Care Quality Commission

Able Community Care Limited

Able Community Care

Inspection report

The Old Parish Rooms, Whitlingham Lane, Trowse,
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We inspected this service on 16 March 2015. The inspection was announced and undertaken by two inspectors.

Able Community Care provides live-in care staff to support people living in their own homes. The provider also runs a service to recruit live-in care workers who are introduced to private clients who require care in their own homes. Able Community Care does not directly employ these staff and this part of their service is not subject to regulation by the Care Quality Commission. At the time of our inspection Able Care provided care to ten people as part of their registered service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns arose. Potential risks to people's health and well-being had been assessed and measures had been put in place by staff to reduce them and ensure people's safety.

Summary of findings

People received a very flexible and reliable care service. Care was provided from the same small team of carers who got to know people very well. It was clear that people had built up a good relationship with the staff and that staff respected their decisions. The provider's recruitment and selection procedures were robust and meant that only experienced and suitable staff were employed.

Staff clearly enjoyed their job and were well supported in their work. They received an annual appraisal of their performance and staff who did not meet appropriate standards were removed from the provider's register. Staff received some training for their role but improvement was needed to ensure they received regular training in medicines administration, and that their competency was regularly assessed to ensure people received their medicines safely. Staff would also benefit from having more in-depth training around the specific medical conditions of the people they supported. You can see what action we have told the provider to take at the back of the full version of the report.

People's needs were fully assessed and regularly reviewed by the care manager. Their health was monitored and they were supported to see a wide range of health professionals if needed. However, people's care plans needed more detail to ensure that staff had the information to provide safe and consistent care. People's independence was encouraged and staff supported them to lead active lives.

Overall, the service was well managed, with clear lines of accountability and responsibility in place for staff. There were good systems in place to monitor and assess the quality of care people experienced, and people's views were actively sought to develop the service. However the provider's audit systems had failed to identify the poor quality of information contained in some people's care plans. The registered manager did not fully appreciate the importance of staff development and training to ensure that people were cared for by knowledgeable staff whose practice was kept up to date.

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?
The service was safe.

People were kept safe by staff who recognised the signs of potential abuse and knew what to do when safeguarding concerns arose. Potential risks to people's health and well-being had been assessed and measures had been put in place by staff to reduce them and ensure people's safety. Recruitment procedures ensured that only suitable staff were employed to work in the home.

Good

Is the service effective?
The service was not consistently effective

People received a reliable service from staff who felt supported in their work. People's health was regularly monitored and they were supported to see a range of health care professionals to maintain their well-being.

However there was no formal development and training programme in place for staff to support their professional development.

Requires improvement

Is the service caring?
The service was caring.

People were cared for by kind and compassionate staff who understood their individual needs and who treated them with respect. People had access to a wide range of information about the service they received, and other agencies that could support them.

People's dignity and privacy were maintained and promoted by staff, and their independence was encouraged.

Good

Is the service responsive?
The service was not consistently responsive.

People's care needs were individually assessed before they were offered a service, and their needs were regularly assessed and reviewed following this. Staff were reliable and able to respond flexibly to people's needs.

However, improvement was needed to ensure that people's care plans provided comprehensive and detailed information for staff so that people received consistent and person centred care.

Requires improvement

Is the service well-led?
The service was not consistently well led.

Requires improvement

Summary of findings

There was a stable and effective management in place and systems to assess the quality of the service. However improvement was needed to monitor and assess the quality of people's care plans and to meet the training and development needs of staff.

Able Community Care

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 was 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.

We inspected this service on 16 March 2015. The inspection was announced and undertaken by two inspectors.

For the inspection we visited the provider's main office and spoke with the registered manager and care manager about the service provided. We looked at five people's care records to see if their records were accurate and up to date. We reviewed staff recruitment files and further records relating to the management of the service.

Following our inspection we telephoned three people who used the service, one relative and five members of staff. We also contacted a number of health and social care professionals who knew the service well, including a social worker and two nurses.

Good

Is the service safe?

Our findings

People told us that having the support of a live-in carer enhanced their safety and security. They reported that they trusted the staff looking after them and liked the way they were supported by them. One person told us, "I feel safe with my carers and if I don't like a carer, they will change them very easily". Relatives told us they had no concerns about how staff treated their family member.

Details of the types of abuse a person could face, how it could occur and what to do if abuse was suspected was outlined in the provider's policy and procedures book which both staff, and people using the service, received. Guidance about whistleblowing was also included; along with the contact details of the public concerns at work help line for staff should they want to report their concerns about a colleague's practice. However there was no information in these policies about the procedures for staff on the safe handling of people's money such as paying for bills, shopping and the collection of pensions.

The registered manager told us that staff's knowledge of these policies was assessed to ensure they understood their responsibilities. Staff confirmed this, and told us they had recently completed a questionnaire, which had tested their knowledge of issues such as safeguarding, whistle blowing and confidentiality.

Staff told us they had received training in how to protect people and demonstrated a satisfactory awareness of safeguarding procedures. Records we viewed also confirmed that staff had received training. One member of staff talked about one person's risk of financial abuse and the need to protect them from unscrupulous sales people who had exploited them in the past. This showed us the staff member had a good understanding of people's particular vulnerabilities, and the action to take to protect them. A social worker told us that any potential safeguarding concerns regarding one person were always reported to him immediately. They stated that staff dealt with potential safeguarding incidents and crises with this person well, allowing them to live at home, despite their considerable mental health issues.

Staff undertook shopping for some people and completed records of any financial transactions undertaken on the person's behalf. However one staff member reported that, although they recorded money they had spent in a specific cash book; the book had not been checked in over three years by the provider, to ensure that the entries were correct and the money had been spent appropriately by staff members. We spoke with the registered manager who told us that they had been relying on the person's wife to check the cashbook, rather than checking it for themselves, as the person preferred it this way. However this meant there was no formal process in place for the provider to assure themselves that staff were managing the person's monies safely.

The registered manager told us that there were no safeguarding issues at the time of our visit but discussed a previous issue that had arisen. It was clear that the registered manager had taken prompt and appropriate disciplinary action against a member of staff who had compromised one person's well-being.

Potential risks to both people and staff's welfare and safety had been identified. We viewed detailed assessments in place for risks associated with the environment, medication administration, fire and equipment risks, and with moving and handling people. These assessments were checked each month by the care manager to ensure they remained accurate, so that people and staff were protected.

Staff we spoke with knew the procedure for recording incidents or accidents and who to call to report them. We viewed the provider's accident record book which was held in the main office and saw it gave an adequate level of detail of the incident involved.

People we spoke with told us they received their care from the same small number of regular care staff whom they had come to know very well. One health care professional told us, "Their consistency of carers is really good and allows for good continuity of care for people". Staff were only changed very rarely, and people were kept fully up to date with any changes to their usual care staff.

We spoke with one staff member who had looked after the same person for the last 16 years. Another staff member told us they had looked after one person for more than five years; one month on, one month off, and had never missed a period of work. People reported they had never been left without care. The care manager told us she was able to cover any unforeseeable gaps in the rota easily as she had access to over 450 other staff in the organisation. One relative told us of a recent incident where the in-coming

Good

Is the service safe?

staff member's relative had had to go to hospital expectantly. In response to this, the current staff member stayed on an additional day until a new staff member could be provided, ensuring their family member was fully cared for.

There were effective staff recruitment and selection processes in place. The registered manager told us that only experienced staff were recruited to support people. We reviewed the personnel files for three staff members which showed that all relevant employment checks had been completed before they started work to ensure their suitability for their role. Prospective staff's level of English was also assessed to ensure it was at the required level for the job. Referees were contacted by phone to check their authenticity.

Staff we spoke with told us their recruitment had been in-depth. One told us, "My interview was really thorough; they were meticulous and went through everything and all my care certificates. They wanted to know lots about me and my previous care work". Once recruited, all staff were issued with a copy of the provider's policies and procedures hand book which clearly set out their expected conduct as well as a range of other information about the provider and how staff should perform their job.

The provider regularly renewed staff's Disclosure and Barring Service (DBS) checks to ensure they were still suitable to work with people. One member of staff who had been employed for 12 years, confirmed that his DBS check had been checked by the provider regularly throughout this time.

One person told us that staff were very careful with his tablets and placed a cereal bowl over the pill pot to ensure their cat didn't eat them. Another reported, "They (staff) know I like to take my tablets before the telly goes on for the evening, and they've never forgotten to give me them".

People who required support with their medicines signed a statement to indicate they were happy for care staff to administer them, evidence of which we viewed in people's care records.

Staff told us they recorded all medicines given to people either on specific medication administration record (MAR) or on the service's medication log book. We checked the medication records for three people all of which had been completed accurately and indicated that people had received their medicines as prescribed.

Requires improvement

Is the service effective?

Our findings

Training records we reviewed showed that staff had received some training to meet the needs of people they supported and many of the staff held a NVQ level 2 in care. There was evidence that staff had received specialist training in epilepsy, PEG and naso-gastric (NG) feeding (two forms of artificial feeding), and other invasive procedures which were required to meet the specific needs of people. A health care professional told us that staff managed one person's NG feeding exceptionally well, allowing them to stay at home, rather than be cared for in a nursing home. However not all staff had received recent training in medication administration and their ability to do this safely and effectively was not regularly assessed by the provider. The provider had adopted the medication policy developed by the Medicine Management Steering Group set up by Norfolk County Council Adult Services and Norfolk Independent Domiciliary Care Provider Organisations. However, staff we spoke with were unaware of this policy and the guidance it contained.

Two staff we spoke with supported people with multiple sclerosis (MS), however they reported they had never received any specific training about MS and would greatly value this to better understand people's needs. One staff member reported that they had not received any training in first aid or food hygiene. This member of staff thought that food hygiene training was particularly important as they were responsible for preparing meals for people. There was no formal development and training programme in place for staff to support their professional development or obtain further qualifications. The provider's care manager was primarily responsible for assessing staff's competencies and overseeing their work. However, other than a train the trainer course in moving and handling, she had no other formal teaching or advanced care qualifications appropriate for this role.

We found that the registered person had not ensured that staff had received appropriate training and professional development. This was in breach of regulation 23 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014.

There was basic information about the Mental Capacity and Act and Deprivation of Liberty Safeguards in the provider's handbook that was given to both people using the service and staff. However, the medication procedure stated, 'If an adult is unable to communicate informed consent, the primary advocate must indicate consent or those who commission care". This procedure is not in line with the legal requirements of the Mental Capacity Act 2005 and therefore, people who lacked capacity to make their own decisions might not have their rights protected.

Staff reported that they had received recent training in the Mental Capacity Act 2005 which had helped them better understand the needs of people who could not make decisions for themselves. However, they reported that information about people's cognitive functioning and decision making abilities was not recorded in their plans of care. Care plans we viewed also contained little information about people's capacity to consent and make decisions, despite them having medical conditions that could affect their cognitive functioning such as Alzheimer's and Korsakoff's Disease, and Multiple Sclerosis.

All staff received an annual appraisal of their performance where their care knowledge, written and verbal communication skills, attendance record and work relations were assessed. Staff were then awarded a rating of their performance from 'unsatisfactory' to 'outstanding'. Most staff told us their appraisal had been useful, with one reporting it had highlighted that their training was out of date. Appropriate action was taken by the provider where staff failed to meet required standards. Staff we spoke with told us they felt well supported in their work. One commented, "You never walk into a place and think 'my god what's this going to be like?'. Things are always sorted before you arrive and you're given all the information you need". They told us as well as the monthly monitoring visits and annual appraisal, they could call a care manager at the office anytime to gain support if they needed it.

People were supported to have enough to eat and drink. One person told us, "They cook all the things I like - pies and sausages, plenty of veg and boiled potatoes". Another person told us that he had a weekly menu which he had developed with the staff, who he described as, "Very good cooks".

Care plans we reviewed contained good information about people's specific dietary requirements, and their food likes and dislikes were clearly recorded. It was clear staff worked hard to prepare food that people liked. One staff member had a folder full of pictures of the meals they cooked, and

Requires improvement

Is the service effective?

showed them to people so they could choose what they wanted to eat. Another staff member told us they regularly downloaded new recipes from a food web site to offer people.

One person told us he had recently started a gentle weight reduction plan and staff had been instrumental in helping him eat more sensibly. It stated on another person's health care assessment that their weight had to be monitored closely. However, there was no information in the person's care plan about their need to be weighed or what staff were to do if they lost weight. We asked the care manager for the person's weight records but none could be found. Without these, it was not clear how the person's weight was being properly monitored as needed.

Care records showed that people had been supported to see a wide range of health care professionals to maintain their wellbeing. People told us that it was often only because of staff's support that they were able to attend their health care appointments. One relative was particularly impressed that staff managed to get her family member, a wheel chair user, to a hospital some distance away so that he could attend his eye appointment. One health professional told us she had confidence in staff's abilities to support people's health. She stated, "Staff are brilliant, they get on the phone really quickly if there's a problem. I have no concerns about them whatsoever. I would definitely recommend the service". A social worker reported that having the live- in staff had been instrumental in reducing the dangerous amount of alcohol another person drank.

Staff spoke knowledgably about people's specific health needs and what they needed to do to help them maintain their well-being. A staff member told us how he had worked closely with one person, their family and their GP to reduce the amount of fluid the person drank every day, as this was affecting their sodium levels. This had been effective in reducing the person's confusion as a result. Another staff member told us how he had successfully encouraged one person to take bed rest in the afternoon to reduce their risk of developing pressure ulcers.

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Good

Is the service caring?

Our findings

People were supported by a small team of regular and consistent staff. This meant that people got to know staff well and had built up meaningful relationships with them. One person told us, "I get very emotional about my life and staff understand that". Relatives spoke highly of the service and the reassurance it gave them. One commented, "I've been very satisfied, I can go away knowing that [family member] is well cared for".

Staff we spoke with showed genuine care, respect and fondness for the people they supported. They clearly knew the people very well and had established positive and caring relationships with them.

Although people did not have the opportunity to meet their prospective care staff, considerable thought and attention was given by the care manager to matching the right carer to the right person to ensure a successful placement. The care manager always contacted people to tell them about the staff member, and people also received a picture of the staff member and a written profile about them. People we spoke with told us that their carers had been mostly chosen well by the service. People told us that they always knew well in advance which staff would be looking after them each week. A relative told us, "They always post me and [family member] a list of carers that are coming at least a week before". They reported they were always informed of any unforeseen changes to the scheduled staff.

People told us that staff listened to their preferences and respected their decisions. One person told us, "My decision is paramount and staff know that". Another person told us, "They (staff) care, they treat me well and they take me anywhere I need to go".

People told us that staff supported them in a way that maintained their dignity and privacy. One person reported that they had developed a simple system with staff to ensure privacy in the bathroom. They reported, "When the door is shut - someone's in there, when it's open it's free, it's simple but it works well and we've never walked in on each other". When we rang to talk to people in their own homes, we overheard staff members offering to go to another area of the house so that people could talk privately with us. People told us that staff never talked about other people they were supporting and felt that staff respected confidential information about them. We read a sample of people's daily log sheets and care records and noted that staff wrote about people in a respectful, positive and professional way.

People received good information about the provider's services and also other agencies that could support them in their care. People were able to sign up to a bi-monthly newsletter which gave information about the provider and general information about the care industry. The provider had a web site which gave information sheets on a range of issues including how to choose a wheelchair, hot water safety, befriending services, residential care and benefits advice. This ensured people had information about other care organisations that could support them if necessary.

People were supported to lead busy and active lives. One person told us that staff enabled him to do many things he really enjoyed including going to the cinema, watching cricket at a nearby park and visiting the local pub. Another person reported that staff took him to visit Buxton and also Chatsworth House which he had really enjoyed. One staff member told us he always encouraged the person he supported to watch football matches in his local pub, rather than in his own home, to give him the opportunity to socialise with other people and become less isolated.

Staff gave us many good examples of how they promoted people's independence. For example, staff had enabled one person to take the bus to the sea side, despite their considerable anxiety: something they had never been able to do before. Staff had accompanied another person to trial a day centre to see if they wanted to attend more long term.

Requires improvement

Is the service responsive?

Our findings

There was a comprehensive assessment process in place which ensured the service could meet people's specific needs. Anyone considering using the service completed a 'service user access form'. This questionnaire asked for detailed information about the person's circumstances, their health conditions, the type of care required, and expected duration of the care service. Once this information had been received and reviewed, one of the service's care managers visited the person to conduct a full assessment of their needs to ensure these could be met by their staff. Information from these assessments was used to inform the level and type of support people received.

At this initial assessment people were able to give specific preferences about staff, for example if they preferred a driver, a female carer, a non-smoker to ensure they had a say in the type of staff who would be supporting them.

We spoke with five members of care staff and found they were very knowledgeable about the people they supported. They were aware of people's preferences and interests, and their health and support needs, which enabled them to provide a personalised service. One staff member commented, "You get to know so much about people, how they like the colour of their tea, their friends and family, just everything". Another staff member reported, "I know him so well. I know his foibles and in particular what makes him upset". People we spoke confirmed that staff knew them, and their particular ways, well.

Care plans had been drawn up with people's involvement and copies were kept in people's home so they had easy access to them. The people we spoke with knew about their plans, although some chose not to look at them. We saw evidence that people had signed their plans to show they agreed with the care to be delivered by staff. One person told us that, because of their visual impairment, they couldn't read their care plan. However, staff read it to her instead.

Staff told us that when they worked with a new person they always referred to the care plan so that they knew what support to give them. One staff member told us, "When I go to a new client the first thing I do is read through their care plan with them. It's a really good ice breaker and also allows me to check if there have been any changes to their care". Another staff member reported, "With someone new, the first thing you do is read their care plan to find out what they need". In addition to this, all staff spent a full 24 hour period with each new client, shadowing an experienced staff member to ensure that the new staff member had a good understanding of the person's needs. Staff told us they found this really useful as it allowed them to become familiar with every aspect of the person's daily routines.

Detailed handovers about people's needs also took place at staff change over time. Staff described this as a critical meeting to ensure that important information about people was passed to oncoming staff. One told us that small but important things were also shared at his meeting; for example, if they had discovered a new brand of food that the person liked.

We looked at five care plans, which contained information about people's needs and daily routines. The quality and level of information about people varied greatly between plans. In some plans the level of information was good and gave detailed information of how the person was to be cared for. In others, the level of detail was not always appropriate enough for the complexity of the person's needs and to ensure they received safe and consistent care from staff. For example, in one care plan it stated the person needed encouragement to eat but provided little information for staff about how to achieve this. This plan stated that the person's medical condition caused them to be unaware of possible dangers, but not what these might be, or how to reduce them. It also stated the person suffered from memory problems but gave no guidance of what type of memory problems, how these affected the person or how staff could help with them. In another plan, it stated the person required help with all personal care, but gave no further guidance about what this meant specifically for the person. It also stated the person was to have mouth care every morning and every evening, but not what this entailed or how staff were to deliver it.

The plans we viewed contained little information about people's personal histories, life stories, and important events in their life. One of the directors of the service told us that this information was contained in people's archived assessments or in service's computer database; neither of which staff had access to. This meant that staff might not know important information that could help them understand and engage with people more effectively.

Requires improvement

Is the service responsive?

The provider had an appropriate complaints policy in place which clearly outlined the steps people should take if they wanted to raise any concerns, and how staff receiving a complaint should respond. This included the timescales for responding to people's complaints and also who people could contact if they were unhappy with the provider's response. The care manager stated that the procedure was also explained to people at their initial assessment. There was also information on the provider's website informing people how they could complain about their care service via the local government ombudsman.

People told us that if they did have any concerns, they would just ring the office and felt confident that their complaint would be dealt with appropriately. People told us that their care manager regularly visited them and they were able to feedback their experience of the care at this time. One person told us he had complained when a member of staff had spoken inappropriately to him about his family member. They told us that the care manager responded immediately and supplied an alternative staff member to support him; something he had valued greatly. Another reported, "I know I can tell [care manager] if I'm not happy with anything".

The care manager told us that no formal complaints had been received in the last year. We reviewed paperwork in relation to the most recent complaint (some two years ago). This showed that the complaint had been dealt with appropriately and in a timely way.

Requires improvement

Is the service well-led?

Our findings

There was a clear and stable leadership team in place. There was a registered manager who had been in post since 2005. She held an NVQ Level 4 Certificate in Care Management and the registered manager's award. The registered manager's role included checking that people received the monthly monitoring visits, that staff had received their annual appraisal and that people had received appropriate staff to meet their needs. However, staff's day to day care practices were not formally assessed to ensure their competency to undertake them, and they did not have a formal training and development plan in place. Our conversation with the registered manager showed us that she did not fully appreciate the importance of staff learning and development so that they could carry out their role effectively.

The day to day running of the service was undertaken by one of the provider's care managers. People we spoke with knew who this was, and confirmed they saw her regularly and that she was approachable, easy to talk with and responded to their concerns. Staff also had good communication with her, and one stated, "She's always at the end of the phone and is on the ball". Staff felt the care manager had a good knowledge of the people they supported, one told us, "She knows what you are talking about, and knows all the clients very well". We also found she had a good knowledge of the people supported by the service.

Each person using the service received a monthly visit from the care manager. These visits enabled people's care to be monitored and changes in their needs to be discussed. As part of these visits, the care manager also checked people's care pans and medication records to ensure staff had been completing them correctly. However these visits had failed to identify the shortfalls in the quality of people's care plans that we found during our inspection. People we spoke with appreciated these visits as it gave them an opportunity to talk about their care. One person told us, "I like to see [care manager]; we have a real good talk. She sees how I'm getting on, and how we're all getting on. I think that's really good". Staff told us that they found the care manager's monthly monitoring visits supportive and helpful in the way that they enabled frank discussions of any issues. We saw completed monitoring forms in people's care plans which indicated a high level of satisfaction with the service.

Staff told us there was good communication between them and the provider's office staff. They stated they had frequent contact with them, and were sent regular updates about the service. One staff member, "The office staff are always available. You just need to ring for more gloves or records books and it's dealt with quickly".

Staff we spoke with clearly enjoyed working for the service. One staff member told us, "I like them because they're not a huge company and you get to know people well. They genuinely care and if you need time off, or don't want to support a particular client, they don't pressure you". Another stated, "The agency is always fair and I do like them". Staff reported they had round the clock support from managers. There was a 24 hour on-call system covered by four senior staff which was available to both people who used the service, social care professionals and staff. The on-call manager and the service's directors had remote access to the provider's computer systems to ensure they had up to date information about people and could respond quickly if needed.

People's views about the service were sought by the provider. People were able to rate the quality of their carer at the end of each placement and staff who consistently received a low score were removed from the provider's register. People were specifically asked about the quality of meals made by staff at the end of each placement to ensure that they had received quality food that they liked.

Each year 'customer satisfaction surveys' were sent to people to gather their views of the service. People were asked about the quality of care provided, the meals and the accessibility of office staff and the care manager amongst other things. Full results of the survey were published on the provider's web site, including comments people had made. The results of the survey were reviewed closely by one of the directors so that any issues that required improvement could be identified and acted upon. However, staff who worked for the provider were not surveyed for their opinion on the service or how it could be improved.

The service was managed from sound and permanent premises which contained the equipment and resources necessary for the effective running of the service. The service was transparent about how it operated as both staff and people who used the service received a full copy of all its policies and procedures. This also clearly outlined the service's aims and objectives.

Requires improvement

Is the service well-led?

Overall, although we found the provider had some processes in place to assess and monitor its service, these had not been successful in identifying the shortfalls we found during our inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff employed by the provider must receive training and professional development as is necessary to enable them to carry out the duties they are employed to perform and be enabled to obtain further qualifications appropriate to their work.