Goldcrest Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Our inspection took place on 13 November 2017 and was announced.

Goldcrest Care Services Ltd is a small domiciliary care service based in Slough, which provides personal care to people in their own home. At the time of our inspection, four people used the service.

People were not always protected from abuse and neglect. Appropriate systems were not in place to safeguard people from the risk of preventable harm. Recruitment practices and supporting documentation did not meet the requirements set by the applicable legislation. We found appropriate numbers of staff were deployed to meet people's needs. People's medicines were safely managed.

The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff induction, training, supervision and performance appraisals were lacking or insufficient and the service could not ensure workers had the necessary knowledge and skills to effectively support people. People's care preferences, likes and dislikes were assessed, recorded and respected. We found there was collaborative working with other community healthcare professionals.

The service was caring. There was complimentary feedback from people who used the service. People told us they were able to participate in care planning and reviews and some decisions were made by staff in people's best interests. People's privacy and dignity was respected when care was provided to them.

Care plans were appropriate and contained information of how to support people in the right way. We saw there was an appropriate complaints system in place which included the ability for people to contact any office-based staff member or the management team. People and relatives told us they had no current concerns or complaints. Questionnaires were used to determine people's satisfaction with the care.

Provider-level methods of good governance such as audits were not implemented at the service and therefore the quality and safety of the service could not be adequately measured. We made a recommendation about this. People told us that the management were friendly and approachable. They felt that the service was well-led.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and an offence under the Health and Social Care Act 2008.

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

Full information about our regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals are concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Effective systems were not in place to protect people from the risks of abuse or neglect.

People were at risk as the service failed to ensure only fit and proper persons were employed.

There were adequate staff deployed to meet people's needs.

People's medicines were safely managed.

Is the service effective?

Requires Improvement

The service was not always effective.

There were unsatisfactory levels of staff training, supervision and performance appraisals. Records of staff training were insufficient.

People's consent was obtained but further information was required about alternate decision-makers and do not resuscitate preferences.

People's likes, preferences and care routines were well-documented.

The service worked well with other community healthcare professionals.

Is the service caring?

Good

The service was caring.

People told us staff were patient and kind.

People had developed positive relationships with staff.

People were encouraged to participate in care decision-making.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's care was tailored to their needs.

People's care was reviewed and changed, when required.

People and relatives knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A condition of the provider's registration was not complied with.

The service was not registered with the Information Commissioner's Office, as required by the Data Protection Act 1998.

Systems used to ensure good governance of the service were not in place.

People told us the service was well-led.

Goldcrest Care Services Ltd

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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults, people with sensory impairments, physical disabilities, dementia, people with mental health conditions and people with learning disabilities or autism spectrum disorder.

Our inspection took place on 13 November 2017 and was announced. We gave the service 48 hours' notice of our inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 13 November 2017. We visited the office location on 13 November to see the registered manager and office staff; and to review care records and policies and procedures.

To gather information from people who used the service and their relatives, we completed telephone interviews. We spoke with four people and one relative. We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also checked for feedback we received from members of the public, local authorities and clinical commissioning group (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).

Our inspection was completed by one adult social care inspector and an 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. Our Expert by Experience was familiar with the care of older adults who receive support in the community.

At our inspection, we spoke with the nominated individual, registered manager and care coordinator.

We looked at four people's care records, four staff personnel files and other records about the management of the service. After the inspection, we asked the registered manager to send us further documents and we received and reviewed this information. This evidence was included as part of our inspection.

Requires Improvement

Is the service safe?

Our findings

Improvements were required to protect people from abuse and neglect. We saw there was information about safeguarding in the staff handbook. We saw there was a safeguarding and whistleblowing policy, but neither contained details of local steps to take in the event of an allegation. We were told staff were required to complete safeguarding training during their induction process. This was via an online video. However there was no process for verifying that staff had completed the training as no certificates were generated or available. The service had not conducted their own criminal history checks of staff via the Disclosure and Barring Service (DBS) prior to their employment. Instead, they had relied on DBS certificates from the care workers' prior employers. The registered manager and nominated individual had not completed safeguarding training relevant to the type of service.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nominated individual explained there were no reported accidents involving people that used the service. There was one incident recorded on a log sheet. However, there was no incident form completed by the care worker and no record of a manager reviewing the matter. This meant there was no accurate record of the event.

We checked whether sufficient staff were deployed to safely meet people's needs. At the time of our inspection there were five people who used the service and seven staff (including managers). The nominated individual and registered manager explained they both provided personal care to people, as well as the four care workers. Care workers were allocated small caseloads; between one or two people. Care workers lived near the geographical regions where people resided, which reduced the travel times between calls. The number of staff required for people's care was derived from the needs of the person. We checked rotas for the week before and the week of our inspection. These were appropriate and demonstrated how calls were delegated. Although people we spoke with described some late calls, the nominated individual explained that the service considered a call late if the start time was more than 20 minutes past the scheduled slot. We were told where possible, the service would phone people to inform them if a call was going to be late. There was no evidence of any missed calls. We were told there was one very late call, which was subsequently cancelled by a person's relative.

The service explained they were recruiting new care workers . At the time of our inspection, the service used agency staff for some calls. A local authority reported to us that they found an agency worker was present in a person's house when they visited. When challenged by the local authority staff, the worker stated they were from an agency. The police were called, contacted Goldcrest Care Services Ltd and the worker left the person's house. When we asked at the inspection, the management stated they had no knowledge of the event and were not contacted by police. The day after our inspection, the nominated individual contacted us to explain there was miscommunication with the external agency that sent the worker to the person's house before the care package was arranged. We received a detailed response from the service and the external agency. An action plan was devised in an attempt to prevent this event from occurring again.

The recruitment processes for new staff did not ensure only fit and proper persons were employed to carry out the personal care. In the four personnel files we checked, insufficient pre-employment checks were completed. Full job histories were not obtained, there were gaps in the employment histories, reasons for leaving prior roles were not recorded and there was no record of any interviews. This meant people were placed at risk as the service could not ensure the staff employed were of good character before providing care.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked whether people's medicines were safely managed by staff. Not all people who used the service required support with their medicines. We were told where possible, people were encouraged to maintain their independence and take their medicines without prompting. Staff training consisted of online training, shadowing and a competency assessment by the registered manager. The service obtained a list of medicines the person took at the commencement of the care package. Medicines were correctly administered by staff and there were no reported medicines incidents. Some medicines were only administered by district nurses, or others. There was a satisfactory medicines policy which outlined the requirements for staff to follow. We checked medicines administration records (MARs) and these were satisfactorily completed and showed people received their medicines.

We checked how people were protected from the risks of infections. Staff were provided with personal protective equipment such as disposable gloves, aprons and masks. Staff carried alcohol-based hand sanitiser to ensure their hands were clean between people's calls. We were told the registered manager provided face-to-face training to care workers about infection prevention and control.

People told us that they felt the service was safe. One person said, "I feel very safe. Goldcrest is a small and very nice company. [Name of staff member], who is the [nominated individual] is a lovely guy and never makes you feel a nuisance. He is very kind. I like the staff because they are more like family friends. They are very kind and professional. I have never felt unsafe if I felt unsafe I would tell [the nominated individual]. I would phone him and he would do something about it. They do arrive on time if they are late they always call me sometimes they are held up in traffic." Another person stated, "The guy who runs it [the nominated individual) is a very nice guy. They are very professional. If I felt unsafe then I would get another company. There was once when there was a mix up when the carer didn't arrive until late. It was his first time here and there was traffic in the area. There was confusion and the agency couldn't have been any more apologetic."

Other comments included, "I think the service is pretty good. I feel safe because they come and do what they have to do and that's it. They are very professional. If I didn't feel safe I would have to do it myself. They are more or less on time depending on whether they get held up with previous customers" and "There is no reason not to feel safe. We feel comfortable, can trust them and have confidence in them. The staff I find are compassionate and authentic. They are genuine. I would not expect to get to a place of utter unsafety because we have open communication and I am able to share any concerns in advance. They arrive on time only on the odd occasion I have had a text to say the carer was running late". The relative told us, "Yes [the service is] safe because my mother is very happy and if there are any problems they can be monitored closely. The carers are very friendly. They introduce new carers first before they work with my mother. There is nothing my mum dislikes I am a retired health care professional. I felt unsafe I would contact the agency then the CQC. They tend to be a little late, five to ten minutes but I have not felt the need to address that."

Requires Improvement

Is the service effective?

Our findings

Staff induction, training and supervision required improvement. We checked staff induction and found no workers had completed Skills for Care's "Care Certificate". We were told all of the necessary modules, slides and videos were available at the service, but they were not used or completed. We looked at the staff training records for two workers. We saw staff training was planned for completion in stages, commencing at induction and then completion of topics considered mandatory in adult social care, such as safeguarding and moving and handling. However when we saw the records, we noted they were not signed off as completed at the service. Some information in the training matrix recorded staff had completed relevant training with prior employers, but had not repeated this at the service. There were no records of staff shadowing during induction, 'spot checks', supervision sessions or commencement of performance appraisals. This meant staff had not received the support to ensure they had the necessary knowledge and skills for their job.

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

We saw people's needs and choices were considered and appropriately recorded. We looked at the care record called "baseline assessment of needs for daily living". We saw this recorded important information such as preferred foods and drinks, whether the bedroom door should be closed or open and people's personal hygiene routines. People's records showed the information obtained by the service was very detailed, even including information such as how someone liked to be shaved and what deodorant or perfume people liked to use.

We found people's care plans satisfactorily reflected the information obtained from the baseline assessment. People's care plans described how their day was planned, whether they participated in religious and cultural events and when, and what indoor and outdoor activities they took part in. For example, one person's care plan stated, "[The person] likes watching TV. [The person] has the capacity to choose herself." Another care plan we viewed recorded they, "Like soaps (and) likes fresh foods." This was good evidence the care plans were tailored to people's needs.

At the time of our inspection, one person who used the service required assistance with their eating and drinking. The person had a complex need and the service was able to assist the person to ensure they did not become malnourished or dehydrated. Information about the person's risks pertaining to eating and drinking were satisfactorily documented. Steps for staff to use in assisting the person with their nutrition were within the care records. Daily notes showed the person was assisted with the provision of their nutrition products.

There was evidence that the service worked in conjunction with other healthcare professionals to ensure effective care. The nominated individual explained one person was discharged from hospital and their moving and handling could not be correctly managed at home. The service referred to the report from the hospital's occupational therapy team and noted there was some inaccurate information in the assessment.

The service completed a prompt referral to a community occupational therapist which resulted in a ceiling hoist being quickly installed in the person's house. This meant the person could safely be moved in order to provide their personal care and preventing readmission to the hospital or moving to a residential care facility.

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. We checked whether the service was working within the principles of the MCA.

The nominated individual had a good knowledge of the principles of the MCA. We saw from the care records that people's consent was correctly obtained and recorded. The service had not recorded information about enduring power of attorney or lasting power of attorney within the care documentation. There was also no information about people's preferences for resuscitation. Although we were told staff received training in the MCA, there were no records to support this.

People told us they felt that the staff were experienced, well-trained and good at looking after them. One person commented, "Yes, they are good at their jobs. They will cook whatever I can eat. They encourage me eat and drink as it is difficult for me and they assist me to eat. They encourage me to walk with my frame." Another person told us, "The [staff member] who did most of the caring was very experienced. I had no issues about how they were all doing their job they were all very good. They helped me eat and drink." Other comments included, "Both of them (staff) are pretty well-trained. I am a very fussy eater and they try to encourage me to eat and drink. It takes two carers to help get up. Yes, I believe they do know how to use a hoist" and "The carers help me by going on walks with me. They allow me to do what I wish at times which I pick. They are willing to helping me eat, drink and cook if I wish." A relative told us, "They remind my mum to take her meds. They help prepare a sandwich at lunchtime and they cook the meal I have taken out the freezer in the evening. They encourage her to do what they can. For example, they will apply cream on the areas she can't reach after her shower."

Good

Is the service caring?

Our findings

People told us they were satisfied with how they were treated and with the standard of care. They also told us their privacy and dignity was respected and that they were involved in decision-making related to their care. The first person we spoke with stated, "They treat me like a human being. They very much respect my privacy and dignity, for example if I have to use the commode they never make me feel awkward or that I am a nuisance. It's not what they do it's the way that they do it." The next person told us, "Whenever I was there, they were very good. They were all very pleasant and they would do what I requested. The problem was that I was totally disabled and could not do things for myself. I have a full history of what they did; they kept notes every day." A relative we spoke with said, "She (the person who received care) only had them for a couple of months. They are coming up with the assessment of service now. Today they are bringing a contract. At one time her care plan and notes were on the computer but the social services came two weeks ago and said they should be writing her care notes in a book at home. She has that now they are doing it. Yes, they respect her privacy if she is on the commode by drawing the curtains we had a curtain fitted around her bed."

Another person who used the service told us, "They are always on hand as is necessary. They are flexible as sometimes I can manage herself. They consult with the GP...Yes, I have a copy of the care plan and they do write down what they have done. Instead of imposing, they allow me to do what [I want]. They are on hand and available. They do prompting. I would describe their attitude as friendly, warm, accommodating and caring. It is genuine compassion; not sympathy." A relative further went on to tell us, "They are very friendly and caring. She (the person who received care) has not expressed any dissatisfaction. Whenever I have been there they (staff) have been very polite. Sometimes [my mum] can anxious and angry; I find that they are very reassuring."

Staff we spoke with were able to describe how they protected people's dignity and privacy when personal care was provided. The nominated individual told us they would, "Consult with the service user and ask their preferences." The nominated individual further described suitable measures for privacy which included checking whether relatives were present in the person's house, covering the person's body during hygiene care, closing curtains and doors. The nominated individual described how the service had promoted one person's privacy. As the person lived in the lounge room in their house with their partner, a ceiling rail and curtain were installed so that care workers could use this during personal care. Another way the service tried to ensure people's privacy included knocking on the house door, even when they had the key, to announce their arrival. Care staff would announce their arrival to the person to check if they had consent to enter before stepping in the house.
Staff we spoke with explained how they built positive relationships with people who used the service. They told us they used effective communication techniques as one of the ways to build a good rapport. One staff member told us they would, "Ask people how they are" when they first arrived at the person's call, to check if there were any issues since the last visit. The nominated individual told us, "[We] engage with people, by asking how their day had started or was ending. We also respect people's right to refuse care at the time we arrived. If this happened, we would go away and try again later.

Two people's daily notes we reviewed showed staff documented dignified and person-centred information about the care they provided.

Good

Is the service responsive?

Our findings

The service ensured that people had access to the information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We were told some staff could speak languages other than English. We found people's support plans also included information about how to effectively communicate with them.

We reviewed people's care documentation, including the care plans. These were recorded on standardised templates and covered the routine activities of daily living. For example, care plans included information about how to move people, eating and drinking and personal hygiene. Other relevant information was also within the files. This included next of kin details, information about money and finances, health and medical conditions, people's social needs and any behavioural issues. We saw are plans were handwritten, stored in the person's house and returned to the office archives at regular periods. The registered manager explained the provider was in the process of assessing systems used for electronic recording of care documentation. We found information in people's care plans was individualised in accordance with their needs. For example, one person's moving and handling care plan stated, "Needs assistance with all mobility" and went on to state what aids they required for each aspect of moving.

We also found the care plans and notes recorded information to show people's continuity of care. For example, in one person's documentation we saw they had experienced constipation for two days. On the third day, the care worker had noted the person was able to go to the toilet and therefore the issue was resolved. The notes reflected that the service continued to monitor the person's elimination after the initial episode. We saw care workers maintained daily notes of the care. We saw these were contemporaneous, accurate and legible and provided a clear reflection of the care that was provided.

People's care was reviewed at appropriate scheduled intervals. However we were told and saw that ad hoc reviews were also completed based on any sudden changes. For example, one person's relative was admitted to hospital. We saw the care notes stated, "Relative has gone into hospital, so [the person's] care has increased to 24 hours." In the days following the relative returning home from hospital, the notes stated, "Back to four calls a day, however the care (visits) have increased to one hour instead of thirty minutes." This showed the person's needs were considered and care was adjusted when the relative was absent.

People told us that they felt listened to that they knew how to make a complaint The nominated individual explained the service was too small at the time of our inspection to hold meetings in the office with people who used the service or relatives. Instead, the service used surveys as a way of gaining feedback from people. People confirmed staff from the office had visited them and their relatives providing them with a questionnaire. We viewed the surveys in the office and asked the registered manager to send us copies following our inspection. We saw the form asked a series of questions and provided the opportunity to answer with a score from one (very poor) to five (very good). Questions covered various aspects of the service, such as "Are you kept adequately informed/consulted about your care and state of health?", "How

well do you feel that your special needs (cultural, spiritual, language etc.) are respected and catered for?" and "Do you know how to make a complaint?" The number of surveys returned since the commencement of the service meant it was not possible to make any conclusions about particular topics. However, we saw people and relatives had rated most topics as good or very good.

We asked people whether their care was personalised if the service listened to their opinions. One person told us, "I find it difficult to get to meetings. They come and visit me and I have done a questionnaire." Another person said, "The carers kept me informed of the care they were going to provide." Other comments from people included, "I filled in a questionnaire the other week" and "They have come here to meet before. Everyone has attended so we can talk things through together. I suppose if there was a need to complain I would know how to complain but there is no need. We have an open line of communication with the care provider so we can look at issues with the care provider." A relative told us, "We haven't been invited to meetings yet as her (the person that received care) care only started [recently], but we visit her regularly when the carers are there. They left a questionnaire we haven't filled it out but it is on the 'to do' list. I have not had to make any complaints." People who used the service, and their relatives, were satisfied that the service appropriately engaged with them.

We saw each person who commenced a package of care was issued with a guide which was clear and comprehensive with information about the service and relevant contacts within the organisation. There was information about how to make a complaint and a complaints procedure was in place. The nominated individual explained there were no complaints up to the time of our inspection.

Requires Improvement

Is the service well-led?

Our findings

We found the provider had breached a condition of their registration. A condition of registration is a mandatory requirement set by us and must be complied with by law. Failure to comply with a condition of registration is an offence. Prior to our inspection, we obtained information that the provider did not continuously operate from the location specified on the registration certificate.

This was a section 33 offence under the Health and Social Care Act 2008.

At the time of the inspection, the provider was not registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes confidential personal information to register with the ICO unless they are exempt. We found the service failed to comply with the relevant legislation. We advised the management team to register the service with the ICO. When we checked after our inspection, the provider had failed to register.

People's confidential personal information was protected, as far as possible. Paper-based records were used to record information about care provided. Limited information was left in stored within people's homes. When documents were no longer required in people's homes, they were returned to the office, and archived. Information pertaining to staff and other confidential management information was locked away or protected on computers by passwords. Only relevant staff had access to this information. Staff who provided support to people and staff based in the office did not disclose confidential information without people's and relatives' consent.

The service did not have satisfactory systems and processes in place to measure and evaluate the safety and quality of care. We were told there were no staff meetings. This meant that the service was prevented from building a positive workplace culture and care workers were not in regular contact with their peers. We saw that staff surveys were completed once in 2017, however the small number of staff meant that conclusions could not be accurately determined from the responses. When we asked, we were told there were no other forms of audits or checks done related to the carrying on of personal care. There were no action plans or similar in place to record and address areas for improvement.

We recommend that the service implements a suitable system to assess the safety and quality of care.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain most of the circumstances under which they would send statutory notifications to us. Services are also required to comply with the duty of candour regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment. It also sets out some specific requirements that services must follow when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing truthful information and providing an apology (including in writing).

The service had an appropriate duty of candour policy in place which gave clear and specific instructions for management to follow when the duty of candour requirement was triggered by safety incidents. When we asked the registered manager, there were no notifiable safety incidents which triggered the duty of candour requirement. The management team's knowledge of the duty of candour principles was limited, and we recommended they increase their understanding of the requirement and associated processes. They were receptive of our feedback.

The provider is required to have a registered manager as part of their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection, there was a manager registered with us.

We asked people and relatives whether the service was well-led. They provided positive feedback. One person said, "The overall quality of the care is excellent. The [nominated individual] is lovely he is trying so hard." Another person told us, "Different carers come in and I know who is coming. They speak perfect English. Oh yes, without a doubt the managers are approachable. We are more than happy. We are as safe as you could be with those carers. The quality is pretty good especially when compared with other agencies and previous carers who have been very poor. They are spot on." Other comments from people included, "The care agency Goldcrest is all right. The [nominated individual] is there if anything goes wrong. He phones to let me know of anything I need to. I think they are very good; anything we want they do, and they always ask if there is anything more that we would like" and "Yes, they are quite effective. The manager is approachable and flexible. Nothing is set in stone. I would describe the overall quality as good." A relative told us, "Yes, they (the staff) do speak good English they are managed well, and up to now we are happy with the service."

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from abuse and improper treatment. Systems and processes were not established and operated effectively to prevent abuse of service users.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively to ensure that persons employed for the purpose of carrying out the regulated activity were of good character and had the qualifications, competence, skills, knowledge and experience which were necessary for the work performed by them.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of the regulated activity did not receive such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform.