

HC-One Limited

# Worsley Lodge

## Inspection report

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31 January 2018

01 February 2018

06 February 2018

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18 May 2018

## Ratings

Overall rating for this service	Inadequate <span style="color: red;">●</span>
Is the service safe?	<b>Inadequate</b> <span style="color: red;">●</span>
Is the service effective?	<b>Requires Improvement</b> <span style="color: orange;">●</span>
Is the service caring?	<b>Good</b> <span style="color: green;">●</span>
Is the service responsive?	<b>Good</b> <span style="color: green;">●</span>
Is the service well-led?	<b>Inadequate</b> <span style="color: red;">●</span>

# Summary of findings

## Overall summary

This comprehensive inspection took place on 31 January and 01 and 06 February 2018. The first and third days were unannounced, however we informed staff we would be returning for a second day to continue the inspection and announced this in advance.

Worsley Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate a maximum of 46 people. When we inspected there were 38 people living at the home; 22 on the first floor and 16 on the ground floor, some people were living with dementia.

At the previous inspection, prompted in part by a visit from Salford Council Infection Control Team, the service was found to be in breach of three areas of the Health and Social Care Act 2008 (HSCA). Medicines were not being managed safely, infection control was not being effectively provided and governance relating to monitoring and audits were not identifying issues needed to be addressed. We asked the provider to complete an action plan to show what they would do to improve these, they had produced action plans in relation to each of these areas and we looked at how far these had been achieved at this inspection.

At this inspection, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to; safe care and treatment (two parts), meeting nutritional needs, staffing and good governance. Of the five breaches we found at this inspection, two were continuous breaches, identified at the previous inspection, in relation to; safe management of medicines and good governance.

The overall rating for this service is 'inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration, the service will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to

varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The medicine inspector found medicines were still not being managed safely. Some medications were out of date, opened bottles, inhalers and creams did not have the date of opening on them, stocks of medicines were not accurate, records were not clear, especially in relation to 'as required' medications because the advice about when to administer this was either missing or ambiguous. There were some gaps in the signing for topical creams, one person did not have a topical cream chart at all.

We found the provider had not properly managed risk in relation to access to a small kitchen area with a boiling water geyser. Serious harm could have occurred to people who were unsupervised and unable to recognise the risks posed.

Fire exit direction signs had been removed from the first floor during decorating and not replaced.

Monitoring and audits had not been completed as regularly as outlined by the provider. The audits undertaken had been ineffective in identifying the concerns we found during this inspection.

We found there had been significant improvement in relation to infection control, there were more hours in the rota for housekeeping and effective systems had been developed to maintain a good standard of hygiene throughout the home. The majority of staff had received infection control training and there were plans in place for those who still needed to achieve this.

## 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 safe.

Medicines were not managed safely. This was a continuation of a previous breach.

Some risks had not been properly responded to in relation to access to boiling water and fire exit direction signs.

Some people and their relatives said they thought the home was safe.

**Inadequate** ●

### Is the service effective?

The service was not consistently effective.

Agency staff did not always receive adequate induction training.

One person had not been supported to maintain their nutrition as recommended by health professionals.

People living in the home had their needs thoroughly assessed and plans for how these were met included their preferences.

**Requires Improvement** ●

### Is the service caring?

The service was caring

The staff were praised by the people who lived in the home as being kind and patient.

We observed staff interacting politely and patiently, chatting with people when they were supporting them.

Some people felt they had to wait too long for staff to answer the buzzer. Some people were concerned about how often they had support to shower.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive.

People living at the home received care that was tailored to their individual needs, preferences and interests.

The staff had experience of supporting people at the end of their lives and worked closely with community health professionals to support people at this time.

The activities programme was varied but due to staff absence was not fully available.

### **Is the service well-led?**

The service was not consistently well led

There was no registered manager in post, however, an application by the current manager to register with CQC was in progress.

Monitoring and audits were not completed consistently. Some issues we identified during the inspection had not been identified by the home's auditing systems.

The service worked well with partner organisations, developed improved communication and responded positively to input from Salford Council.

**Inadequate** ●

# Worsley Lodge

## 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 checked 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 took place on 31 January and 01 and 06 February 2018. The first and third day were unannounced which meant the provider did not know we were coming.

The inspection team comprised of two adult social care inspectors, a CQC medicines inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE at this inspection had experience of caring and supporting people living with dementia. There was a medicines inspector because at the last inspection the provider was found to have not been managing medicines safely. We looked at information received from the provider such as notifications to CQC and information in their action plans from the last inspection, including their response to concerns raised by Salford Council's infection control team.

We looked at the homes policies and procedures, staffing records relating to training, supervision and recruitment. We looked in detail at the management of medicines. We reviewed the care plans and personal records of seven people living at the home. We spoke with nine members of staff and three visiting managers from the provider organisation. The pharmacist, medicines inspector, looked at medicines and records about medicines for 12 people who were living the home. We also spoke with 10 people living in the home and six visiting relatives. We also completed a Short Observational Framework for Inspection tool (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.



## Our findings

People living at Worsley Lodge told us they felt safe. One person said, "I feel safe and secure here because they are looking after me." Another person said, "I have been here about three months and they do look after me, I am not frightened...because I know there are people here to help me." Relatives of people living in the home thought people were safe, one relative said, "She looks the best she has for a while...and she appears to be quite happy and I am confident she is being properly looked after." Another relative said, "Mum has been here for five years. They are brilliant with her. If she wasn't safe here I would have moved her."

We looked at risk assessments the home had completed to identify potential risks and the plans developed to minimise them. We found the home did not consistently mitigate identified risks.

On the ground floor the door to a small kitchen area had a sign on it advising staff to ensure it was closed, we found this door propped open during the inspection. Within the kitchen there was a boiling water geyser, due to the door being left open and a lack of consistent supervision in this area, this presented a risk of people scalding themselves. During the inspection we had to encourage a person who lacked capacity to leave the kitchen area, after they had wandered in.

The systems in place to monitor the safety of the building had not been consistently completed and this had led to some issues not being identified in a timely way. Directional signs for fire escapes had been taken down, on the first floor, for decorating but had not been replaced; this meant it was not possible to identify the nearest escape route.

The issues identified were a breach of regulation 12(2)(b) and 12(2)(e) because the service had failed to manage risks to people.

At our previous inspection in October 2016 concerns about the safe handling of medicines had been identified. The provider sent us an action plan to tell us how they would improve the handling of medicines. They said they would; increase medication training, introduce spot checks and audits and complete daily checks of the medication administration records (MAR). Additional auditing would be provided by the assistant operations manager. At this inspection we found the actions in their plan had not been effective and medicines were still not being handled safely.

Stocks of medication were not accurate so we could not be confident people had always had their medication as prescribed. Some medications were out of date which could have resulted in harm to a

person. It was not always clear whether people who needed medication at a set time before eating received this properly.

At the previous inspection staff had failed to record the reason for administration of medicines administered "when required" or the reasons a specific dose was chosen. At this inspection we found this had not improved. We saw there was limited information for staff to follow to explain how to give medicines prescribed as "when required" or medicines with a choice of dose to evidence their decision. This included medication to be administered during the end of life period. When codes were used on the medication administration charts there was not always an explanation as to what the code meant.

Recording in the controlled drug register was not always accurate. We saw that either the time of administration was not recorded at all or the actual time was not recorded and the staff just recorded am or pm.

We found that the records about the application of creams had not been maintained consistently. Information about where to apply creams and how frequently was not always recorded. This meant care staff did not have reliable information to apply creams safely.

The service had regularly audited medicines to check they were handled safely. We looked at the most recent audit which had been completed six days prior to our inspection and indicated a "pass" in all areas audited. The audit had not identified the concerns identified on our inspection as detailed in this report.

These findings evidence a continuing breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the Turn Around manager during the inspection who responded immediately to complete a full audit of medication stocks and records.

The previous inspection found the standards of cleaning and hygiene were not maintained to a satisfactory standard, to ensure people were protected from the risk of infection. At this inspection we found there had been significant improvements; the home was clean, there had been some refurbishment and decorating. There were more staff providing housekeeping support and they had established good routines. The home was free from malodours. The furniture and carpets were in a good condition. There was personal protective equipment available throughout the home including, gloves, hand gel and aprons. Staff were observed to use this when required. All toilets, bathrooms and sluices were clean and contained hand washing facilities.

The home used a system to work out the number of staff needed to support people safely. We saw this system had been reviewed when there had been a change in occupancy. Staff working at Worsley Lodge told us they did not always feel they had enough time to ensure people were safe and were not able to supervise people effectively to protect them from harm. Our observations on the first day of inspection corroborated this; people were unsupervised in the dining room and the lounge area on the ground floor, for up to half an hour. Some people living in the home said they felt there were not enough staff. One person said, "There aren't enough staff but when I mention it I'm told there are enough staff for the number of residents." Another person said, "In the morning I have to wait up to an hour before they can take me back to my room because they are too busy."

Some people living in the home were concerned about how long they needed to wait for support when they pressed their call bell. One person said, "When I am in my room I need help to go to the bathroom. I ring my buzzer and I can wait up to an hour before anyone comes." Another person said, "If I have to press the

buzzer they usually come after about ten minutes because they are busy elsewhere." Other people did not feel concerned, one person said, "If I want anything I just press my buzzer and generally someone comes." During the inspection we saw one person waited a quarter of an hour for a response to their buzzer. We raised this with the home during the inspection. They accepted they were busy at times but did not feel anyone had needed to wait an hour for support. During the first day of inspection we saw there were three staff on duty on the first floor and two staff on the ground floor, this included the deputy on each floor. We discussed staffing levels with the provider who responded quickly and we noted there were more staff on duty on the second day of our inspection. The visiting turn around manager had reassessed staffing levels with the home manager and advised this increase would continue.

Staff had been recruited properly and safely. We looked at five staff files in detail and saw they contained appropriate documentation including; application forms, references, proof of identification and Disclosure and Barring checks (DBS). A DBS is undertaken to determine whether staff are of suitable character to work with vulnerable people. The home had a disciplinary policy we observed this had been followed when required with appropriate action taken. The provider was recruiting new staff and at the time of inspection was waiting for three new staff to start. In the interim agency staff had been deployed when required.

In relation to the safety of the building there were risk assessments and management plans. Some of these were developed at provider level but were tailored to the home. We found the safety certificates for gas, electricity, legionella and fire safety equipment were in place and up to date. There was a clear system in place to record and monitor accidents and incidents. We found information recorded was detailed and the actions taken and outcomes recorded.



## Our findings

We looked at how the home supported people to eat and drink. The home had clear policies to ensure people were supported to maintain adequate fluid and nutrition. Where a person had been identified as being at risk of poor nutrition they had been referred to the dietician and a management plan put in place which included dietary supplements and regular weight checks. However, we found the home did not follow this advice consistently. One person needed to have their diet enriched by the addition of cream. This was not provided consistently; the records were incomplete and there had been some confusion when the cream changed to another product. The staff said they were uncertain what it was and had not added the new product to the person's food and drink. This meant they had not received the enriched diet recommended by the dietician. To check if this had had an impact we looked at this person's weight records. The risk management plan said the person should be weighed every week; the records indicated this did not happen consistently, on occasions there had been a gap of two weeks or more. The person had lost a small amount of weight though remained a normal weight range.

This was a breach of the Health and Social Care Act 2008 Regulations, Regulation 14 Meeting nutritional and hydration needs. People had not been supported to meet their nutritional needs as recommended by the dietician.

On the first day of our inspection three of the four night staff on duty were from an agency. We looked at the training the agency staff received to check whether they had the necessary skills and knowledge to support the people living in the home. We spoke with the two agency staff on the ground floor about how they would have responded had there been a fire. Both gave answers which indicated they were not aware of the service's fire evacuation procedure and could have put people at risk of harm if there had been a fire.

This was a breach of Health and Social Care Act 2008 Regulations, Regulation 18(2) because staff had not received appropriate training to enable them to carry out the duties they were employed to perform.

We looked at the training provided to the permanent staff team. We found training was comprehensive and ensured the staff had the necessary skills and knowledge to provide care and support. New staff received induction training which included the core values of the organisation, team working and health and safety. Staff also received training in key areas of social care including; moving and handling, infection control, dementia awareness and mental capacity and consent. Staff we spoke with felt they had received enough training to be able to support people living in the home. One member of staff said, "I feel I have had enough [training] though most of it is online." Training records were maintained by the manager and refresher

training arranged when required.

The staff we spoke with said they received supervision. It was not possible to identify whether the records were up to date at the time of inspection due to the service's computer updating. We asked the home to provide this information separately which will be followed up if necessary.

People living at the home told us they enjoyed the food. One person said, "The meals are quite good, the odd one might not be okay but you expect that." One of the visiting relatives said, "[name] is not a big eater but says they likes the food and they are looking better than when they were at home." There was a four week menu displayed outside the dining rooms on each floor, we saw the meals served were not always the same as displayed on the menu. We observed breakfast on one day. People had a choice of cereals, porridge, toast, eggs and bacon and a choice of hot drinks. Drinks were available throughout the day, there were juice dispensers on both floors. One person said, "They come round with drinks every two hours."

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 authorisation 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. Care plans included a section on capacity and identified who would be involved in decision making for people who lacked capacity. Staff we spoke with were aware of the principles of the MCA and the importance of getting consent from people to receive care and support. We observed staff checking with people before providing support.

The home was compliant with the requirements of DoLS and had ensured they had applied for authorisation when required. There was a system in place to recognise when renewals were needed. At the time of inspection seven people had Independent Mental Capacity Advocates (IMCA). An IMCA provides a legal safeguard for people who lack the capacity to make specific important decisions and are mainly instructed to represent people where there is no one independent of the service such as a family member. Other people with DoLS authorisations were supported by their families who were able to advocate on their behalf. Information about advocacy services was available.

## Our findings

People living in the home said they felt staff were caring. One person said, "Most of the staff are lovely with me and they go over and above to help me. They are very sensitive and caring when assisting me." Another person said, "Some of the regular staff are lovely and I can have a chat with them but they are very busy." A visiting relative said, "The staff are very familiar and kind towards her and have a chat with her although she can't always respond. I couldn't see her in a better place." Another visiting relative said, "The staff are nice and friendly with her. I leave here knowing that she is in a safe place and she is being properly looked after."

We observed staff interactions throughout the inspection and saw staff behaving with kindness. Staff were friendly and patient, allowing people to take their time. Staff were seen to work well together and behave professionally and respectfully. One staff member said, "I like it here, staff are so friendly and I feel supported."

Not everyone who used the service was able to express their views directly on the quality of care they received. We therefore used the Short Observational Framework for Inspection tool (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During this observation staff were observed to interact regularly with individuals and encouraged conversation. Staff offered people drinks. One person regularly walked around the ground floor area and we saw staff chatted with them and reassured them when they appeared disorientated. Another person was asked if they were cold and were offered a blanket. This showed staff were engaging with people and ensuring they were comfortable.

Communication plans identified how best to interact with people, for example speaking clearly and avoiding complex phrases. Some people's plans showed they needed time to process information. Communication logs in care files showed regular communication with families. Visiting relatives felt they were involved and kept up to date with what was happening. The home had also used the services of interpreters when needed.

Staff were clear about how they supported people to maintain their dignity when providing personal care. One member of staff said, "I always make sure the doors are closed and cover people up, I try to involve them, ask them if they want to do some tasks themselves." Some people living at the home had raised some concerns. One person felt they did not have enough opportunities to shower as frequently as they preferred. We discussed this with one of the deputies who said people were getting regular support with showering but

sometimes they declined due to their preferences. We saw in the care plans people were being supported with bathing regularly. Another person said they preferred to have female carers but there had been occasions when only male carers had been available on their floor. We discussed this with one of the deputies. It was acknowledged there had been occasions there were not always enough female carers available however this was due to the home needing to use agency staff sometimes at short notice. We looked at the rotas and saw female care staff were planned to be on duty at all times. The home had recruited new staff recently which reduced the need for agency staff.

The service sought the views of people living at the home and their relatives using a survey called 'Our Voice' This was developed by the provider, the questionnaires were then analysed and the results and agreed actions published. These were available to view in the home. The areas included; kindness, safety, food, cleanliness, facilities, staff and management. The most recent survey was completed in June 2017, comments included, "I think I am very lucky the staff are well chosen." "We had concerns about the number of managers" and "I reported that improvement could be made with the laundry and they did this." The service had developed an action plan with dates for completion. This showed the home cared about how people felt about the service they received and were committed to making improvements when identified.

## Our findings

People received care and support which was personalised to their individual needs and preferences. On reviewing the assessments and care plans we saw there were sections which included people's preferences in the way they were supported and what name they preferred to be known by. The home also considered people's specific needs in relation to gender, race, religion and protected characteristics identified in the Equality Act 2010. During this inspection there was no one living at the home with protected characteristics but staff were able to describe their understanding. One member of staff said, "We treat people equally regardless of their sex, race or beliefs." The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The home had met this standard.

There was a system for ensuring accurate information was transferred between services which had been developed by the provider. There were hospital admission forms which could be given to paramedics when required. There was also a log of other professionals input which different professionals would be able to see. A recent safeguarding enquiry, not related to the provider, identified visiting professionals had not communicated effectively or co-ordinated their practice which had led to poor care. At the time of inspection we identified district nursing staff made entries directly on to their own electronic system; this was not accessible to others. The home responded straight away by setting up a separate communication book for the visiting district nurses.

In the care files we saw there was evidence to show people's interests and hobbies had been discussed and an activities coordinator was employed. The previous inspection had identified a number of varied activities people enjoyed. At this inspection the coordinator was temporarily off work. Some people living in the home said they had enjoyed the activities before. One person said, "I liked doing the exercises and the bingo and we had some trips out." Another person said, "There aren't any activities at the moment but when there are we do bingo and there have been trips out to Blackpool and the theatre." A visiting relative said, "[staff name] does all the activities, she is off at the moment but she is a very bubbly character when she is at work and does a lot for the residents." The home was planning to address this absence. During the inspection we saw people were mainly in their rooms or in the communal areas watching television. Staff were interacting socially with the people living in the home when they were able.

The home provided support to people at the end of their lives. Their stated aim was, 'To allow [the person] to remain settled and pain free.' Staff had received training in supporting people at the end of their life. There was evidence in people's files they had been involved in decisions relating to this aspect of their care.

Some people had made advanced decisions about their preferences; where people had requested 'Do not attempt cardio pulmonary resuscitation' (DNACPR) this was recorded appropriately. Where people did not have the capacity to make advanced decisions we could see family members and community health professionals had been consulted, decisions had been made in people's best interests and recorded. At the last inspection one person's DNACPR needed to be reviewed due to a change in their capacity; the records we viewed were up to date.



## Our findings

There was no registered manager in post at the time of this inspection, however, the manager had applied to register with CQC and this was in progress. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

We looked at the governance framework to assess whether auditing and monitoring systems were effective in maintaining and improving the quality of service for people.

The home had clear systems in place, developed by the provider. We found auditing systems were not completed consistently. We saw the twice daily walk round checks by the manager to look at; resident care, infection control, the dining experience, kitchen laundry and sluice cleanliness had been completed on only six occasions in December instead of the 62 times their policy identified.

There was also a night walk round chart to check; staffing levels and deployment, whether agency staff had completed the induction booklet, security, fire doors, awareness of evacuation plans, cleanliness, and residents access to alarm calls. These walk around plans had not been completed consistently. These checks had not identified the lack of knowledge we found with agency night staff on the first day of inspection.

Flash meetings between the manager, senior staff, housekeeping, kitchen and maintenance staff were not held every day as identified in the home's policy. The aim of the meetings was to identify any information each section of the staff needed to be aware of and share relevant changes. There had only been two flash meetings recorded in January 2018 and ten in December 2017.

Medication audits were completed but had not identified the issues we found at this inspection. The previous inspection had identified some concerns with monitoring and audits. The action plan they developed in response to this had not been fully achieved. Monthly home visits by external managers had not been carried out.

This was a continuing breach of the HSCA 2008 Regulations; Good Governance Reg.17(2)(a) assess, monitor and improve the quality and safety of the services provided.

The previous inspection had identified staff morale had been affected by the lack of a long term registered manager. At our inspection we found staff felt more confident about the management team and reported feeling positive about the home and the quality of care they provided. At this inspection morale was not a concern. Staff knew what was expected of them and felt they had the appropriate level of support. One staff member said, "I think that the management is getting better, I feel supported by the management." Some people living in the home did not know who the manager was, but did know the two deputies. One person said, "I don't know the name of the manager she hasn't been here long but I know [deputy's name]. Another person said [deputy's names] are the managers and you see them about the place like today, helping the girls on the floor." A visiting relative said, "I think there is a new manager but there are one or two people I can speak with when we visit and they are all approachable." Another relative said, "I can go to the office or speak to the girls and they are always helpful and they will ring me if there is a problem."

The home consulted with people who live at the home, their relatives and the staff. There were regular meetings for families and some people had previously reported they were able to raise concerns and these had been addressed, most recently in relation to staffing levels and laundry.

Staff meetings were held regularly, we looked at the minutes of the most recent one held on 04 January 2018. The agenda was comprehensive and addressed several elements of care, record keeping, staffing issues, importance of attitude and standards expected. Staff said they were able to add items to the agenda. Minutes were available for staff to read if they had not been able to attend and they had to sign to show they had read them. This showed the service was ensuring the outcome of meetings had been communicated.

## 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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  One person did not receive the enriched diet recommended by the dietician.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Agency staff lacked appropriate knowledge.