

Jurichez Limited

Jurichez Ltd

## 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Jurichez Ltd is a domiciliary care agency providing personal care to older and younger people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, Jurichez supported 25 people in total, 23 of whom were receiving support with personal care.

### People's experience of using this service and what we found

#### Right Care:

Staff had training on abuse awareness and how to report concerns. However, staff did not always recognise all forms of abuse. This meant there was a risk some concerns would go unreported. People's care, treatment and support plans did not always reflect all aspects of their needs and associated risks.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service worked well with other agencies to ensure people's healthcare.

People who had individual ways of communicating, such as using body language and pictures could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

#### Right Culture:

Staff and the registered manager did not understand best practice in relation to health and social care and did not have effective systems that provided quality oversight of the service. Staff were not supported to receive all of the training and development they required to fully understand their roles.

However, people received quality care because staff placed people's wishes, needs and rights at the heart of everything they did. Staff knew and understood people well and were responsive, supporting a quality life of

their choosing. People and those important to them, were involved in planning their care and included other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

#### Right Support:

The staff supported people to keep a clean, well equipped, well-furnished and well-maintained environment that met their needs.

Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines and encouraged them to play an active role in maintaining their own health and wellbeing.

Staff respected people's choices and supported them to make decisions about their care. Staff communicated with people in ways that met their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 7 February 2022 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

We have identified breaches in relation to quality assurance, risk management and staff training at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# Jurichez Ltd

## Detailed findings

### Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

This inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people and 4 of their relatives about their experiences of the care provided. We spoke with 5 members of staff including the registered manager and care staff. We also spoke with 2 professionals who work with the service.

We reviewed 3 people's care records including medicine records and looked at 2 staff recruitment files. We reviewed various quality assurance documents such as audits and reviews as well as looking at policies.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 19 July 2023 when we began inspection activity. For example, speaking to people and their relatives remotely, speaking with staff and reviewing documents sent via secure file transfer. The inspection ended on 7 August 2023 following formal feedback to the registered manager using video call technology.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The registered manager assessed people's needs and any risks related to them. However, not all risks had been fully identified and care records gave contradictory or missing information that could lead to people being placed at risk of harm. This included risks in relation to conditions such as diabetes, high risk medicines, a heart condition and mobility equipment.
- A relative told us they were concerned about the potential impact this could have on their family member due to risks associated with their family member's health condition.

Records related to risks to people were incomplete and inconsistent. Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not effective. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite our findings in relation to risk, people told us they felt safe when staff supported them and were involved in managing risks to themselves and making decision about how to keep them safe. One person told us, "I feel safe when [staff] are here as I am bad on my feet, and they help me." Another person said, "I am prone to falling, so [staff] make me feel safe when they assist me to have a shower."

### Systems and processes to safeguard people from the risk of abuse;

- Staff had training on how to recognise abuse and were confident about how to report concerns. However, staff did not have a good understanding what different forms of abuse looked like. This meant there was a risk of some abuse not being identified or reported.
- The registered manager had systems in place to record incidents and accidents and these were reviewed regularly. Records showed what action had been taken, including reporting to local safeguarding teams, but they did not always record the outcome or show the impact to people.

### Staffing and recruitment

- The numbers of staff matched the needs of the people using the service. The registered manager carried out pre-employment checks such as Disclosure and Barring Service checks (DBS) to ensure staff were of suitable character for their role. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they had not experienced any missed care visits but their views about the consistency of care visit times were mixed. One person told us, "Time keeping is very good. I have regular [staff]." Another

person told us, "Time keeping is awful. No consistency. [Staff] can be early or late. I don't know when they are coming. All different ones." The registered manager monitored care visit times and took action to make improvements where concerns had been raised.

#### Using medicines safely

- Where people required support with medicines this was given in ways that suited each person. Medicine administration was monitored regularly by the registered manager who also liaised with people's relatives and relevant health professionals to ensure medicines records were correct. People told us they had no concerns about the support they received in relation to medicines administration.
- However, medicine records contained inconsistent information about who was responsible for administering the medicines. Medicine Administration Records (MAR) showed different medicines prescribed than those listed in the care plan. This could lead to medicine errors if staff did not have the correct information.

#### Preventing and controlling infection

- The service used effective infection, prevention and control (IPC) measures to keep people safe. People told us staff wore disposable gloves, masks and aprons as required. The service had an up to date IPC policy and all staff had received training in this area. Staff told us they had plenty of access to supplies of personal protective equipment such as gloves and aprons.

#### Learning lessons when things go wrong

- The registered manager reviewed incidents and accidents to look for ways they could improve the service. Actions were then put in place to achieve these goals. They informed staff of the changes they needed to make and ensured they apologised to the people involved.
- However, staff told us they were not given the opportunity to reflect when things went wrong. Records of staff supervision and team meetings showed staff were not given the opportunity to discuss areas for learning. This meant they were not supported to develop their own reflective learning skills that would enable them to easier identify concerns and areas for improvement.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Training that had been given was not effective in ensuring staff had a good understanding of the needs of people they supported. They lacked knowledge of conditions such as dementia and diabetes despite supporting people with these conditions and told us they had not received training in diabetes. Staff had limited awareness of requirements in relation to safeguarding and the Mental Capacity Act 2005.
- Staff received supervision, but the records showed they were not supported to check their competency, understanding of their role or how they applied best practice. The records did not evidence meaningful discussion with staff to support their learning.
- The service did not yet support an autistic person or people with a learning disability. The registered manager told us they were in the process of receiving a contract to do so with a local authority. Since 1 July 2022, all registered health and social care providers have been required to provide training for their staff in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability.
- The registered manager and current staff team had not received training or had previous experience of supporting people with these conditions. Staff were not aware of the principles of the Right support, right care, right culture policy. They did not understand what sensory or communication strengths or impairments a person might have or how to support them. They did not understand how to use positive pro-active strategies to support autistic people or people with a learning disability have a fulfilling life.

Systems were not effective in developing and assessing staff knowledge and skills in ways that would enable them to fulfil the requirements of their roles. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff did receive training in some areas of their role such as safeguarding, medicines and manual handling. The registered manager implemented an induction process for new staff that included shadowing more experienced members of staff and reading people's care plans. Staff were also supported to complete their Care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Despite our findings in relation to staff's training and knowledge. People told us they felt staff were competent in their roles. A relative told us, "[Staff] use [equipment] and [my family member] is safe when they use it as the [staff] are competent. New staff come with more experienced ones." Another relative said, "[Staff] must have some knowledge of Dementia as when [my family member] becomes [distressed], they

can distract them and they don't shout back at them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager worked with people, their relatives and various health and social care professionals to assess people's needs prior to receiving care. This information was then used to develop their care plans.
- People and relatives told us how they had been involved in assessing their family member's care. A relative told us, "The care plan was put together in hospital but when [my family member] came home the [registered] manager came round and gave us advice and talked through the care plan with us. Very thorough."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. Staff recorded in daily notes what nutritional support they had given to the person. The registered manager assessed people's nutritional risk to determine where people might need additional support with food and fluids.
- People told us they had no concerns about the availability, preparation or receiving of food or fluids.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff recorded all tasks they supported people within their daily notes. This information was available to share with health professionals such as GP's, district nurses or hospital staff where people had given permission, to ensure continuity of care. Professionals gave positive feedback about how the staff and registered manager worked with them. One professional told us, "The [service] is very effective and efficient in communicating back within reasonable timescales. They communicate well with [people]. Also, they go beyond to ensure the safety of the [people]."
- People told us staff were good at identifying when there was a health concern and offering support to access the appropriate medical professional. One person told us, "I think they would get help for me if I was ill. I have confidence in them." A relative said, "[Staff] tell me if [my family member] is unwell. If I am not in the house, they will ring me and tell me what they have done. They communicate very well."
- A relative told us about when their family member had started to develop a concern with their skin. Staff identified this straight away and the registered manager organised a district nurse to come and assess and advise. The registered manager then altered their family member's care plan.
- The registered manager shared evidence with us to show how they had arranged a joint visit with an occupational therapist for a person whose mobility needs had changed. This meant the person had access to the correct equipment and guidance for staff about how best to support their mobility.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and DoLS and understood the importance of gaining people's consent. People had signed a form to give consent to their care, although where 1 person had asked a relative to sign on their behalf, the reason was not clearly documented.
- People were happy that staff respected their decisions and always sought consent before providing care. One person told us, "[Staff] always ask before they do anything."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt valued by staff who treated them well and showed warmth a genuine interest in their well-being. People told us staff treated them well and were friendly and patient. One person told us, "[Staff] are very friendly. I look forward to them coming. I can't go out. They are the only people I see." Another person said, "[Staff] are pleasant, nice, polite and civil."
- Relatives also felt staff treated their family members with respect and kindness. A relative told us, "[Staff] are very polite. They are good at communicating and trained. My [family member] loves their [staff team]." Another relative said, "[Staff] are good. They are friendly and chatty and always ask how I am too."

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views using their preferred method of communication.
- People were empowered to make decisions about their care and felt confident to give feedback about the support they received. One person told us, "If there are any changes needed the [registered] manager comes around to change the care plan as and when it needs it. They call to check I am ok." Another person said, "I requested help from my GP. The [registered] manager came round, and we did a plan of care. They were very nice."

Respecting and promoting people's privacy, dignity and independence

- People told us how staff always ensured their privacy while still encouraging them to do what they could for themselves. One person told us, "[Staff] speak to me nice and kindly. They close the door when I am in the bathroom." Another person said, "They encourage me to wash myself and are always polite."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Preferences were identified (i.e. gender of staff) and the appropriate staff were available to support people. Staff offered choices to people using individual methods of communication appropriate to that person. The people currently being supported did not have long term plans identified and were happy with the care provided rather than supporting them to learn new things.
- People told us they were satisfied with the care being provided and everyone we spoke with said they would recommend the service to others. They told us staff knew what they liked, and they could make changes when they needed to. One person told us, "[Staff] will ask, what have we got to do. I tell them and they do it." Another person said, "I am happy with the care I am getting."
- A relative said, "Although [my family member] cannot speak, [staff] have got used to their way of communicating and they know their likes and dislikes." Another relative said, "I am happy with the care. [My family member] is getting what they need." A professional told us, "The [staff] put [people] at the centre. They attend to their needs using a person-centred approach. With respect and dignity."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff made sure people had access to information in formats they could understand. Staff understood they needed to change their method of communication to meet individual people's needs.
- One person did not communicate using speech and also did not understand a lot of English. The registered manager had produced information for the person in both English and their first language. Staff understood how to use a pictorial system of communication with the person. They used this system to communicate generally and to gain the person's consent before supporting them with any care tasks.
- There were no language barriers. People told us some staff spoke in broken English, but people were able to understand them and were able to make themselves understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was part of the support agreement, staff supported people to access the community and maintain relationships with relatives to avoid social isolation.

- Relatives felt the staff also supported them well, to promote a balance in the family and good relations. A relative told us, "[Staff] support me a lot. I get a bit of a break, so I have time to spend with other [family members] when they are here." Another relative said, "[Staff] support me as well. We have a chat, and they give me advice."

#### Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and recorded actions taken. They wrote to people to let them know what they would do. A professional told us, "From my dealing with this company, they are about positive improvement, when an issue arises, they deal with it in a timely fashion."
- People and their relatives all knew how to complain and where happy to do so. One person told us, "I rang once or twice as [staff] were late. They quickly answered and responded immediately." A relative said, "Yes, [information] is all in the folder with contact numbers. I had a concern that [my family member] didn't get on with one of the staff. I told the [registered] manager, and that [staff member] never came again."

#### End of life care and support

- The service was not currently supporting anyone with end of life care. Staff had not yet had training in this area. People's wishes were not always assessed and in one case it simply stated to contact their relative for details.
- We discussed this with the registered manager and the need to clearly record when people had declined to discuss this aspect of their care. We also discussed the risks of people's rights and wishes not being upheld in the event of a sudden and serious illness if it is not recorded in the care plan. The registered manager agreed to review this aspect of people's care plans with them and detail the outcome in their records.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were not effective in helping to hold staff to account and keep people safe. Audits had not identified the concerns found during this inspection. Quality assurance records did not always document outcomes and impact to people or how staff were supported to reflect when things went wrong. Care records had inconsistent and or missing information about risks and people's conditions.
- The registered manager did not have a sufficient awareness of the legal responsibilities of their role and current statutory and best practice guidance to ensure compliance with the regulatory and legislative requirements.
- There was a lack of managerial oversight about gaps in staff knowledge, training and competence. Staff were not supported to fully understand the requirements of their role and struggled to describe risks to people and how people's conditions impacted their daily life.

Quality assurance systems failed to identify or drive improvement in areas of quality, risk management, safety and staff skills and knowledge. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did conduct bi-weekly telephone calls to people to gauge their views about the care as part of the quality assurance processes in place.

Continuous learning and improving care

- The registered manager did not always keep up to date with national policy and best practice guidance to inform improvements to the service. However, they did demonstrate ambition and a desire to support people to achieve the best outcomes possible. Staff were not offered opportunities to learn from their practice.
- Staff were offered opportunities to attend training to become a champion in areas such as dementia or falls. However, there were no clear outcomes of this or clear roles for any champions as to how they would support their colleagues to better understand their roles and improve their practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager put people's needs and wishes at the heart of what they did. They were visible in the service and people all knew who they were. Care plans did not always give clear guidance about

people's support, staff took time to get to know people in person so that they could understand how to meet their needs in line with their preferences.

- People had confidence in the staff and the registered manager and felt they put them first. One person told us, "I am getting what I want. [Staff] do a good job." Another person said, "I would recommend [the service]. They are very good. Polite, clean and always clean up afterwards. [Staff] will do anything I ask." A relative told us, "I would recommend [the service]. Really good with care and work around my [family member]. They are understanding and have a good overall knowledge."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them when things went wrong. The registered manager gave honest information and suitable support and applied duty of candour where appropriate.
- The registered manager ensured all incidents were notified to the appropriate agencies such as the local authority safeguarding team. The service had not yet experienced an incident that was notifiable to the CQC but understood to do so where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought feedback from people and those important to them and used the feedback to develop the service.
- People and relatives told us the staff communicate well with them and ask for their views about the care. A relative said of the registered manager, "I know the manager and I think [the service] is well-led." Other relatives told us, "The office staff are equally helpful." And, "The phone is answered quickly and you are listened to and get a quick response."
- People told us they could speak with the registered manager. One person told us, "I can speak to the [registered] manager. They are very helpful." Another person told us, "I know the [registered] manager. They are a good person."

Working in partnership with others

- Staff worked in partnership with other organisations, such as the local authority social services and community health professionals. Records showed that the staff work closely with district nurses, social workers and GPs to ensure people's care was safe and consistent.
- Despite our findings, professionals who work with the service told us they had no concerns about the service and felt it was well managed. One professional who works with the service told us, "The [registered] manager communicates well and responds in a timely manner which promotes a good working partnership."



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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service were not effective. This placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems failed to identify or drive improvement in areas of quality, risk management, safety and staff skills and knowledge.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Systems were not effective in developing and assessing staff knowledge and skill in ways that would enable them to fulfil the requirements of their roles.