Mrs Caroline McMenamy

Haydock Community Care

Inspection report

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Date of inspection visit:
06 April 2016
09 April 2016
10 April 2016

Date of publication:
20 June 2016

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an announced inspection, which took place on the 06 April, 09 April and 10 April 2016. Notice of the inspection was given to make sure that the relevant staff and people we needed to speak with were available. Contact was made with people, their relatives and staff on 09 April and 10 April 2016 for their opinions.

Haydock Community Care is a small domiciliary care agency that provides care and support to people in their own homes within the St. Helens area. On the date of the inspection the service supported 35 people and employed 38 staff including the registered manager.

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 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.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found breaches of Regulations 9, 11, 12, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked medicines management. We found that clear and accurate records were not being kept of medicines administered by care workers. It was not possible to determine what medicines were given, or if medicines had been given safely and at the correct time. Care plans and risk assessments did not support the safe handling of some people's medicines.

We checked how the service followed the principles of the Mental Capacity Act 2005 (MCA). The MCA governs decision-making on behalf of adults who may not be able to make particular decisions for themselves. The requirements of the MCA were not being followed.

There were no systems in place to monitor the quality of the service. There were a number of areas not monitored such as management of medicines, daily records and care plans, risk assessments, staff training, staff recruitment and staff supervision.

Safe recruitment procedures were not followed. Staff did not have references in some instances, not all staff had a clear police record and where concerns were identified on the police check no action was taken to reduce the potential risks.

Training was not always in place, some staff reported that training for new staff was not sufficient. Supervision of staff was not planned or delivered in order to make sure that staff continued to develop in their job role.

Care and support was not planned and delivered in a person centred manner. We saw examples of task orientated care planning that did not assess people's individual needs and preferences.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what actions they would take if abuse was suspected. They were all able to state that they would appropriately report concerns for them to be dealt with.

The service is a small service with the majority of staff working there for several years. This means that staff develop caring and supportive relationships with people. As a result we received many complimentary comments from people and their relatives. We were told by everyone we spoke with that staff were kind, caring and had good relationships with the people they support.

People and their relatives told us that most of the time they received support from consistent members of staff. They also told us that staff arrived promptly, and that they stayed for the right amount of time. They told us that this gave them confidence in their staff and they felt safe with the care and support they received.

People and their relatives were extremely complimentary about the caring nature of staff. They told us that staff were knowledgeable about the people that they were supporting and that care was provided with patience and kindness. People also commented that their privacy and dignity was respected.

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

Not all aspects of the service were safe.

We found that clear and accurate records were not being kept of medicines administered or what the arrangements were to safely manage people medicines/

Risks to people were not always assessed or planned in order to reduce any potential harm.

There was sufficient staff employed to meet people's individual needs.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was not following the necessary requirements of the Mental Capacity Act 2005.

Staff training was not up to date and the induction for new staff did not meet the national standards set out by Skills for Care.

Not all staff had consistent received supervision on a basis that supported staff and the manager to identify training and development needs.

Is the service caring?

Good

The service was caring.

People and their relatives were highly complementary about the caring nature of staff. They told us that staff promoted people's privacy and dignity.

People told us that they mostly had the same staff team and that staff supported them appropriately.

Staff were enthusiastic about the care and support that they

gave to people, and their desire to provide a good quality service.

Is the service responsive?

Requires Improvement

The service was not always responsive

People's care plans did not always contain the information to help staff provide individualised care. Information in care plans was not always available to support staff in providing the appropriate care.

Staff knew people's needs and responded when people were unwell.

Most people and their relatives told us did not have any concerns or complaints. They told us that they were confident that the service would address any concerns.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

There was no system in place to monitor that staff attended people at the right time and stayed for the right amount of time.

There were no audits and checks to monitor the quality of the service.

People's feedback was sought by the registered provider.

People using the service were complimentary about the support that they received.

Haydock 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 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.

We received information from the provider about the service known as a (PIR) and we spoke with St Helens Social Services regarding their checks on the service and any safeguarding concerns raised with them.

The inspection took place over three days a visit to the services premises on 06 April 2016 and telephone calls, to calls to people, their relatives and staff on 09 April 2016 and 10 April 2016.

The inspection team consisted of an adult social care inspector and expert by experience (ExE). An ExE is a person who has experience of using or caring for someone who uses health and/or social care services. The role involves helping us hear the voices of people who use services during inspections.

We contacted over 20 people and their relatives by phone following our inspection. Not all of them were available to speak with us. We spoke with a total 17 people and their relatives. Additionally we contacted 20 staff members. Not all of them were available to speak with us by phone. We spoke with a total of five staff by telephone and two staff in the main office.

We looked at a variety of records which related to the management of the service such as policies, recruitment, call monitoring and staff training. We also viewed five people's care records.

Requires Improvement

Is the service safe?

Our findings

We asked people and their relatives if they felt the care that they received was safe. Comments included, "Yes, they come on time and are very helpful and I am very pleased", "[name of person] likes regularity and routine and was getting very confused when lots of different carers were coming at first. The last 12 months [name of person] has had a good set of carers", "[name of person] receives safe care. The doors are always locked. They are safe when showering and she is given her walking frame", "Peace of mind knowing that someone is going every 4 hours and that if anything should happen [name of person] would not be left alone for a long time" and "I am well pleased with the staff. They give [name of person] stability and he looks forward to them coming. It gives me peace of mind".

People and their relatives also told us that they thought their medicines were managed correctly, comments included, "the carers made sure that she took her tablets" and "helpful with giving tablets ".

We did receive some less positive comments about the service. One person's relative commented, "There have been quite a number of times over the past four years when I have been at [my relative's] and carers have not been accurate with their arrival and departure times. I don't mind them being late as long as they stay for the full hour". They described an occasion when they arrived at their relatives home at 1.20 pm and the carer has written in the book that they left at 1.30 pm which they felt was not correct. They also went on to say, "Over the last 12 months I haven't noticed it as much" and "They swap them around a lot. It's the way they work. Each person has their own time-table. The girls have to support other people. Sometimes they have to double-up".

We were told by the registered manager and a senior staff member that most people received medicines in blister packs supplied by the local pharmacy. We viewed peoples care records in relation to how the service supported them to take their medicines. Care records did not contain any details of medicines that people were taking, that the staff were responsible for giving. Where staff were managing the medications for an individual there was no information in the care plan to inform staff how to or what medicines the person needed to take. Where people were prescribed medication, "as needed" for pain relief as an example there was no information in the care records that told staff how to support this person appropriately or to record when these medicines had been given. As a result there was a risk that the person could receive medicines too close together. The policy and procedure available in the service did not outline how staff was to support medicines management in relation to as needed medicines.

We saw that where medicines needed to be given before food there was no information available to inform staff of this or what arrangements they needed to make to make sure they gave medicines at the correct time.

We observed at our inspection an external agency contact the service as one person had not received any medicines from the staff. In a discussion with the registered manager, a senior staff member and a review of the person's records, It was clear that the service had not recorded the medicines that the person was due to receive. Additionally the service had not contacted social services to inform them of this issue. As a result of

the contact from an external source the person was to receive a care review from Social Services in order to determine the support that was needed. The lack of appropriate management of medicines had placed the person at risk of harm.

We saw that risk assessments were not in place. We saw examples where people were at risk of falls, or at risk of malnutrition as recorded in their records before admission, however their care records had not been updated to reflect this risk or what actions staff needed to take to reduce this risk.

When we looked at how the registered provider made sure that staff arrived on time and left on time there was no systems in place to support this. As such if a call was missed it would rely on the person receiving support to be aware of this and contact the office. We did see at the inspection one person ring 5 minutes before a staff member was due to call and received appropriate reassurance. When we looked at the care records we saw that some staff were recording the time they arrived as consistently on the hour or half hour, for example arrived at"12.00" left at "12.30". We did see other records that staff recorded accurately the time they arrived and left as an example records would state arrived "11.53" and left "12.27". As a result the service could not have confidence that all staff arrived when they should and staying for the correct amount of time placing people at potential risk.

We were informed by the registered manager and the senior member of staff that they were exploring methods of an automated log on system that would accurately record the calls undertaken and would indicate if staff were late or had missed a call. They intended to introduce this with the assistance of the local council in the next three months in order to reduce the risks of people not having the staff member attend correctly or missing a call all together.

In discussion with staff in the office they were able to explain in significant detail the care and support for people. As a result some of the risks regarding the insufficient arrangements for managing medicines and support to people were reduced by the knowledge of individual staff. However by relying on the individual knowledge of staff, the registered provider was not working to reduce the risk of unsafe care for staff who don't work regularly with a

This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not made sure that care and treatment was provided in a safe way to people receiving care and support.

We checked recruitment procedures at the service. We asked for a recruitment policy and procedure that would assist staff undertaking recruitment none was available. We saw that staff had been subject to a check by the Disclosure and Barring service (DBS) before they commenced working, to show if they had any criminal convictions. We saw that where a criminal conviction was indicated this was not managed in order to maintain the safety of people using the service. We spoke with registered manager who was unaware of the criminal conviction as a result people using the service had not been appropriately protected. Not all staff had two written references and gaps in their working history had not been explored.

This was a breach of Regulation 19, Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not made sure they operate robust recruitment procedures, which undertook any relevant checks in order to determine staff were fit and proper to work with vulnerable people.

We saw there were safeguarding policies and procedures in place. The policy in place did not describe to senior staff how to manage any potential safeguarding concerns appropriately. Staff spoken with knew how

to raise concerns with their manager.

We saw that environmental assessments were carried out in the homes of people who used the service. These assessments included information regarding, electric and gas cut-off switches, location of water stop tap and smoke alarms. The assessments helped to ensure the safety of people and of the members of staff providing care and support.

Staff assessed people's needs before they began to use the service. People and their relatives spoken with all confirmed that they had had some involvement in the assessments before the support commenced. The number of staff required and their relevant experience to deliver care to people safely was also assessed. Where the service was unable to commit to the hours requested by social services they informed people of this.

Requires Improvement

Is the service effective?

Our findings

We asked people and relatives whether the service effectively met people's needs. Comments included; "The girls are friendly and put you at your ease. I don't feel uncomfortable considering the type of support they are giving me", "I am well pleased with the staff. They give [name of person] stability and he looks forward to them coming. It gives me peace of mind", "We get ready meals from Marks and Spencer's and label what to give her each day. We like [name of person] to have a variety such as meat one day, fish another and salad on another. When we were not labelling [name of person] could get the same food every day. We have lots of notices and instructions on the walls and cupboards for the carers."

We checked how the service followed the principles of the Mental Capacity Act and its associated guidelines (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions at certain times.

The service did not have a policy on consent or implementing and adhering to the MCA. We saw that care records made no reference to people's capacity and a number of people had been diagnosed with conditions that could potentially impact on their mental capacity to make decisions. There was no information regarding when to support people to make decisions and no information that informed staff if a person lacked capacity or who had the legal standing to make decisions on their behalf.

We saw a number of people were receiving medication from the staff, however there was no evidence that they had consented to this, or that decisions had been made in their best interests where they were unable to manage their medicines safely. Assessments undertaken by the service prior to commencing the support did not determine if the person had consented to this or how decisions had been made in their "best interests".

In discussion with the registered manager they were unclear as to how to make sure that they obtained appropriate consent for people and had not received any training in the MCA.

This was a breach of Regulation 11, Consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not making sure that care and treatment was provided only with the consent of the relevant persons as they were not meeting their obligations under the Mental Capacity Act 2005 and its associated codes of practice

Staff spoken with gave examples of training which they had completed. This included a two day induction course that they commenced when they started working. However this training was not in line with the skills for caring induction standards Which is a set of standards for induction training. Staff spoken with had mixed views as to the effectiveness of the induction training. One staff member told us they felt the newer members of staff were not "up to scratch" with their training. They said, "When you are working with them [new staff] the more experienced ones tell the newer ones what to do when they should know."

Staff told us they had received training in Dementia, Medication, Adult Safeguarding, Moving and Handling,

Health and Safety and First Aid. When we reviewed training, we were unable to determine what training all the staff had received or when. The registered manager informed us that their trainer had recently left the service and the senior staff were to receive training that would support them to deliver training in the future. We asked what assessments were undertaken to determine that after the training staff were competent in undertaking their job role. The registered manager and senior staff stated that staff received a practical supervision in people's homes. When we reviewed these they did not check on the competency of staff in areas such as giving out medicines but did check that they used equipment appropriately. The practical supervisions were ad hoc and were not organised as to when or how often staff were to receive these. It was not possible to determine whether all staff received these checks on their competency or how often they had received them.

We spoke with staff about the supervision they receive in order to discuss concerns, develop their practice and receive appropriate support for their job role. Staff gave differing accounts of when and how often they received supervision. Some staff told us they received supervision yearly and others that they received it every couple of months. When we spoke with the registered manager she told us that staff did receive supervision but that this was not always recorded. They confirmed that there was no programme of supervision and it was on an informal basis dependant on her and staff availability.

This was a breach of Regulation 18, Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not made sure that staff received such support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

People's needs in relation to food and fluids were briefly documented in their care records. The amount of help given varied from person to person and records were not always clear around what level of support was required . Staff monitored but did not record the amount of food or what people had eaten and drank.

We saw care plan entries which documented that staff had sought advice from external professionals. However this information and changes to the person's needs was not always communicated to the senior staff in order for peoples care records to be updated. We saw and were informed by care staff that where GP's prescribed antibiotics for an infection this information was not used to update the persons care records in order for staff to effectively support the person.

Good

Is the service caring?

Our findings

People and relatives were extremely positive about the support provided by staff.

Comments included: "they are very, very nice. They help me to get dressed properly. They make sure I have got my hearing aid and my teeth and my glasses", "happy, nice people"," Everyone treats [name of person] with respect", "They are good to her. Nice girls actually. No hassle", "Yes, they do what I ask them to do", "they are kind and pleasant", "I have no complaints about the staff. They help Mum off the stair lift onto her wheel chair", "They are lovely girls. They help Mum to get washed", "The girls are marvellous", "Everyone is wonderful to me. Spot on. Eleven out of ten", "The people have such care and consideration. I cannot fault them", "My mum loves them all. They are very, very kind to her", "They are very caring. Not only do they do what they do in the way of physical things but they talk to Dad and stimulate him", "It is excellent quality of care. Dad has got used to the adjustments in his life and views them as different friends. He is comfortable with the girls and likes having a chat. They are like an extended family in a gently sort of way" and "Haydock Community Care could not provide the care Mum wanted so she had to fall in with them".

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. They told us, "We have a good rapport as a group of carers together. I also like the clients when I go out", "The clients are fantastic and really lovely people who appreciate what we do and they tell us that", "I like feeling like I have done everything I can to make their lives comfortable", "I love to do my job and I love the people I go to and work with. Before I started the job I looked after a relative. I know what it is like to have someone to look after you when you can't do it for yourself. They need someone they can rely upon and not someone who do what they have to do and leave" and "It is like a little family. Everyone gets on. It is not over staffed or under staffed. Everyone gets on and issues get sorted."

The service can, and had supported people with end of life care. The staff spoken with explained how external agencies such as palliative care nurses would be contacted for the correct support. New staff were provided with an over view of end of life care as part of their induction training.

People told us they were given a lot of information both verbally and in writing on what to expect from the service and how they could make contact with the office staff and registered manager. People said they knew who to speak to at the service's office if they wanted to discuss their care plan or make a change to it. They told us that they had been involved in planning the care their relative received.

The registered manager described to us how, they identified which staff would be appropriate to work with a particular person, this was discussed with them. They felt consideration was given about the 'matching' process so that they could develop good relationships with people using the service.

Requires Improvement

Is the service responsive?

Our findings

Most people and relatives stated that staff were responsive to people's needs. Comments included; "The carers are on time and they talk to you like a normal person" ", "Our standard of living would not be the same without the girls. We wouldn't be able to cope. It takes a lot of weight off my husband", They listened to us. The people we have dealt with are jolly and have a 'can do attitude'. They may say we can't do that tomorrow but we may be able to re-jig next week. They are honest in what they can do. They have managed to get things the way we want. We are very happy with who we have been landed with", "Everyone is interested in him and they want to see him. They don't rush off. They make sure he's all right and that he is washed and dressed and whether he needs the toilet", "It can be changed at any time {reference to care and support}. If Mum needs anything else, or is different, it can be changed accordingly" and "Haydock Community Care could not provide the care Mum wanted so she had to fall in with them".

Assessments undertaken by the service before they started receiving care and support were medically based; they did not include social needs, personal preferences or their personal history. There was no inclusion of people's mental capacity or how to support them in making decisions in line with their culture, preferences, choices or religion.

Of the five care records we looked at a person centred approach was not evident. Care records did not reflect the care and support provided to individual people we saw that these were out of date for three people or outlined care that staff were not delivering. Each of the care plans for different people read identically with the same planning of care recorded in all the care plans. The care was laid out as a series of tasks to be accomplished and did not take account of people's personal preferences, such as what particular food they liked to eat or what particular toiletries they preferred to use.

Staff told us that people tended to tell them these preferences but did acknowledge that not everyone was able to tell them or had a relative available that could inform staff. There was no information available as to what people's preferences were or their life history, that would support staff to have a meaningful dialogue with the people they cared for. There was no information regarding people's cultural or religious needs that staff may support. We saw that some of the people received support that involved social activities. There were no records available that showed that these activities had been planned with the person or that they had taken place as they wished. As a result staff did not have information that would support them to provide care that was consistently person centred.

People we spoke with regarding their involvement in the planning of their care varied. some stated that they were involved in their assessments, care plans and reviews, whilst others were unable to recall if they had received any information or been involved in their care plans. One relative told us they had left signs around their relatives building and instigated their own communications book in order to make sure that staff provided individualised care. They found that this had worked well. One staff member informed us that they thought staff should be able to have enough information in people's care records to meet their personal needs without having to be told by the person or other staff.

This was a breach of Regulation 9, Person centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not making sure that care and treatment was provided that was personalised specifically for the people they supported.

People and their relatives told us they generally received the same staff. This was confirmed by our own observations of records. Staff we spoke with were knowledgeable about people's care needs and could explain these to us.

Most people and their relatives told us that people received their care calls as planned. Most explained that they had never had a missed call. Some people and their relatives said that there had been occasions when staff had arrived a few minutes late, but these were not regular.

There was a complaints procedure in place. Most people and their relatives with whom we spoke informed us that they had no complaints or concerns. We were told that the service had not received any complaints. However we were aware of one complaint that had been dealt with initially by social services. A review of questionnaires sent out by the service showed some minor concerns that had not been addressed or dealt with as a complaint by the service. In discussions with staff, complaints were not always recognised by them or actioned, removing the opportunity for the service to address complaints and improve service quality.

We did see examples were call times were changed to accommodate people's personal choices and preferences. The manager explained that they always try to manage this by using staff to work in the same area during the day and had a little more flexibility.

It is recommended that the service updated its complaints policy and procedure and trains staff to make sure that they pass on concerns no matter how minor to the office to be dealt with.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager logged with CQC. They spoke enthusiastically about their role and dedication to ensuring the care and welfare of people who used the service.

People and relatives informed us that they were happy with the service provided. Comments included, "I very much doubt they could do anything better", "Just a bit of give and take with the rota would help to give the family a break" and "I'm satisfied. If it wasn't working I would do something about it. People need to know that they can change (providers) if they are not happy".

We received mixed views from the staff the majority of staff were happy with the support they received from the service. Comments included, "definitely supported by management. if I was unsure about anything I only needed to make a phone call". Another member of staff stated, "Everyone likes consistency but from week to week you don't know where you are going and how many hours you have. Also there can be a big gap in between calls and you are sitting in the car". Staff surveys showed that whilst the majority of staff felt supported, two staff commented that were critical of the support they received saying it could be disorganised and they felt that the attitude of management was not always supportive.

There was no quality monitoring of the care delivered. "Supervised practice" (a check on staff in people's own homes) were in place however there were no arrangements for these to be undertaken at planned or regular intervals. The checks reviewed the staff appearance, arrival time, duration of call and interactions but not the care planned, management of medicines or if the care delivered met the persons assessed needs. The registered manager confirmed that these were on an ad hoc basis and were not planned preventing them from making sure they could formally monitor staff performance.

We discussed with the registered manager if there were any quality checks or reviews of health and safety such as accidents, the quality of care planning, medications, policies and procedures, handling of complaints, staff supervision or staff recruitment. They confirmed that they was no formal quality checks in place that would assist them in improving the quality of the service available.

The provider confirmed that they had developed questionnaires for people they supported and staff. We reviewed these and saw that concerns were raised but no action was taken. We asked the registered manager what they intended to do with questionnaires and the results they expressed that they had no plans in place to use the information provided.

This was a breach of Regulation 17, Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems and process in place to assess, monitor and improve the service provided.

Staff told us that policies and procedures where available to support practice. We reviewed these and found that those available had been reviewed but did not reflect best practice and in some cases the information in them was significantly out of date. Essential policies such as consent, mental capacity, accidents and

emergency actions were not available.

A staff handbook contained guidance to staff such as disciplinary, grievance and expected behaviours. Staff spoken with confirmed they had received a copy of the handbook.

It is recommended that the service reviews and updates its policies in line with best practice and makes these available to staff

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider was not making sure that care and treatment was provided that was personalised specifically for the people they supported.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not making sure that care and treatment was provided only with the consent of the relevant persons as they were not meeting their obligations under the Mental Capacity Act 2005 and its associated codes of practice

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not made sure that care and treatment was provided in a safe way to people receiving care and support.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and process in place to assess, monitor and improve the service provided.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not made sure they operate robust recruitment procedures, which undertook any relevant checks in order to determine staff were fit and proper to work with vulnerable people.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not made sure that staff received such support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.