

Amber Care (East Anglia) Ltd

Clann House

Inspection report

Clann House
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Bodmin
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Tel: 01208831305

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Clann House provides accommodation and personal care for up to 34 older people who may be living with a dementia. At the time of our inspection there were 24 people living at the service. This inspection took place on 28 October and 4 November 2017. The first day of the inspection was unannounced. This was the first time the service had been inspected since it updated its legal entity.

The service is required to have a registered manager and at the time of our inspection there was no active registered manager in post. 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 and associated Regulations about how the service is run. The registered manager had left the organisation in May 2017 but no steps to cancel the registration had been taken. The manager told us they would be applying to be the registered manager and were awaiting preliminary checks to be completed.

People told us they were happy with the care they received and believed it was a safe environment. There were several staff vacancies and agency workers were frequently used to maintain staffing levels. The manager also regularly covered care shifts. This meant they had less time to spend completing managerial duties. We identified gaps in staff training and noted there was no plan for staff supervision in place. Agency workers were required to complete an induction to familiarise themselves with the service. This had not been completed by all the agency staff. Recruitment was on-going and the manager told us they were confident the situation was improving. Recruitment checks were carried out before new staff started work. There was an induction process in place to help ensure staff had the relevant skills and knowledge required for the role.

People received their medicines on time and as prescribed. Staff supported people to access healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Relatives told us staff always kept them informed if their family member was unwell or a doctor was called. Records in respect of the care and support people received were accurate and up to date. Care plans were regularly reviewed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been submitted for some people. There was no evidence any capacity assessments had been completed before submitting the applications. This was not in line with the legislation laid down in the MCA.

The atmosphere was friendly and relaxed. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. During the inspection we frequently saw staff stopping to exchange a few words with people and enquire after their well-being.

Staff knew how to recognise and report the signs of abuse. There was an up to date safeguarding policy in

place and information on local reporting procedures was available to staff. Any risks in relation to people's care and support were identified and recorded. The records guided staff on the actions they should take to protect people from any identified risk. There were systems in place to help ensure staff were kept informed of any changes in people's needs.

There was a daily choice of menu and people told us they enjoyed their meals. People had access to a varied and healthy diet. When necessary food and fluid records were kept to help ensure people received enough to eat and drink.

People had limited opportunities to take part in organised activities. There was no activity co-ordinator in place at the time of the inspection. The manager told us this position was being advertised. Visits by external entertainers were infrequent although there were plans to develop this area of the service. Staff had not received training in providing meaningful activities for people living with dementia. We have made a recommendation about this in the report. During the inspection we saw people were supported to occupy themselves. We saw people knitting, using adult colouring books and reading daily newspapers.

Staff had a positive attitude and told us they enjoyed their jobs and worked well together. The manager was supported by the organisation's senior management team and senior care workers. Audits of various aspects of the service were completed. This included medicines, the environment, equipment and money. There had been no infection control audit since February 2017.

People and their relatives were not asked for their views on the service. No quality assurance questionnaires had been circulated to families since June 2016. Residents meetings were not arranged. There was no other formal means of gathering people's views in place. Staff meetings were not being held. The service had not notified the Care Quality Commission (CQC) of all significant events which had occurred in the service.

We identified breaches of the Regulations. You can see what action we have asked the provider to take at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not entirely Safe. Systems for the management and administration of medicines were not robust.

Arrangements were in place to ensure safe staffing levels were maintained.

Risk assessments guided staff on the actions they should take to protect people from foreseeable harm.

Requires Improvement ●

Is the service effective?

The service was not entirely Effective. Capacity assessments had not been completed appropriately.

Staff were not supported by a robust system of training and supervision.

People had access to external healthcare professionals.

Requires Improvement ●

Is the service caring?

The service was Caring. Staff were caring and friendly in their approach to people.

People were supported to maintain their independence and autonomy.

People were able to make day to day decisions about where and how they spent their time.

Good ●

Is the service responsive?

The service was Responsive. People had their needs assessed before going to live at Clann House.

Care plans were detailed and informative.

People were supported to occupy themselves. Organised activities were infrequent.

Good ●

Is the service well-led?

The service was not Well-led. Demands on the managers time meant they had not been able to focus on their managerial duties.

Notifications to CQC had not been submitted appropriately.

There were no systems in place to gather the views of people, staff and other stakeholders.

Requires Improvement 

Clann 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 28 October and 4 November 2017 and was carried out by one adult social care inspector. The first day of the inspection was unannounced.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

On the first day of the inspection the manager was on leave and we met with a visiting deputy manager from another Amber Care service. We spoke with the manager on the second day of the inspection. Over the two days we spoke with seven members of staff, two visitors and five people who were living at Clann House. We looked around the premises and observed care practices.

We looked at four records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, and other records relating to the running of the service.

Is the service safe?

Our findings

Some people living at Clann House had been identified as being at risk of developing pressure sores. These people had pressure mattresses in place to help protect them from this identified risk. On the first day of the inspection we checked the settings for two mattresses and found neither were set correctly. Both people also had air cushions to sit on when they were out of bed. One of these was incorrectly set. On the second day of the inspection we saw staff were checking air mattress settings daily to ensure they were correctly set.

On the first day of the inspection we saw some gaps in the Medicine Administration Records (MAR). The records had been marked to indicate the medicines had been taken from the stock but not signed to confirm the person had taken them. This meant we were unable to establish if people were always given their medicines as prescribed. We reviewed the MAR again on the second day of the inspection and saw they had been correctly completed. We discussed this with the manager who told us they audited the MARs every month. If any gaps were identified the medicine stock was checked to establish if people had received their medicine as prescribed. Some medicines required refrigeration and the refrigerator temperatures were monitored and fell within the recommended guidelines. Not all the creams stored in the refrigerator had been dated upon opening. This meant staff might not be aware of the expiry date of the item, when the medicine would no longer be safe and/or effective to use.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were able to explain the process to follow if any medicine errors were identified. For example, they told us they would ring the GP or 111 for advice and report the error to the manager. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation.

Care staff with responsibility for administering medicines had received the relevant training. We observed a member of staff supporting people with their medicines and noted this was done with patience and discretion. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

People and their relatives told us they were happy with the care provided and felt they were safe. Comments included; "I visit at any time, I am really happy with it" and "I wouldn't want to go anywhere else."

Care files included risk assessments which identified risks and the control measures in place to minimise risk. These covered areas such as falls and mobility. Information guided staff on the actions they should take to minimise an identified risk. One person sometimes became distressed and anxious. This could result in them acting in a way which could put themselves or others at risk. There was a risk assessment in place to guide staff on how best to support the person at these times.

There were some staff vacancies and agency staff were regularly used in order to maintain staffing levels.

The manager and staff told us they had been low on staff numbers for several months and used agency staff almost every day. The same agency was used to try and provide consistent care delivered by staff who knew people and the service well. People and relatives told us there were enough staff available to meet their needs and keep them safe. On the day of the inspection Clann House was staffed in line with the identified required numbers. Rotas showed that the service was consistently staffed at this level with the support of agency staff.

Two new members of staff had recently been recruited and were awaiting pre-employment checks to be completed before starting work. There was an on-going recruitment process to fill the remaining vacancies. The visiting deputy manager told us there was no plan to increase the number of people using the service until they were fully staffed and confident they could meet people's needs.

Staff had completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks and two references. Staff confirmed these checks had been applied for and obtained before they started working at the service.

Staff told us they would report any safeguarding concerns to the manager and were confident this would be acted upon. If not they told us they would raise their concerns to the senior management team at Amber Care. There was a safeguarding policy available for staff and the contact details of the local safeguarding team and the Care Quality Commission were readily available.

The premises were largely well maintained, clean and free from malodours. Some areas were due for redecoration and staff told us this was in progress. Some of the carpeting in corridors on the ground floor were stained and worn. This was most noticeable in the corridor leading of the main lounge close to the kitchen area.

A maintenance worker was employed full time at the service and they carried out daily checks to help ensure any defects were attended to. Staff told us they reported any faults and these were addressed promptly. There were regular checks to ensure the building was safe. For example, checks on the water supply and electrical appliances were completed regularly. People had personal emergency evacuation plans in place (PEEPS) to advise any first responders of the level of support they would require to leave the building in an emergency. Personal protective equipment (PPE) such as aprons and gloves were available for staff.

Is the service effective?

Our findings

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 to 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. Applications for DoLS authorisations had been made for some people. However, we did not see any evidence mental capacity assessments had been carried out before deciding to submit the DoLS application. This was not in line with the legislation. Care plans had not been signed to evidence people or their representatives had agreed to their plan of care.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff received training in the MCA and associated DoLS. Where appropriate discussions with external professionals were arranged to help ensure any decisions made on behalf of people were in their best interest.

People were involved in day to day decisions such as what they had to eat and drink and where they spent their time. For example, we saw staff asking one person if they would like to sit somewhere more comfortable to eat their lunch. The person said they wanted to stay where they were and their lunch was brought to them.

Newly employed staff and agency staff were required to complete an induction which included a tour of the premises and familiarising themselves with the service's policies and procedures and working practices. However, on the first day of the inspection we saw an agency worker looking for the sluice room. We told them there was no sluice room in the building and directed them to the laundry. They were unfamiliar with the layout of the building and did not know the codes for keypads to enable them to access all areas of the building. Staff told us this particular worker had worked at the service "two or three times" before. We discussed this with the manager who confirmed this agency worker had not completed the induction.

Staff new to care were required to complete the Care Certificate. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. Before new staff worked alone they spent a period of time working alongside more experienced staff getting to know people's needs and how they wanted to be supported.

Staff had received training to help ensure they were able to meet people's needs across a range of areas including first aid, food hygiene and health and safety. The week before the inspection some staff had received refresher moving and handling training. However, we found significant gaps in training records for staff in safeguarding adults, infection control and fire safety. Some people living at the service were living with diabetes and/or epilepsy. Very few staff had received training in diabetes and no-one had received epilepsy awareness training. One person sometimes acted in a way which could put themselves or others at risk. Staff had not had training in how to support people in these situations and told us they were sometimes "nervous" supporting the person. One commented; "It's so unpredictable, you don't know what's going to happen." We discussed the training with the manager. They told us they were aware of the gaps in mandatory training and would be addressing this.

Most staff had not received face to face supervision or an appraisal for several months. This meant they had no formal opportunity to raise any concerns or highlight any training needs. There was no evidence any supervision sessions were planned.

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

The manager told us they would organise a supervision meeting for individual staff members in response to any concerns raised. We saw this had been completed for one member of staff.

Staff were knowledgeable about the people living at the service. They were able to talk to us confidently about people, their needs and how they preferred to be supported. Relatives told us they were confident that staff were competent, knew people well and understood how to meet their needs.

People's individual health needs were well managed. People had access to healthcare services such as district nurses, GPs and dieticians. The registered manager communicated with external healthcare professionals to help ensure people's specific health needs were met. For example, one person had been referred to a Parkinson's and dementia specialist.

People's dietary requirements were documented and, where necessary, food and fluid charts were kept to record what people had consumed during the day. The records were not totalled at the end of the day. There was no information for staff on how much fluids people should be having. This meant staff might not be aware if people were not receiving the appropriate levels of hydration to maintain their health. On the second day of the inspection the manager showed us food and fluid charts which were now being completed with details of the amounts people had consumed. They had directed night staff to total the amounts at the end of each day.

Lunchtime was unrushed and people were talking with each other and with staff. Tables were laid with tablecloths, serviettes and flowers to help improve the mealtime experience. People were offered healthy options including fresh fruit and vegetables. Kitchen staff told us the budget was sufficient to provide people with a wide range of good quality produce which met their needs. They were knowledgeable about people's preferences and dietary requirements. For example, they told us; "[Person's name] is allergic to shellfish." Some people required their food to be pureed due to their health needs. All the elements of the meal were pureed separately. This helped the meals to look appetising. People told us they enjoyed their meals and were always offered a choice. We observed a member of staff asking someone what they would like for lunch the following day and offering a choice of two meals. The person ignored the choices offered and said they would like some scrambled eggs. The member of staff laughed and said; "Scrambled eggs it is then!"

Is the service caring?

Our findings

On both days of our inspection there was a calm and friendly atmosphere in the service. There was plenty of lively conversation between people and staff. Staff stopped to speak with people and check on their general well-being. We saw staff leant down or knelt beside people to establish eye contact. They remained with people who wished to ask them anything and ensured they were happy before moving away. Visitors told us; "Staff are lovely" and "The staff are very friendly." A member of staff commented; "I enjoy working here, I have some lovely chats with the residents." A recently received thank you card read; "Thank you for all your kind love, care and attention for my father."

Staff interacted with people in a caring manner and demonstrated a concern for their emotional well-being. People's privacy and dignity was respected. Staff always knocked on bedroom doors and waited for a response before entering. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People had access to named slings and prescribed continence equipment which met their individual needs. Key workers ensured people had their own individual toiletries, which was in line with their personal preferences. The laundry was well organised and clothes were clearly marked with people's name to avoid people's personal items getting mixed up.

Some care plans contained information about what was important to people. For example, in one person's care plan we saw written; "I was always very particular about how I looked, I like to maintain this now." A hairdresser and manicurist visited each week. One person told us; "She's a very good hairdresser."

People were encouraged to maintain their independence and autonomy. One person liked to set the tables for lunch and staff encouraged them to do this. Staff told us this individual also helped to pour drinks for people and this was seen as "their job."

People were able to make choices about their daily lives such as what time they got up in the morning and went to bed at night. A front sheet was in the front of care files which read; "Does it have to happen now? If an individual doesn't want to get dressed or go to bed does it really matter?" People were able to choose where to spend their time, either in one of the lounges or in their own room. Some people chose to spend most of their time in their rooms. Staff regularly visited these people to have a chat with them and check if they needed anything.

There was a choice of shared areas where people could spend their time. Shared living areas were arranged to help ensure people's individual preferences were met. Some areas were used as quiet spaces and were often used by visitors. We saw some people were watching the television and others were chatting together or reading the newspaper. Seating was arranged to encourage people to sit in small groups if they wanted to. This can help encourage conversation and social interaction between people.

There were various items of memorabilia throughout the premises. For example, in one room there was an

old style radio and telephone. There was some signage throughout the building to support people to orientate themselves independently. For example bathrooms were clearly marked. The corridor walls were brightly decorated and there were red handrails to help people support themselves. This meant they were easily seen. Signage on bedroom doors was inconsistent. Some people's rooms were clearly marked with their name and a picture that had significance for them. Others had no names or pictures. This meant people might not have been able to easily identify their own room. People had access to safe outdoor spaces. Research shows access to gardens and outside spaces can have a positive effect on the well-being of people living with dementia.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Clann House. Staff spoke knowledgeably about how people liked to be supported and what was important to them. People and their visitors told us staff knew how to care for them. People who wished to move into the service had their needs assessed, before moving in, to help ensure the service was able to meet their needs and expectations.

Care plans gave details about each person's needs. The care plans were reviewed regularly and as people's needs changed. They covered areas such as mobility, continence and eating and drinking. There was some information about people's life histories although the depth of detail varied. This kind of information can help staff to engage meaningfully with people. Care plans were linked to risk assessments and gave staff guidance on how to support people when a risk had been identified. On the first day of the inspection we found one person had no care plan in place to describe their behavioural needs. As this was an area of concern for the person it was important staff had the relevant information available to help them support the person appropriately. This is particularly important when agency staff, who are not familiar with people's needs, are frequently used. On the second day of the inspection we saw a care plan had been put in place outlining the person's needs in this area.

There were systems in place to help ensure staff were aware of any changes in people's needs. Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. If staff had been off work for any length of time they were given a more thorough handover to help ensure they were up to date with any changes in how people's care and support was delivered.

Daily records were kept for each individual. The information in these was detailed and informative. There were references to people's emotional well-being as well as the care people had received. This meant staff had a good overview of people's experience of the service. Monitoring records were kept where this had been identified as necessary. For example, people were weighed regularly. Charts to record when people had received a bath or shower and had bedding changed were not consistently completed. This meant the information in them was misleading.

We found people's opportunities to take part in organised activities were limited. Some external entertainers visited the service, but this was only about once a month. There were no organised activities arranged on either day of the inspection. The manager told us they had identified another entertainer and were hoping to book them soon. They were also trying to organise a didgeridoo player to visit. They told us they had been to the service before and people had enjoyed it.

There was no activities calendar in place to prompt staff to organise pastimes. There was no activity co-ordinator employed at the service. The visiting deputy manager and manager told us they were trying to recruit one at the time of the inspection. No staff had received training on how to provide appropriate activities for people living with dementia. Staff told us they tried to organise sing-alongs and games when they had time.

We recommend the service seek advice and guidance from a reputable source about the provision of activities for people living with dementia.

People were supported to occupy themselves. There were various objects throughout the building to provide stimulation for people. Artificial window sills contained small dolls and flowers which people could take off if they wanted. Daily newspapers were provided for those who wanted them. Dolls and soft toys were available and we saw people enjoying these. Some people had hobbies and had access to the tools necessary for them to keep up with these. For example, we saw one person knitting and another using an adults colouring book.

People and relatives told us they had not had any concerns or complaints. There was a complaints policy in place which outlined the timelines within which any complaint would be dealt with.

Is the service well-led?

Our findings

The service is required to have a registered manager and at the time of our inspection there was no active registered manager in post. 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 and associated Regulations about how the service is run. The previous registered manager had left the organisation in May 2017 although they had not cancelled their registration. It is important registrations are kept up to date. The manager told us they were intending applying for the position once their mandatory background checks had been completed.

Due to the number of staff vacancies at the service the manager was frequently required to work delivering care. For example, on the second day of the inspection a member of the night staff was off work unexpectedly due to sickness. As the second night worker shift was being covered by an agency worker the manager was covering the shift themselves. They told us it was important there was a member of staff on duty who knew the service well. They told us they were working in a carer's role three to four times a week and had been for the past few months. This demand on them meant they had limited time to complete managerial duties.

Staff meetings were not being held. As noted earlier in the report there were no staff supervisions taking place. This meant staff had no formal opportunities to raise any concerns or suggestions about how the service was organised. People, relatives and external professionals had been asked for their views of the service annually by means of a questionnaire. Results from the most recent questionnaire were positive. However, no questionnaire had been circulated since June 2016. Residents meetings were not organised.

Any incidents and accidents were reported to the manager and recorded on the appropriate form. Audits into various aspects of the service were carried out. For example, care plan, environmental and medicine audits were in place. There was no record of any infection control audits being completed since February 2017. Contingency plans were in place outlining the procedures to follow in the event of adverse weather, flu pandemic power failure and information loss.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not notified the Care Quality Commission (CQC) of all significant events which had occurred in the service. We saw an incident form which described an event where one person had struck another during an altercation. This had not been reported to CQC, providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The manager was supported by Amber Care's senior management team. An area manager regularly visited

the service. The manager told us this was used as an opportunity to carry out checks on people's monies and the environment as well as discussing any concerns. They told us they spoke to the area manager most days and were able to contact them at short notice for advice and support if necessary.

On the first day of the inspection we met with a deputy manager from another Amber Care service. They had been based at the service for a week to provide managerial cover while the manager of Clann House was on leave. During that period they had delivered manual handling training to some staff.

The visiting deputy manager told us Amber Care was a supportive organisation with a clear hierarchy which was well understood. Policies and procedures were issued by the organisation. These could be adapted by the manager to help ensure they met the services specific needs and reflected the needs of people using the service. They told us managers were well supported while able to retain some autonomy. For example, if there were any urgent repairs needed to the premises the manager had a list of local contacts which they were able to use immediately.

There was no deputy manager in place. The manager told us this position had recently been filled and the new deputy would soon be in post. The manager was supported by senior care workers. On the first day of the inspection the manager was on leave and the inspection process was supported by a senior care worker. They were knowledgeable about most aspects of the service and people's needs. Senior care workers had responsibility for the administration of medicines and overseeing the shift. Staff told us they worked well together as a team. There was a key worker system in place. Key workers have responsibility for overseeing the delivery of care for named individuals.

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 18 Registration Regulations 2009 Notifications of other incidents Statutory notifications had not been submitted to the Care Quality Commission as required. Regulation 18
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not act in accordance with the Mental Capacity Act 2005. Regulation 11 (1)(2)(3)(4)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place for the proper and safe management of medicines were not robust. Regulation 12 (2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality of the services provided were not in place. Feedback from relevant purposes was not sought out. Regulation 17 (1)(2)(a)(e)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not receive appropriate support, training, supervision and appraisal. Regulation 18 2(a)