

Azar Younis

Firs Residential Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on 01 September 2015 and it was an unannounced inspection. This means the provider did not know we were going to carry out the inspection. At the last full inspection carried out in February 2015, we found the home to be non-compliant with the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; 10; Assessing and monitoring the quality of service provision, 13; Management of medicines, 18; Consent to care and treatment and 23; Supporting workers. Compliance actions were given for all these breaches. We followed up on these breaches during this inspection.

Firs Residential is a care home providing personal care and accommodation for 33 older people. The home is on one level and has 25 single and four double bedrooms. There are three lounge areas. On the day of our inspection, there were 32 people living at the home, some living with dementia.

It is a condition of registration with the Care Quality Commission that the home has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

Summary of findings

meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the home is run. The registered manager was present on the day of our inspection.

People and their relatives told us they felt the home was safe, effective, caring, responsive and well led. Comments made included; “I definitely feel [the home] is safe. I don’t think there’s anything to worry about really”, “[Staff] are a lovely bunch. I’m completely surrounded by such nice people”, “I can’t find any fault at all, other than that we could do with more things to do”, “I see the GP when I need to. I had a water infection and [staff at the home] called a doctor out”, “I have no worries or responsibilities here, I’m free as a bird” and “It’s fantastic food here. I choose what I want to eat and when I get up. I choose what I want to wear. I’m asked about everything and anything really.”

People were protected from abuse and the home followed adequate and effective safeguarding procedures. Care records contained personalised and relevant information for staff to assist in providing personalised care and support.

Staff told us they felt well supported and they had supervisions with the new manager. Training updates were not always provided when needed but plans were in place to address this.

We found good practice in relation to decision making processes at the home, in line with the Mental Capacity code of practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The registered manager carried out regular audits at the home and recorded any required actions on audits and on the ‘home action plan’. Actions that had been identified as a result of audits were verified and signed off by the registered manager when they had been addressed and completed. The registered manager had a plan in place to start additional regular audits to ensure all areas of the home were monitored.

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 home was safe.

People had their freedom supported and respected and were protected from bullying, harassment, avoidable harm and abuse. Regular risk assessments were carried out to ensure people's safety.

There were enough staff on each shift at the home, including senior care assistants, who administered medicines to people safely and appropriately. The home had plans in place to recruit a new activities co-ordinator. All pre-employment checks had been carried out before a staff member started working in the home.

Good



Is the service effective?

The home was not always effective.

Staff had the knowledge they needed to effectively carry out their roles and responsibilities but the majority of staff training was out of date.

People were asked for their consent before any care, treatment and/or support was provided.

People were provided with sufficient food and drink to ensure they maintained a well-balanced diet and had access to relevant healthcare professionals, where required.

Requires improvement



Is the service caring?

The home was caring.

People who lived at the home had their privacy and dignity respected and promoted by staff who were aware of how to do this.

Staff had developed positive, caring relationships with people who lived at the home and everyone we spoke with told us they felt happy. People were able to express their views to staff and they were involved in making decisions about their care and support, with input from their relatives and other professionals, where required and appropriate.

Good



Is the service responsive?

The home was responsive.

Care plans were responsive to people's needs and people had been involved in this, along with their relatives and other relevant healthcare professionals, where required and appropriate. People's care records contained details of their preferences, likes and dislikes.

Good



Summary of findings

Complaints were adequately addressed, investigated and responded to. People and staff told us they felt able to complain or raise any concerns with the registered manager.

There were plans in place to recruit a new activities co-ordinator at the home.

Is the service well-led?

The home was well-led.

There was a positive culture at the home that was person-centred, open, inclusive and empowering. People told us they felt able to be themselves and speak with staff or the registered manager, if and when required. Meetings were held for staff, people who lived at the home and family and friends so that they were able to keep up to date, suggest improvements and provide feedback.

The registered manager provided good management and leadership at the home. Audits were carried out and records were maintained to assist with the delivery of care. The registered manager had a plan in place to implement additional audits at the home.

Good



Firs Residential Home

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 checked 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 home under the Care Act 2014.

This inspection took place on 01 September 2015 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by two adult social care inspectors.

During our inspection we spoke with five people who lived at the home and one of their relatives to obtain their views of the support provided. We spoke with six members of staff, which included the registered manager, care assistants and ancillary staff such as catering and domestic staff.

We looked at documents kept by the home including the care records of four people who lived at the home and the personnel records of four staff members. We also looked at records relating to the management and monitoring of the home, including any audits carried out and reviews of care documents and policies.

Is the service safe?

Our findings

People told us they felt safe at the home, knew what it meant to 'stay safe' and felt there were enough staff to meet their needs. Comments made by people who lived at the home included; "I feel very safe here", "I have no worries at all and if I did, there's always staff to talk to" and "There's always one of the [care assistants] within ear shot if we need them."

Everyone we spoke with at the home told us they received their medicines in a way they liked and when they were required.

During our last inspection on 10 February 2015 we found evidence of a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(1) including Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 01 September 2015, we found the management of medicines at the home had improved and the home was following written policies and procedures, which were up to date and relevant.

During this inspection, we found Medication Administration Records (MAR) were well maintained and clearly signed by the administering staff member. There were no gaps in MAR charts. We checked the stock levels of eight medicines against MAR charts and found these corresponded and were correct. We also checked the one controlled drug at the home and found the amounts present were correct, according to the controlled drugs register. Controlled drugs are prescription medicines, which are controlled under the Misuse of Drugs legislation. Temperature checks of the treatment rooms, where medicines were stored, and medicines refrigerators were carried out on a daily basis, which showed medicines were safely stored at adequate temperatures. No unlicensed (over-the-counter) medicines were administered by staff at the home. This meant the home ensured medicines were managed so that people received them safely. This meant the home was compliant with the associated regulations.

We looked at care records and found that people were protected from abuse and avoidable harm. Each care record contained detailed risk assessments and care plans, all of which had been reviewed within the last three months, demonstrating how to keep the person safe and if there were any changes to their needs. Risk assessments had been carried out with the involvement of relevant professionals and, where appropriate and possible, the person who lived at the home and their relatives. Risk assessments covered areas including mobility, falls, nutrition and personal care. For example, one care record we looked at stated the person liked to walk around the home and speak with people but that there was a slight risk that the person may fall. Assessments were put in place and a three-monthly review was recorded, as per the homes policies and procedures. This demonstrated the home had up to date records in place to ensure people's safety and to avoid abuse and avoidable harm.

Staff we spoke with were able to explain different types of abuse, signs to look out for and how they would deal with and report any concerns they had. Staff were also able to explain to us about 'whistleblowing' and how they would do this. Whistleblowing is one way in which a worker can report concerns (anonymously if they wish) by telling their manager or someone they trust.

Staff and the registered manager confirmed that handover's took place at the beginning of each shift so staff on the next shift were aware of any issues or concerns that had arisen. We found daily records were completed and contained relevant information. This meant there were formal and informal ways of information sharing between staff and other professionals.

The safeguarding log kept at the home contained details of any safeguarding concerns, how these had been reported and addressed and the outcome of investigations. Notifications had been sent to CQC as required, following a safeguarding concern being identified. Since our last inspection, there had been no further safeguarding concerns. This meant risks to individuals and safeguarding concerns were managed well.

Accidents and incidents at the home were recorded and kept in an accident and incident log. Each record contained details of the accident or incident, the time and place, reasons the accident or incident happened and actions taken to prevent re-occurrence. This log was monitored

Is the service safe?

regularly to identify any patterns. This demonstrated the home had arrangements in place to review concerns, accidents and incidents in order to identify themes and take necessary action.

We checked staff rota's at the home and carried out observations throughout the day to assess whether staffing levels were adequate to meet people's needs. We saw rota's demonstrated there were enough staff on each shift with the right mix of skills and qualifications and, through observations, we saw that people had their care and support needs met quickly, when required. The registered manager told us that staffing levels were assessed and decided according to the needs of people who lived at the home. On the day of our inspection, staffing levels consisted of the registered manager, the deputy manager, a senior care assistant, two care assistants, a cook, a kitchen assistant, a domestic staff member and a maintenance person. We saw there was at least one staff member present with people at all times in the lounge area, where most people spent their day. We asked the registered manager about activities at the home, who told us that these had been lacking due to having no activities co-ordinator in post. The registered manager told us an activities co-ordinator was going to be recruited to the

home in the near future. During the afternoon, we saw a care assistant carrying out activities, including playing skittles to provide entertainment and light exercise. Staff we spoke with confirmed that there were enough staff on each shift but that an activities co-ordinator was needed. This meant there were enough staff on duty to meet people's needs.

We looked at the staff personnel files of four staff members who worked at the home and found all adequate pre-employment checks had been carried out. These checks included (at least) two reference checks from previous employers, photographic identification, proof of address and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. We also saw that, where a staff member had been allegedly (or actually) responsible for unsafe practice, clear and appropriate disciplinary procedures had been followed. This meant the service followed safe recruitment practices to ensure the safety of people who used the service and followed appropriate disciplinary procedures to protect the safety of people who lived at the home.

Is the service effective?

Our findings

People told us they received their care and support in ways they liked and that they were able to make choices about their care and support. Comments made by people included; “I can’t find any fault at all. I choose my clothes, my food, even the time I get up in a morning”, “I choose what I wear and I get up when I want”, “The cook cooks things I like and they always offer an alternative” and “[Care assistants] always ask if it’s ok to do something before they do it. And they always ask what I want to eat, if I want a drink and just generally if I’m ok – they’re lovely.”

During our last inspection on 10 February 2015 we found evidence of a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 18(2)(a&b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, which took place on 01 September 2015, we found improvements had been made but there were still some areas that required attention.

We checked staff personnel files to see if staff had received adequate and ongoing training. We found staff had received training in all required areas. However, we saw that training updates were required as most training was out of date. For example, in one staff file we looked at, we found the staff member had received training in health and safety and moving and handling in 2015. However, there was no evidence of any other training updates, with some of the original training dating back to 2010. In another staff personnel file we looked in, we found the staff member had completed medication training in 2014 and health and safety training in 2015. All other training for this staff member was carried out in 2011. This meant the home did not ensure staff were up to date with their training requirements. We spoke with the registered manager about this, who told us they were in the process of developing a training matrix that would identify when staff were due refresher training. The registered manager also told us that they were currently working with a training organisation to

source training courses. However, on the day of our inspection, staff did not have relevant training. This was a breach of Regulation 18(2)(a&b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year’s goals and objectives. These are important in order to ensure staff are supported in their roles. We asked the registered manager for records of staff supervisions that were carried out. We saw that the registered manager kept a separate file with a record of all supervisions that staff had received. Most staff had received a recent supervision and other staff members had dates booked in to receive their supervision. We saw no evidence of appraisals taking place. The registered manager told us these were planned to take place later in the year, when all staff had received supervision. This meant staff were adequately supported to carry out their roles and responsibilities.

During our last inspection on 10 February 2015 we found evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes and services. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

During this inspection, which took place on 01 September 2015, we found the service to be acting within MCA 2005 legislation and observed people being asked for consent before any care and support was provided. In care records we looked at, we saw the registered manager had carried out mental capacity assessments on each person who lived at the home, demonstrating whether the person lacked capacity to make decisions in a particular area. If the person did lack capacity, we found that, following these assessments, best interest meetings were held with the

Is the service effective?

person's relatives (where appropriate) and relevant professionals including GP's and social workers. We also saw that, where required, the person had had a Deprivation of Liberty Safeguards (DoLS) application sent to the local authority for authorisation. Staff we spoke with were able to explain the main principles behind the MCA 2005 and DoLS and what this meant for people who lived at the home. This demonstrated the service acted in line with the MCA 2005 and DoLS.

Care records we looked at contained nutritional assessments that were completed to assess whether the person was at risk of becoming nutritionally compromised. Each assessment had been reviewed within the last three months. Care records we looked at demonstrated people were encouraged to maintain a well-balanced diet that promoted healthy eating and gave the person choice over what foods and drinks they consumed. Assessments were also in place, assessing and identifying any support that the person required when eating their meals. We spoke with the cook, who told us they asked people on a daily basis what they would like to eat and that, although there

were menu's at the home, if anyone wanted anything different, this was catered to. People also confirmed this to be the case. One person told us; "I love a good ploughman's pie. We had a meeting and I said that's what I wanted and the next day, it was on the menu." We saw people being asked what they would like to eat for dinner on the day of our inspection. We also observed and heard people being offered drinks and snacks throughout the day. This demonstrated assessments were carried out to ensure people were given choice and control over their diet and the foods they ate and were adequately supported to receive a varied, balanced diet.

People and their relatives were involved in the reviews and monitoring of their health and, where required, referrals were made to, and assistance sought from appropriate healthcare professionals. Care records contained details of visiting healthcare professionals for people and a record was kept of each visit. This demonstrated the home supported people to maintain good health and have access to relevant healthcare services.

Is the service caring?

Our findings

We asked people who lived at the home how they felt about staff. Everyone we spoke with told us they felt care staff were kind and attentive. Comments made by people who lived at the home included; “All the [care assistants] are lovely. Couldn’t ask for a nicer bunch of girls”, “I know [staff] care about me because they look after me well. If I have any problems or I’m not too well, they make sure I’m ok” and “Staff are really kind. I couldn’t find anything to fault.” The relative of one person who we spoke with told us; “I’ve got a lot of confidence in the staff. They treat my [family member] really well.”

Throughout our inspection, we carried out observations and saw that people were treated with kindness and compassion. People who lived at the home were clean and all the women had their hair done and the men had been shaved. During our observations, we did not see any staff member discussing people’s care and support needs openly, or within ear shot of others. When personal care was provided, bedroom and bathroom doors were shut to ensure the person had their privacy and dignity maintained. This demonstrated staff were respectful of people’s privacy and dignity.

Care records we looked at demonstrated that, where they wanted to be, people were involved with the planning of their care and support. We saw evidence that people and their relatives had provided information about the persons likes, dislikes and life history. For example, in one care record, we read that the person used to make Union Jack flags for a living. We also saw this person liked to sit in the same chair each day amongst friends. In another care record we looked at, we read that the person preferred to sleep with a small light on and that they enjoyed activities such as skittles and ball games. Everyone we spoke with told us they felt staff were kind and caring and that they felt respected by staff. This demonstrated the home made information available for staff to provide a personalised and person-centred approach to care and support.

We saw evidence in people’s files that advocacy services were used, where required. An advocate is a person who speaks on behalf of and in the best interest of someone who is not able to do so for themselves. We saw that, although information about advocacy services was not provided as a matter of routine, information was provided as and when required. If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in his or her best interests. This is called a best interest decision. This demonstrated that, when required, the home gave information to people about advocacy services that were available.

Throughout the day, we walked around the home and carried out observations. One person who lived at the home had been walking around and had become somewhat distressed. We saw staff members immediately comfort this person, use distraction techniques and spend time with them to calm the situation. This demonstrated staff took practical action to relieve people’s distress and discomfort.

The registered manager, staff, people who lived at the home and visiting relatives told us there were no restrictions on times they could visit their family member.

Where required, people had ‘Do Not Attempt Cardio Pulmonary Resuscitation’ (DNACPR) forms in place, where either an advanced decision had been made by a person who lived at the home when they had capacity or by a relevant healthcare professional, if the person lacked capacity to make this decision. These DNACPR forms contained details of why CPR should not be attempted and a date that this form was to be reviewed. This meant the home had arrangements in place to ensure people were able to have a dignified passing and that the body of a person who had passed away was cared for and treated in a sensitive way.

Is the service responsive?

Our findings

People told us they felt the home and staff were responsive to their needs. They told us that staff gave them choices about what they wanted to wear and they were able to choose what times they went to bed and got up in the morning. One person told us; “I choose when I go to bed and get up. I usually get up in the morning between 7.45am and 8am.”

People we spoke with told us they were able to maintain good social relationships with others. One person said; “We sit in the lounge a lot and chat. There aren’t many activities but we still all join in conversations together. They’re getting a new activities person though.”

Everyone we spoke with said they had no need to make a complaint but told us that, if they did need to, they knew how to do this.

Care records we looked at contained information that was personalised and person-centred. People and their families had been involved in the planning of their care and support, where they wished to be. Information present in care records included details of the person’s life history, which meant staff had access to information that enabled them to ensure care and support was catered around people’s interests and that conversation could be held with people on subjects that they took an interest in.

On the day of our inspection, we saw activities taking place, including a game of skittles in the lounge area. We spoke with people who lived at the home about activities and most people told us there were usually a lack of activities. One person told us they found days very boring at times, due to the lack of activities and stimulation. We spoke with the registered manager about this, who told us that activities were currently undertaken by care staff, in between providing care and support to people. The registered manager told us there were plans in place to recruit an activities co-ordinator as the last one had left

their position. One person we spoke with told us they attended a ‘day service’ every Friday, where they left the home to go elsewhere, meet up with other people and take part in activities there. People who lived at the home told us they enjoyed sitting in the lounge area and chatting with each other. This meant that, although activities were slightly lacking at times, the home had plans in place to ensure that people’s needs around activities were met to avoid social isolation and to build and maintain relationships.

We asked the registered manager for the complaints and compliments file. The registered manager told us there were currently no open complaints. We saw that previous complaints had been addressed and a response given to the complainant. Complaints and compliments were monitored so the registered manager was able to identify any themes and trends.

We asked the registered manager how they encouraged complaints. They told us there was a ‘suggestion box’ in the reception area of the home, where people were able to fill in a form. These suggestions could range from compliments to complaints to suggestions. The registered manager also maintained an ‘open-door’ policy, where people were able to come to their office and speak with them as they wished. We also saw evidence of ‘residents meetings’, where feedback was requested. At the last meeting areas discussed included bedrooms, the home environment and activities. Minutes of the last ‘residents meeting’ were from April 2015. However, when we spoke with the registered manager, staff members and people who lived at the home, they all confirmed a ‘residents meeting’ had been held in July. The registered manager told us minutes from this meeting had not yet been written. This meant that the home ensured people were able to speak with management, able to complain and give feedback and be confident that their complaint would be dealt with appropriately.

Is the service well-led?

Our findings

People told us they felt the manager and staff were approachable. One person said; “The new [registered] manager is lovely. I feel like I know her and I can talk to her anytime I need to.” Another person said; “I can speak with the [registered] manager because she’s always here. I’d usually go to the first staff member I see if I need to ask something or tell them something and if that happens to be the manager, she is more than willing to help.” A staff member said; “Since the new manager came in, staff morale has been so much better. We all feel much more supported.”

During our last inspection on 10 February 2015 we found evidence of a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014]. The provider sent us an action plan, identifying actions to be taken and timescales for completion, in order for them to become compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It is a condition of registration with the Care Quality Commission (CQC) that the home have a registered manager in place. The registered manager was present on the day of our inspection and had been in post since 12 June 2015.

During this inspection, which took place on 01 September 2015, we found the registered manager had started to carry out audits since commencing employment at the home in June 2015. Monthly audits carried out included audits of medicines, complaints, bed rails, finances and accidents and incidents. ‘Spot checks’ were carried out of bedrooms at the home on a weekly basis and the manager conducted a ‘managers walkabout’ on a weekly basis, looking at staff handover information, cleanliness, MAR sheets and a random selection of care records. We saw the last ‘manager’s walkabout’ had taken place in early July. We spoke with the registered manager about this who told us that, due to her being new to the post, she was looking at

ways to better audit the home, which included changes in audits that were carried out. The registered manager told us they were continuing with current audits but were also going to commence audits in August 2015 of pressure areas and skin care, weight monitoring, infection prevention and control, care records and feedback obtained from the suggestion box in the reception area of the home. This meant that the home were now carrying out required audits and had an audit plan in place to identify areas that required attention or improvement.

We checked the minutes of staff meetings to see how staff were actively involved in the development of the service. We saw that meetings had taken place on a monthly basis until May 2015. We spoke with the registered manager about this, who told us they would be conducting staff meetings (at least) every six months to discuss any issues, concerns or ways in which the home needed to improve. Staff we spoke with confirmed these meetings took place. One staff member said; “Yes, staff meetings are held. The manager is very approachable and I would definitely speak with her. She is very visible for everyone.” Along with staff meetings, we saw evidence that there were ‘residents meetings’ carried out. This meant the home ensured regular meetings were held to measure and review the satisfaction of people and staff regarding the home and the delivery of care and support.

We spoke with staff and asked them if they felt leadership was visible at all levels at the home. Staff told us they felt confident in speaking with the registered manager and registered provider. One staff member we spoke with said; “I could go to the manager about anything. She is very approachable and easy to talk to. I’m very happy working here. I love it and I feel proud to work here. I would be more than happy to let a loved one live here.” This meant that management at the home was effective in supporting staff and people who lived at the home.

The above demonstrated the service was now compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>18.—(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.</p> <p>(2) Persons employed by the service provider in the provision of a regulated activity must—</p> <p>(a)receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform,</p> <p>(b)be enabled where appropriate to obtain further qualifications appropriate to the work they perform, and</p> <p>(c)where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.</p>