

Care UK Homecare Limited

# Care UK Homecare Ltd - Derby

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 16 & 22 December 2014 and was announced. This meant the provider and staff knew we would be visiting the agency's office before we arrived.

Care UK Homecare Limited – Derby is a domiciliary care agency that provides personal care to young adults and older people in their own homes across Derby. This

includes people with physical disabilities and people living with dementia. The agency is located in Derby City centre. The service was providing support for up to 232 people at the time of our visit.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 last inspection on 24 May 2013, we asked the provider to take action to make improvements. We asked them to review information in care plans regarding medicines management as they did not detail the level of support people required with medication and no medication risk assessments had been in place. The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that action had been taken and improvements had been made.

The current staffing levels did not ensure there were sufficient staff available to meet people's individual needs and ensure their independence.

People and their relatives raised concerns about the frequency of changes regarding their care call rota. They also told us about not knowing which carer was covering their calls, as the rota would often say relief carer. When care staff were running late, people were not always informed.

People were able to raise concerns. However complaints were not always well managed and communication with the office staff had not always been consistent or issues resolved satisfactorily.

Some people felt that they did not receive continuity of care, as they did not have regular care staff.

Arrangements in place to assess and monitor the quality of the service did not ensure improvements when required were identified and actions put in place to drive improvement.

Care staff told us that they received training and regular updates which related to the needs of the people receiving support. Care staff were supported through supervision and staff meetings.

People told us that staff treated them with dignity and respected their privacy

Recruitment procedures ensured suitable staff were employed to work with people who used the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

This service was not consistently safe.

The current staffing levels did not always ensure people's safety was maintained and their needs were met.

People using the service and their relatives told us they felt safe. Staff knew the procedure to follow if they were told about any abuse happening or had any suspicions of abuse.

Recruitment procedures ensured that suitable people were employed.

We found medicines had been administered as prescribed.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective.

Staff had completed relevant training to enable them to care for people who used the service

Staff had received training to meet people's needs and understood the principles of the Mental Capacity Act 2005 to enable people's best interests to be met. However the registered manager had not received training in this area.

The agency did not always escalate concerns around individuals behaviour's to appropriate professionals to ensure these incidents were dealt with effectively.

People received assistance to have a nutritious diet and meals of their choice.

**Requires Improvement**



### Is the service caring?

The service was not always caring.

People told us that they were treated with care and kindness.

People's dignity and privacy was maintained.

People told us that they were not always involved in the review of their care

**Requires Improvement**



### Is the service responsive?

The service was not responsive.

People did not always receive care that met their needs and preferences.

People did not receive a satisfactory outcome when they raised a complaint or expressed their concerns.

**Requires Improvement**



### Is the service well-led?

The service was not well-led.

**Requires Improvement**



# Summary of findings

The provider did not have effective procedures for monitoring the quality of the service.

People using the service felt that the service did not improve, despite them raising concerns for example about the rotas and calls not taking place at the agreed time.

Staff told us that the management team were supportive and approachable.

# Care UK Homecare Ltd - Derby

## 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.

The inspection took place on 16 and 22 December 2014. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of two inspectors and one 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. The Expert-by-Experience did not attend the agency's office, but spoke by telephone with people who used the service and some relatives of other people that used the service. These telephone interviews took place between 23 and 24 December 2014.

Before our inspection, we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the Local Authority contract monitoring team, responsible for funding people's care at the service and asked them for their views about the service.

We spoke with 18 people who used the service and four relatives of other people that used the service. We also spoke with the registered manager, area manager, care manager and four care staff.

We reviewed records held at the agency office. These included six people's care records, staff records and other records which related to the management of the service such as quality assurance and policies and procedures.

# Is the service safe?

## Our findings

At the last inspection on 24 May 2013, we found that information in care plans did not detail the level of support people required with their medication. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan outlining how they would make improvements.

At this inspection we saw the provider had made some improvements in this area.

Care records we looked at contained information on the level of support people required with their medicines. However one person's medicines risk assessment was not clear and had not been completed fully.

Members of care staff we spoke with told us that information about the support a person required with their medicines was written on their care records and the details of the medicines were listed on the medication administration record (MAR). They were all able to explain the procedures they would follow in the event of an error or incident occurred whilst supporting a person with their medicines and they confirmed that they had received medicines training. We looked at training records for four staff which verified this.

Some of the people using the service told us that they were supported by staff to take their prescribed medicines. They told us that they received their medicine as prescribed. One person stated "The staff know what my medication is for and they make sure that I take it. They always write in the folder what they have given me and when." However another person said "They apply my creams whenever it is necessary for me and they always wear gloves and aprons although I never see them wash their hands."

The majority of people using the service and relatives we spoke with felt that there was not enough staff at the agency. When we asked if the agency had enough staff to provide care when needed, one person said "No not really and other staff do say they haven't got enough staff. This also means during the last two years I continually have had different carers, no consistency." Another person stated "They are short of staff. Sometimes you are waiting a long time as the rota isn't right." Relatives we spoke with told us "They appear to have great difficulty keeping staff hence

the number of relief carers on the rota" and "Lately they have been short of staff but they haven't rushed my family member." This demonstrated people were not having their needs met within the time that had been agreed with them.

Some people felt staffing levels were satisfactory, comments included "They seem to have enough staff, but are regularly recruiting new staff" and "I think they have enough staff. I have been receiving care from the agency for one to two years and have never felt rushed or that there was not enough staff." However, the overall picture presented demonstrated people were not having their needs met within the time that had been agreed with them.

People using the service expressed that when care staff were running late the agency did not always ring them to let them know this. One person stated they could wait for up to an hour to see if a carer was coming and then they would ring the office, as they had not been contacted by the service about the delay. Some people told us that there had been times when their call had been missed. Comments included "My calls have been missed when the carers can't find where I live." and "A couple of times I was left without anyone able to come to me." Most people we spoke with also told us that the care staff did not always arrive on time. One relative stated "They keep altering our times whenever there is a change we seem to be the ones affected. We have to keep dealing with these fluctuations in time and it is becoming extremely annoying and it has been an issue over time, sometimes it settles but then it starts again. We are very rarely informed of time changes." This did not provide assurance that people received the support they required.

The registered manager told us that staffing levels were determined by considering the existing packages and any new work each week. The registered manager told us that there were seven vacancies which included six care staff and a care – coordinator. These vacancies had been advertised, we were shown the advertisement for the care co-ordinators position. We were also told by the registered manager that the existing care staff were picking up additional hours to ensure all calls were covered. One member of care staff told us that they were not happy with the zero hour contracts as it did not guarantee work. Another member of care staff stated "We could always do

## Is the service safe?

with more staff; however all the calls are being covered.” One person using the service said “They are short of staff but are always having lots of new ones. I think the zero hours contract has something to do with it.”

The majority of people we spoke with and relatives told us that they did not have regular carers and that the rota’s stated relief staff instead of a named carer. One person stated “Honestly I feel sorry for some of the carers, they have a rota but the office will ring and change their rota by putting in additional calls. This means other people get pushed back all the time and are left waiting longer for the carers to arrive. It has happened to me it is relentless this adding to rotas’ and I have waited hours when other clients have been pushed in ahead of me. They also ring the carers during my time which my family member doesn’t like as it intrudes into my care.” Other comments from people using the service included “The carers get fed up with last minute changes to their rotas’ neither they nor the clients know whether they are coming or going at times. They change rotas within less than 12 hours so I find it confusing when someone who isn’t on my rota turns up. Too many time slots have relief carers against them so I haven’t a clue who will be coming through the door,” “I get different carers all of the time but so far all have been good” and “Very occasionally I get the same carer I know, but on the whole it is relief carers. This relief word is in the majority of my time slots on the rota. This means I never know who is coming in to me and it is a bit dicey as you don’t know who to expect and to what standard they will work.” This showed that people were not receiving consistent care.

This was a breach of Regulation 22 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010.

The registered manager told us that risks were assessed during the initial assessment visit and again if people’s needs changed. We saw risk assessments had been carried out including moving and handling, fire safety and pressure areas. However actions for reducing risk were not always clearly identified for example in relation to moving and handling, once the risk was identified staff were encouraged to refer back to their moving and handling

training. It was not clear how the service responded to increased risk for example one person’s care plan made reference to deterioration in their behaviour but it was not clear what arrangements the service had put in place to make sure the person was safe.

Systems were in place for accident and incident reporting, so that actions were taken to reduce risks. This was confirmed by the staff we spoke with.

At this inspection all of the people we spoke with and relatives told us they felt very safe with the staff providing their care. One person told us that the carers went shopping for them and said “The carers show me everything and what it cost. They give me the receipt and count out my change it is always correct.”

Care staff told us they had received training in safeguarding people and were able to tell us of the procedures they would follow if there was an allegation of abuse or if they suspected that abuse was happening. A member of care staff told us “If I noticed a bruise I would record this and ring the office.” This demonstrated that the care staff we spoke with knew and understood their responsibilities in keeping people safe and protecting them from harm. However some of the care staff we spoke with were not aware of external agencies they would escalate concerns to if they felt that senior staff had not taken the allegations seriously.

The care manager told us that care staff were able to access an emergency on call service, which provided out of hours support to deal with any emergencies or problems. Care staff we spoke with confirmed this. A member of care staff said “There is an on call system, if you have any concerns out of hours you can contact the on call person.”

We found that the provider had satisfactory systems in place to ensure suitable people were employed at the service. The records showed us appropriate documentation was in place, which included application forms, identification records, Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service.



# Is the service effective?

## Our findings

The majority of the people who used the service and relatives we spoke with said that they thought staff were competent and capable of undertaking the tasks they performed. Comments included “The carers when they get here are absolutely fabulous and will do anything they can to help me” and “Yes, we have excellent carers but the office and its programming is poor.”

Most of the people who used the service were complimentary about their regular care staff and felt they were adequately trained to meet their needs. One person stated “I think the carers are well trained.” A relative said “The regular carers are first class but the odd one won’t recognise or doesn’t recognise [Person’s name] condition. They appear to get a lot of training but I feel they need to have more in relation to the client’s particular condition.” However some people who used the service felt some staff required more training. One person told us “I do feel the younger girls need better training especially in communicating.” Another person stated “I don’t think they are well trained. Some of them need training to do simply cooking, if it isn’t a ready meal to stick in the microwave they struggle.”

Care staff we spoke with told us that when they commenced employment at the service, as part of the induction period they shadowed experienced staff. A member of staff said; “The induction was in-depth. I had no experience of the care sector previously and following the induction and shadow training I felt confident in my new role.” This provided care staff with the opportunity to understand what their role was and how this should be carried out ensuring the safety of people who use the service.

Care staff we spoke with told us that they had received essential health and safety training and this included classroom based training. They also told us that they received regular updates when required. One member of staff told us that they had recently completed dementia awareness training which they found to be really helpful, and said; “This training has encouraged care staff to understand the person and identify what might upset them and to provide reassurance.”

The registered manager told us that the care staff received supervision with the care manager and that she undertook

supervisions of the office staff. We were told by the registered manager that over a 12 months period staff receive one supervision session and one appraisal. Staff confirmed that they had received supervision sessions. However two staff told us these sessions were every six months, whilst other staff said supervision sessions were annual. Supervision sessions give staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they are adequately supporting people who used the service.

Care staff told us they had received training in the Mental Capacity Act (MCA) 2005. The MCA 2005 is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. They were able to describe how they would ensure people were in agreement with the support they were providing but were less sure of the process if someone did not have the capacity to make an informed decision. The registered manager told us that she had not received training in MCA and was not familiar with the principles of the MCA. We were told by the registered manager that the team leaders dealt with issues around best interest and MCA. However we were not told whether this training had been scheduled for the registered manager.

Care plans we looked at contained no information on people’s ability to make decisions about themselves independently. For example one person experienced short term memory loss but there was no associated mental capacity assessment or best interest assessment in place.

We were told by the care staff that they sought people’s consent before they provided care to them. One member of care staff said “I always give the person a choice and get their permission before I provide support.” We saw that only two care plans had been signed by people to confirm their agreement to their care plan

We checked arrangements in relation to protecting people from risks associated with eating and drinking. The majority of people who were supported at mealtimes told us they were happy with the support provided by care staff. They also told us that they had access to food and drink of their choice. Care staff ensured meals were accessible to some people who used the service, as required. One person told us “They always ask me what I want; they sort out my drinks tea and juice and also get my sandwich prepared for tea.” Another person said “I always get what I



## Is the service effective?

want and the carers who get my tea always clean up the kitchen and dishes before they go.” Care staff we spoke with told us that they had received training in food safety and some training records we looked at confirmed this. This demonstrated that care staff supported people to ensure they received adequate nutrition and hydration.

People told us that most of their health care appointments and health care needs were co-ordinated by themselves or

their relatives. Some people told us that the care staff liaised with health and social care professionals involved in their care if their health or support needs changed. One person said “If they think I am not well they will discuss this with me and ask me if I need them to call the GP or if they can do anything else for me.”

# Is the service caring?

## Our findings

People we spoke with told us that the staff were kind and caring. They were very positive about the rapport between them and their carers. One relative said “We have an excellent rapport with the carers. They joke with my family member and have a good laugh with us.” Another person said “I do manage to have a rapport with my carers.”

People we spoke with told us that they felt they were shown a great deal of respect and dignity by the care staff. One person said “They [staff] will ensure my privacy as much as possible during my personal care and they always encourage me to do what I can for myself.” Another person stated “Regular carers are fine, they ensure my privacy, they wrap me in towels and help me to try and do things for myself.” A relative told us “They always cover my family member up with towels when transferring them from the shower room to the bedroom. The standard of care received is good.” This demonstrated that people who use the service have their privacy, dignity and independence respected.

Care staff we spoke with explained to us how they made sure people received help with their personal care in a way

which promoted their dignity and privacy. For example, they told us that they would always cover people when carrying out personal care, ensure doors were closed and curtains drawn. This demonstrated that staff treated people in a dignified manner, respecting their privacy and dignity.

Some people we spoke with told us they were involved in deciding how they were cared for and supported. Comments included “When they did the care plan they suggested the times and I told them what needed doing. The carers always read the plan and write up what they have done. Although we get different carers they appear to do everything my family member’s wants. They appear to understand my family member’s condition and will talk to me when [name of person] isn’t very well.” However some people told us that they had no involvement with their care plans. Comments included “We were not involved in the setting up of my relatives care plan but have been involved in two reviews” and “I have not had any involvement in my care plan and since I have been with this agency I have not had any reviews of my plan.” People also told us that they did not have regular carers and felt that they did not receive continuity of care.

# Is the service responsive?

## Our findings

At this inspection people who used the service and some relatives we spoke with felt that their complaints had not been addressed and that they had not been listened to. The majority of these people said that their complaints had not been taken seriously and that at times the staff were rude to them. One relative stated “They don’t address the punctuality thing; the office programming is poor and staff unhelpful.” One person using the service told us “The office has not improved despite my complaints.” Another person’s comments included “I feel I am complaining all the time. Some of the office staff are rude and couldn’t care less. I only contact them now out of necessity. I don’t know where I am now regarding which carer will come through my door.” This demonstrated that people’s complaints and concerns were not resolved as far as reasonably practicable, to the satisfaction of complainants.

The majority of the people who used the service and relatives expressed that the office staff did not show respect to them or appreciate their concerns. One person stated “The office does not have any respect for the clients, if they did they would organise things properly. I have complained and they promise to keep me with regular carers but they don’t. Messages are not passed on and they don’t take on board anything you say.”

We saw records of written complaints that had been made in the previous 12 months. The service did not always investigate and respond to complaints in line with the provider’s procedure. For example the complaints procedure given to people using the service “We welcome your view.” This stated that people would receive acknowledgement of their complaints with three days, however in one case this letter was sent out seven days later. We also saw that some complaints had no outcomes,

which did not provide assurance that complaints were concluded in a satisfactory manner. This did not demonstrate that complaints were addressed appropriately.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The majority of the people we spoke with raised concerns about their care call rotas. They told us that these were not accurate and that there were a number of relief workers who covered calls. One person said “I get annoyed when carers are different from the rota. One night we had no idea who was coming. This meant that that people were not receiving care at the agreed times.

There was considerable variation in the information recorded in care plans. Some care plans contained specific detail of the care and support to be provided, however other care plans were not detailed. This demonstrated that there was a risk that people’s care plans would not be followed and for their needs not to be met

Most of the care staff we spoke with told us that care plans were kept under review and were updated. However one member of staff told us that sometimes care plans were out of date, so they would contact the office and request these are updated. They also felt that care plans were not updated often enough and said, for example if there was a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place care staff might not know about it.

The service was not always responsive to people’s individual changing needs. For example there had been a recent incident involving a person who displayed difficult to manage behaviours. This incident had not been shared with other professionals who were involved in this person’s care in order to review the person’s care and reduce the risk of further incidents.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service well-led?

## Our findings

People using the service and some relatives we spoke with told us that they felt the service was not well led. One person told us “I don’t think the service is well led as if it was our rota would be accurate and they wouldn’t be for ever giving carers more and more calls to do in addition to the rota for that day.”

People we spoke with told us they were asked their opinion of the service and most told us that they felt the service did not listen to them. A relative told us “We get an occasional questionnaire but they still don’t address the punctuality issues we have.”

Most of the people using the service and relatives we spoke with felt that the service did not learn from complaints they had made. They told us that had seen no improvements in service delivery after they had raised their concerns. For example people who had complained felt that nothing had changed that related to time keeping or relief staff on rotas. One relative said “No they haven’t learnt or improved the service they just can’t seem to address timing issues and punctuality.” A person using the service told us “No they don’t listen if they did we would get more consistency and a rota you could trust. I wouldn’t be waiting hours for my carer to arrive and I would know who is coming through my door. Currently the rotas’ are a waste of time and resources as you can’t trust them for time keeping or who is coming.”

People were extremely unhappy with the service they received from the office staff. One person said “Carers are good but office needs improving. They often make you feel you are in the wrong when you contact them.” Another person told us “When the carers eventually arrive the care they give is good. The office however needs a lot more training.” A relative stated “The service is alright but not excellent because of lack of information about names of carers on rota and poor time keeping.”

The registered manager told us that telephone quality reviews and quality review questionnaires were used to gain people’s views about the service people were receiving. Telephone calls were undertaken every three months and quality review questionnaires were sent out annually. The registered manager told us that previously analysis of the findings did not take place and this is an area that is currently being developed.

Since August 2014 the agency have had a GPS system, which staff access via mobile phones provided by the provider. The registered manager told us that the system allows for missed calls to be identified as well as when calls are later than scheduled. Despite this system people we spoke with were not happy that the agency staff did not always contact them when carers were running late and on the occasions when calls were missed.

We found that there was no clear audit trail regarding complaint investigations and some accident and incidents. For example, for some incidents there were no outcomes of the investigation. An internal audit carried out by the area manager identified shortfalls in this area and stated in the report that actions taken by the service needed to be evidenced to ensure issues had been addressed.

This was a breach of Regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010.

Care staff we spoke with told us that they felt able to raise any concerns without the fear of any form of repercussion. They felt that the management team at the service listened to any concerns they had. They also told us that they were supported by the management team. This provided assurance that the provider encouraged an open and supportive culture to the staff team.

Team meetings were also provided and care staff told us that if they were unable to attend minutes were available to them. One care staff said “We are able to raise issues and put them on the agenda.”

The Provider Information Return (PIR) had been completed by the registered manager and submitted to us, in a timely member. The form told us about the improvements that were planned at the service. For instance, the registered manager told us on the form how they planned to promote continuity of care for people who used the service. This included their recruitment process and other ways in which they would monitor for areas of improvement.

At this inspection we found that the provider had not always notified the Care Quality Commission (CQC) of important events and incidents affecting the service, as legally required. The service had not submitted a notification to us regarding a safeguarding incident, which the Local Authority were aware of. This showed that

## Is the service well-led?

systems were still not robust to ensure that events that affect people's welfare and safety were being reported to the CQC. However, following the inspection visit, the registered manager submitted a notification.

We saw that records such as medication administration records (MAR) had been audited. For example, we saw an audit had identified some staff that had not signed the MAR chart and the care staff involved are currently undergoing supervision to discuss this.

The registered manager told us that the recent internal audit by the area manager, also picked up that care plans had not been audited. We were told by the registered manager that care plans would be audited from January 2015.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and Welfare of service users.</p> <p><b>How the regulation was not being met:</b> The provider had not taken proper steps to ensure that people's individual needs were being met.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>Regulation 10(1)(2)(b)(i)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service provision.</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not protected people against the risks of inappropriate or unsafe care by the means of an effective operation designed to identify, assess and manage risks relating to the health, welfare and safety of people.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Complaints.</p> <p><b>How the regulation was not being met:</b></p>

This section is primarily information for the provider

## Action we have told the provider to take

People who use services and others were not given appropriate assistance to make a complaint or comment and complaints were not fully investigated and resolved to people's satisfaction. Regulation 19 (1)(c).

### Regulated activity

Personal care

### Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

Regulation 22 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010. Staffing

#### **How the regulation was not being met:**

The provider had not taken appropriate steps to ensure that, at all times there were sufficient number of staff for the purpose of carrying on the regulated activity.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.