involvement with decisions about their relative. One relative said, "I'm not involved in any decisions. I believe the care plan and risk assessments are carried out by the service and social worker a few times a year. I've no concerns [relative] doesn't get what they need." They added, "I know it's good, because at one point [relative] wouldn't go out and now they do and it's all down to them (the service)." In contrast another relative said there were regular reviews but the outcomes were not always acted on. We checked this information and identified it to the registered manager.

We looked at two care files. We saw the plans lacked detail of personal information about the person to aid staff and others to gain an insight into what was important for the person.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. They told us they were encouraged to read people's care plans and that any change in information was communicated to them and they signed to confirm they were aware of those changes.

Staff spoken with had a good knowledge of people's individual health, support and personal care needs and could clearly describe, in detail, the history and preferences of the people they supported.

We found all the care plans we checked held evidence that reviews had taken place regularly to reflect changes, but these changes had not always been implemented and updated in people's care plans. For example, one review had identified a change of respite location to accommodate a specific activity that the person enjoyed. Two months later they were still using Carrbridge House, with no record about why the change had not been facilitated.

Daily reports of the support provided for people lacked detail in evidencing information within their care plan and risk assessments had been met. For example, one person had a specific plan about their oral health, but daily reports did not specifically make reference to how this need had been met.

This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We saw care records could be improved for people, by providing the information in a format that reflected their communication needs.

The registered manager explained the ethos of some of the occupational activities people were supported with was to promote people's independent living skills. These activities included what to do in the event of fire, managing money and budgets, cooking skills and being safe at home and in the community. One staff member thought the service could improve by developing people's life skills more, for them to become more independent, rather than just doing things they liked to do.

Whilst the home provided activities on an individual basis, the registered provider also facilitated activities at an organisation level on a group basis for all people to be involved with as they wished.

We checked the service listened and learnt from people's experiences, concerns and complaints.

The service had a feedback and complaints management system in place and this was seen as an integral part of continuous improvement.

We saw there was a complaints policy/procedure in place and that this was publicly displayed in the entrance to the home.

There was a mixed response from relatives about how the service dealt with complaints. One relative said, "Not had any problems, but if I did, I'd just ring [registered manager] and it'd be dealt with," and "They deal with them (complaints) if it's something [relative] has done, but if it's the other way round it's different." This relative described they had complained about the conduct of one member of staff and the impact of their conduct on their relative. They explained it was only when another similar complaint was made that the information was acted on.

The registered manager provided a record of complaints that had been made to the service and said there had been no complaints about Carrbridge House. However, we saw in one person's file a complaint about the conduct of the member of staff had been identified by a relative. The registered manager stated the complaint was not when the staff member worked at Carrbridge House. However, this was not clear and meant the system in place to receive and respond to complaints by the service required improvement. Improvements were required in this area.

This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Is the service well-led?

Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The registered provider, Bridge Pole Limited has four registered locations under their registration. One is a domiciliary care service that is not operating and the registered provider had applied to have the location deregistered as they no longer provided personal care. The other three, including Carrbridge House are registered care homes. One service had been rated as good and the other two, including Carrbridge House had not yet been rated.

It is a condition of the registered provider's registration that they have a registered manager in place and they met this condition of registration. The registered manager was also the registered manager for the other two services under the registered provider's registration.

It is a requirement for all organisations regulated by CQC to have a statement of purpose. This is a document which describes what the service does, where it is provided and the people who might be eligible to use the service. We saw the service had a Statement of Purpose. The statement of purpose required review to include all information in Schedule 3 of the Care Quality Commission (Registration) Regulations 2009, for example, registration details of Carrbridge House and where documents, such as inspection reports from CQC should be served.

A notification is information the registered provider and manager is required to tell us about, so that we can monitor incidents at the service, such as deaths and serious injuries. There had not been any incidents of this nature that the registered provider is required to tell us about. However, during the inspection process we identified the registered provider address had changed. We identified to the registered manager that they are required to notify us of that change and they did this during the inspection.

This meant there was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009 Notice of changes.

We observed people and staff knew the registered manager and company director well and freely approached them and exchanged views about what they had been doing and the service. The registered manager said, "We are a family business. Our ethos is would I want my son or daughter to go out with that person? We're about employing the right staff, with a caring attitude. Recruitment is a big thing. It's to be the best, or it's not worth doing."

We saw a positive and inclusive culture within the service. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the management were approachable and supportive. Comments included, "It's very family orientated, but professional. They're open to ideas that will make things better for people. I love working for them," and "I'd say it was good with room for improvement."

Staff said they were 'proud' to work at the service. Staff said, "It's a good place to work, there is a good ethos and good team, it's all person centred," and "The company really are all about the client."

Throughout our inspection we saw people and staff had a good relationship with each other, the registered manager and director of the company.

We found the leadership and staff team were helpful and open when we asked them for information about the home and as themselves as a registered provider.

The service had carried out a service user survey in April 2017. The surveys were sent to 12 people and nine were returned. The survey was carried out and analysed as part of the whole registered service. This required improvement so that analysis could take place for each registered service, in order to facilitate an appropriate action plan and measures of how that particular service had improved, in accordance with people's views. As well as providing an overview for the registered provider. A comment that could be attributed to Carrbridge House was "I would like more entertainment at Carrbridge House – I like watching Jungle Book and various films." The summary also reflected the organisations ethos of valuing staff by including, "We would also like to thank all of our staff for their enthusiasm, dedication and hard work. An amazing team, representing the company in a very professional way. Well done all of you, you are much appreciated." An action plan had been implemented in June 2017 where one of the actions was to buy arts and crafts materials for all respite houses and purchase more films for Carrbridge House.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures had been updated and reviewed as necessary, but they did not all reflect the requirements of the regulations, for example, recruitment. All policies were electronically available for staff at the registered office base and in hard copy at the registered care home.

Staff told us policies and procedures were available for them and they were expected to read and sign them as part of their induction and training programme or when things changed. We saw evidence of this.

We found the service had a policy and procedure on quality assurance, but this required personalising to their own unique service. The registered provider had begun this process by implementing a monthly plan to carry out identified checks to ensure compliance and satisfaction with the service. However, this had already fallen behind schedule. It had also not been effective in identifying breaches of regulation in regard to fit and proper persons employed, training, supervision and appraisal, and notifying CQC of any changes.

This meant there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

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
Accommodation for persons who require nursing or personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change The registered person must give notice in writing to the Commission, as soon as it is practicable to do so, where there is a change of address of the body of the service provider.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not operating effectively to ensure compliance with regulations.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Information specified in Schedule 3 must be available in relation to each person employed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

