

Copper Beech Homecare Ltd

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

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.

People had experienced missed and late visits that had resulted in risks to their well-being and safety.

People were at risk of not receiving the care and support they needed. Not everyone had care plans in place identifying their support needs.

Staff had been trained in safeguarding and were knowledgeable about the ways to recognise abuse and how to report it.

There were enough staff available to meet people's needs safely.

Recruitment procedures the service had in place were safe.

Medicine protocols were safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There were no regular meetings between individual staff and the management team to review their role and responsibilities.

Staff had received induction training related to their role.

The registered manager and staff were aware of the Mental Capacity Act 2005 (MCA) and had knowledge of the process to follow.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The registered manager had not ensured the communication of people's personal and private information was shared in a suitable and respectful manner.

Most people who used the service told us they were treated with kindness and compassion in their day-to-day care by staff.

Staff had developed positive, caring relationships and spoke about those they visited in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

The service was not always responsive.

Not all care plans included personalised information.
Documentation was brief and lacked detail.

The registered manager did not manage, act on or respond to all complaints received.

People shared positive experiences of the care they received.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Quality monitoring arrangements did not ensure the service delivered was safe, effective, caring, responsive and well led.

People lacked confidence in the leadership and management provided.

There were regular team meetings and drop in sessions for staff to attend.

Requires Improvement ●

Copper Beech Homecare Ltd

Detailed findings

Background to this inspection

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 carried out by one adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were several safeguarding alerts being investigated by the local authority.

During the inspection, we visited three people who received support in their own home. We spoke with a further three people who used the service and seven relatives. We spoke with seven staff members as well as the registered manager and four members of the management team. We looked at the care records of six people who received a service and six staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

We looked at what quality audit tools, data management systems and monitoring systems, the provider had in place. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member completed per day. We looked at the continuity of support people received.

Is the service safe?

Our findings

As part of this inspection process, we visited and telephoned people to gather their views on the service they received. We asked people if the care they received made them feel safe. We received mixed messages from people who received a service. One person told us, "It depends who the carer is to whether I feel safe. Some of them don't have a clue." Other people told us, "My regular girls [carers] are great and know what they are doing." However, they further commented, "I don't always get the same people now."

People we spoke with told us about missed and late visits. This meant people had not received support with their personal care and welfare needs. For example, one person who required support with their mobility had had to remain in bed until lunchtime because the morning staff did not visit. We spoke with the provider about this and was told a member of the management team had failed to update the rotas to show staffing was required.

We looked at care plans to see how the provider managed risk. We found care plans identified hazards and risks. However, not all care plans had instructions to protect people and guide staff. There was no consistency in the quality of the information contained with people's care plans. For example, one person had a comprehensive risk assessment, guiding staff on the management of portable oxygen within their home. However, a second person did not have information in their file to instruct staff with their support needs. A third person did not have a care plan in their home. It had been taken to be updated and had not been returned.

Regarding managing risk, one person told us they were not getting the correct support to manage their ongoing health risks. For the week prior to our inspection, they had not received any support with their personal care as identified within their care plan. We asked if they had raised their concerns with the management team. They told us, "[The registered manager] does not listen. In one ear out the other." Two relatives of the person told us they had separately raised concerns with the registered manager about the lack of care their relative received. We looked at daily diary sheets staff had written in after each visit. The diary sheet entries confirmed the personal care required to manage risk and keep the person safe had not occurred. We looked at the person's care plan and this stated the care should take place. We spoke with the registered manager about these concerns. They confirmed relatives had raised concerns regarding the lack of care. They stated they had not yet investigated the concerns or dealt with the ongoing risks.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. The risks to the health and safety of people who used the service had not been assessed and all that was reasonably practicable had not been done to mitigate any such risks..

Following feedback to the provider, senior management have begun a review of all care documentation for each person who received a service from Copper Beech Homecare Limited.

During the inspection, we looked at staff training records The service's policy was for all staff to receive safeguarding training every year. Records indicated only three staff members had received recent

safeguarding training that was still current. However, staff we spoke with told us they had received safeguarding training as part of their induction. They knew what abuse was and knew how to alert people if they witnessed abusive practices taking place. We spoke with the provider who told us all staff would be receiving refresher training.

We looked at how the service was being staffed. We reviewed past and present staff rotas and focussed on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. People we spoke with told us generally they had the same staff visit them except for when staff were on holiday or sick. However, regarding the care their family member received, one relative told us due to lack of continuity in support they regularly had to change the code to access their house. They did not want many different staff having access to their relative's home, as they did not feel it was safe.

We spoke with the registered manager who told us they planned visits around people's preferences and around geographical location. People we spoke with confirmed they had requested certain staff. Staff we spoke with confirmed they had visits within a geographical area but also visited people outside of their usual locality at the person's request. We received different views on whether staff had enough time to travel between clients. However, rotas we looked at showed staff had time to travel between clients.

On the day of our unannounced inspection, we observed recruitment interviews taking place to replace staff that had recently left. We found staffing levels were suitable and the registered manager told us staffing levels were determined by the number of people being supported and their individual needs.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work at the service. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We discussed accidents and incidents with the registered manager. We saw there was a framework in place to document and monitor all accidents and incidents within a monthly analysis. There had been no recent accident or incidents within the service.

We checked if medicines were managed safely. Most people we spoke with either did not require support, only required a reminder or their family managed the administration of their medicines. We looked at records for one person who required prompting with their medicines. The medicines were delivered in blister packs by the pharmacy. The blister pack had tablets organised into separate sections. Each packet was marked with the day and time when different tablets should be taken. This helped staff to identify correctly which medicines needed to be taken and at what time. It also showed if any doses had been missed. The person had a medication administration record (MAR). The form contained information on prescribed tablets and the dose and times of administration. There was a section for staff to sign to indicate they had prompted the person with their medicines. Staff told us, and records confirmed, they had completed on-line safe handling of medicines training.

Is the service effective?

Our findings

People and their families we spoke with gave mixed feedback on the care and support they received. One person told us, "The girls [carers] are excellent." A relative commented, "The carers allocated to [my relative] are very good. They are good girls who work hard." A second relative told us, "The service they provide is brilliant." Another person stated, "[Carer] is good at her job and so is [carer]. However, they also said, "I expected better caring than I was getting."

We looked at how the service trained and supported their staff. We asked people who used the service for their views on staff abilities. One relative told us, "I seem to get a lot of beginners. I am not confident in all the carers that come." We spoke with the provider who told us all staff have an induction before they start, and they shadow more experienced staff members. We saw the provider had a three-day checklist for new starters. This included an assessment of their training and personal development needs. The new staff member and their manager were required to sign the checklist when each section was completed. However, the registered manager was unable to provide a completed checklist during our inspection.

We spoke with staff and the registered manager about training and looked at the training records. One staff member told us, "All my training has run out, but I am down for training next week." A second person said, "I have never had any regular training." A third staff member told us, "I have just done moving and handling training. The girl [trainer] was good. I enjoyed it. I have also just passed a few e-learning courses." E learning is the use of electronic media (computers, tablets, or phones) to educate or train learners.

Staff had been given the opportunity to sign up for and complete a healthcare diploma. On the day of our inspection, we saw one person attended the office to meet their assessor and start their award. This showed the provider had a framework to support staff development.

We looked at the training matrix and noted, in line with company policy, several staff members required retraining in a number of courses such as first aid and safeguarding. Staff we spoke with told us they felt confident they had the skills to complete the tasks required for their role. One staff member told us, "All my training has run out, but they [management] are booking me on some more courses." We spoke with a member of senior management who told us they were aware of the situation. They had completed a training action plan to respond to the current position. We looked at the action plan and noted it identified training gaps and set actions with timescales to meet staff needs.

We asked staff about supervision. Staff we spoke with told us they had not received regular supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team. It was held to review training needs, roles and responsibilities. Regarding supervision a staff member said, "I have never received any supervision." A second staff member told us, "I have never had regular supervision." A third staff member stated they had had one supervision with the care co-ordinator. We spoke with the registered manager about the lack of supervision and they told us supervisions had taken place. They were unable to show us any supervision documentation. We looked in seven staff files and did not find any supervision records.

This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing because the provider had not delivered appropriate support, training, professional development, supervision and appraisal as is necessary to enable staff to carry out their duties.

We noted the human resources manager had arranged three recent drop in sessions for staff at the office base. We saw a staff memo that explained this was a management opportunity to engage with and gain feedback from staff. This showed the provider had sought to communicate with employees.

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.

Staff indicated an awareness of MCA 2005, including their role to monitor people's capacity to make their own decisions. People spoken with told us the care workers consulted with them about their care and support needs. The care plan records we looked at showed people had been involved and consulted and they had signed in agreement with them.

Most people we spoke with did not require staff to support them with drinks or meals. If they required support, this was completed by a family member. However, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. This included staff preparing snack meals for people in their own home. Staff told us they made sure people had drinks available before they left.

People who used the service and their relatives told us their health care appointments were arranged by themselves and did not need support with this task. People's care records included contact details of relevant health care professionals, including their GP, so staff could contact them if they had concerns about a person's health. One person told us a staff member had accompanied them to a health appointment. This was so they could listen to the health professional and gain knowledge on how to complete a required health task. A second person told us they had found it was difficult to rearrange care visits around their hospital consultations. However, the service had listened to feedback and visits were rescheduled around the person's medical appointments.

Is the service caring?

Our findings

During our inspection, we received many positive comments from people we spoke with about the care staff. One person told us, "[Carer] goes that extra mile, it makes a difference." A second person said, "My main carer is fantastic." One relative told us, "The carers are brilliant and very attentive. [Carer] always has a big smile on her face." A second relative had written a thank you letter stating, 'Your service meant [my relative] was able to remain at home which was his prayer and wish. Thank you to all your staff they were unselfish.'

However, we also received comments that indicated people were unhappy with the care they received. For example, one person told us, "I have been in the shower and staff are discussing selling houses or their next visit." One relative told us, "The carer had no interest in [my relative]." A second person said, "I asked that [carer] not to come again. She doesn't listen to me."

Because of feedback received from our inspection, a member of the senior management team had been to visit some clients and their relatives to address their concerns. One person found the service they received improved and one relative had been invited to be on the interview panel to recruit carers to work with their relative. This showed the provider had listened to feedback and involved people and their relatives in the delivery of treatment and support.

During this inspection, we asked staff if they treated people with dignity and respect and if they understood the importance of confidentiality within their role. Staff were able to give examples of how they treated people with dignity and respect. For example, one staff member told us they made sure people were as independent as they could be. A second person told us they always made sure doors were closed when supporting people with their personal care.

However, staff raised concerns about the lack of confidentiality by the management team. Staff members received group text messages from members of the management team. A group text message was one message sent from a member of the management team that all care staff received on their mobile phone. Text messages had included changes in people's medicines or notifications that people were on antibiotics. Staff members received this information regardless of whether they visited the person whose circumstances had changed. We spoke with a member of the management team who confirmed group text messages were used to inform staff of changes in people's support needs. They also acknowledged all staff received the information commenting that it was something they had always done. They told us they would no longer use this method of communication to share private and personal information with staff. This showed the registered manager had failed to have good practice guidelines in place to protect people's personal and private information.

This was a breach of Regulation 10 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Dignity and respect because the provider had not ensured the privacy of people receiving a service.

Care files we checked contained records of people's preferred means of address, person histories and how

they wished to be supported. For example, in one care plan it stated, 'Always tell [person] what you are doing and when you are going to do it. He likes to be informed'. The plans held information related to people's previous employment and current hobbies. For example, one plan informed staff one person used to be a police officer. A second person's plan shared they liked reading and going to car boot sales. A third person enjoyed spending time on the internet and knitting.

However, staff told us not all information regarding people's past histories was correct. They told us this information had been shared with the management team but nothing had been corrected. This showed the provider had a framework to guide staff to interact with people in a caring manner by seeking additional information to build positive relationships. Unfortunately, not all the information was correct. After the inspection visit, the provider began a review of all care plans.

Is the service responsive?

Our findings

As part of our inspection, we looked at care plans held at the office base. We visited people who received a service from Copper Beech Homecare Ltd to see if they had a copy of the care plan at their home. One person we visited told us, "I haven't had a care plan in my house for months." They further told us it had been taken away to be updated but that had been several months ago. We spoke with the registered manager who confirmed it had been removed and not replaced.

We spoke with a second person about their care plan. They told us it did not contain all the information required to deliver personalised care. The care plan held at the office base had some information related to the person's care needs but no instructions to guide staff. At their most recent hospital appointment, the provider had arranged a staff member to go with the person and gather information and knowledge on their care needs. This information had not been shared with other staff and the person had to instruct staff on what to do. The person told us, "There is nothing I hate worse than having to tell carers what to do." We looked at the care plan at the person's home and saw it held no information to guide staff. We spoke with the registered manager about this and they acknowledged information needed updating.

There was no consistency in the quality of information held within care plans. Most of the plans we looked at were brief and lacking in detail. They did not contain information on how to meet their needs and deliver their care needs in a person centred way. For example, one plan stated the person could become aggressive towards staff. There was no information to guide staff on how to manage the aggression and calm the person. A second person's care plan stated they had a medical condition. The plan did not explain what the condition was and how this affected the person and any restrictions they may have. However, one person's plan detailed how to interact with a person with limited communication. It also guided staff how they liked to be supported when having a shower.

We asked people if the support they received was personalised and met their care needs. We received mixed responses from people who received a service. For example, one person told us, "My main carers are brilliant." A second person said, "My main carer is fantastic, it makes a difference." They commented the carer had a similar background to them so could understand their situation. A third person stated, "Thanks to [carer] I haven't got a mark on my body. She is excellent."

However, we were also told, "We have to work around them [Copper Beech] not them work around us." They also added, "If they just teach carers how vulnerable we feel." A second person commented, "I need to know who is coming as changes send me into a panic. They [Copper Beech management] have been changing the rota quite a lot lately." A third person told us, "I asked for a staff member not to return, they kept coming." They commented they had to telephone several times before the carer stopped visiting. We spoke with the registered manager about people having the same carers visit. They acknowledged this was good practice but with staff leaving the service and annual leave this did not always happen. Documentation we looked at showed people did not always have the same staff visit regularly.

We spoke with one person who told us their visit times kept being changed. We looked at their rota for two

weeks and there were several different start times. They told us they had missed appointments, as they had to wait for support from staff before being able to go out. A second person told us a staff member had visited at 7am instead of 8am but they were unaware of the change. They told us, "They just turned up at 7am. I am frustrated with the company. I didn't know who was in my house." A third person told us, they had to wait in bed an additional two hours as staff were late. They commented, "It is a long time to wait to use the toilet." We spoke with the registered manager who told us people do not mind having times changed.

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person- centred care. The provider did not have suitable arrangements in place for planning people's care and support that met their individual needs and preferences.

We looked at the way the service managed and responded to any concerns or complaints. People we spoke with told us they knew there was a policy in place regarding how to make a complaint. Copper Beech Homecare Ltd policy was that all complaints were to be logged at the office base and shared with head office. We looked at the complaints folder held at the office and saw several complaints had been investigated with their outcomes documented. However, during our inspection we had spoken with two people who received a service and three relatives who had made complaints to the registered manager. The complaints were not documented within the folder. We spoke with the registered manager who confirmed the complaints had been made but they had not transferred the information to the folder.

During our inspection, we observed a relative visit the office and speak with the registered manager to complain about a member of staff. The relative was told for the complaint to go any further they would have to submit the complaint by email. The relative said they were not very good with email which was why they had visited the office. The registered manager repeated that the complaint needed to be submitted by email. We spoke with the registered manager after the relative had left. They told us this was company policy. This showed the registered manager lacked a personalised response in listening to people's experiences of the service delivered.

The registered manager did not follow service arrangements in place for receiving and acting on complaints to ensure they are effectively investigated and any necessary action taken. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

The service was not well led. We identified concerns about leadership, management, service delivery and quality monitoring of the service. No one we spoke with who received a service, was completely happy with the service being delivered by Copper Beech Homecare Ltd. One person told us, "There are good carers, it is the company." A second person said, "[Registered manager] doesn't listen. In one ear and out the other." A third person stated, "The management are appalling, the carers are brilliant."

People told us the management and the organisation of the service delivered was poor. One person we spoke with told us they had not had a rota for staff visits for months. We spoke with the registered manager about this and were told this was because the person could not access their emails. A second person told us they had not received a rota for three weeks. The registered manager said they had requested staff to collect their rotas from the office but this had not happened. A third person stated when their staff member did not appear at the appointed time they panicked thinking they had not heard the doorbell. They looked at their mobile phone and saw a text from Copper Beech management saying they were unable to cover the visit. They further commented, "My anxiety levels rise each week waiting to see if they [Copper Beech management] have got my rota right."

We spoke with staff about the management of their rotas. We received mixed views from staff. One person stated they only worked at set times and had regular visits. Other staff told us their rotas were constantly changing. One staff member told us, "I got my rota hand delivered to my house at 7.15 am in the morning. I looked at it and my first visit was at 7am." We received this information during a telephone conversation after the initial inspection. We were unable to discuss this with the registered manager, as they no longer worked for the company. The service is now in the process of recruiting a new registered manager.

We looked at how the service monitored quality. People we spoke with told us no one had visited their home to check the records kept there. No one had looked at what the staff were writing and if it was accurate. We looked at the daily notes written in one person's file. We found they were not always written on company issued forms and there were dates and signatures missing. We spoke with the registered manager about this. They told us they had requested staff to bring the sheets to the office to be audited but this had not occurred.

When we asked, the registered manager told us they had completed spot checks on staff when they were supporting people. A spot check is when staff are watched completing tasks and assessed against set standards. We saw no documentation to support this and people we spoke with could not recall management visiting to assess the competency of staff. Staff we spoke with told us they had not had management observe them completing their role. This showed there was no framework to monitor effective care was being delivered by staff who often worked alone and unsupervised.

This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. The provider did not have suitable systems or processes in place, to monitor the quality of the service provided.

The provider completed six monthly service user questionnaires. These were telephone calls to assess people's satisfaction with the service delivered. The views were mainly positive with people stating, 'no issues', 'no concerns' and 'very satisfied with the service'. We spoke with the provider who told us they spoke with several people each week to gain their views.

We saw staff had the opportunity to attend regular team meetings. We saw minutes that showed agenda items included rotas and training. The provider had recently arranged drop in sessions at the office base to give staff further opportunity to speak with the provider. This showed the provider was seeking feedback from staff.

The services' liability insurance was valid and in date. There was a business continuity plan in place. The registered manager's business continuity plan was a response planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place.

We spoke with the provider regarding the concerns raised by people who received a service and staff members. They told us they were investigating people's complaints and all safeguarding alerts raised. They told us they would work with the commission and local authority to deal with all issues raised. The provider made changes to the management team by the end of the inspection. They had introduced the role of senior carer to support and strengthen the management team. They had consulted with people who received a service. This was confirmed by people we had spoken with. Senior management had also consulted with staff. We saw minutes of a meeting, that detailed the current situation and future improvement plans.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not have suitable arrangements in place for planning people's care and support, in a way that meets their individual needs and preferences</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The provider had not ensured the privacy and confidentiality of people and their personal information.</p> <p>Regulation 10(1)(2)(a)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>In this situation the risks to the health and safety of people who used the service had not been assessed and all that was reasonably practicable had not been done to mitigate any such risks.</p> <p>Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014

Receiving and acting on complaints

The provider did not document investigate and respond to all complaints received.

Regulation 16 (1)(2)

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have suitable systems or processes in place, to monitor the quality of the service provided.</p> <p>Regulation 17 (1)(2)(b)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not delivered appropriate support, training, professional development, supervision and appraisal as is necessary to enable staff to carry out their duties.</p> <p>Regulation 18 (1)(2)(a)</p>