Hilton Rose Retirement Home Ltd

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Inspection report

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Ratings

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

Overall summary

The inspection took place on 20 and 21 October 2015 and was unannounced. At the last inspection on 2 to 4 June 2015 the provider was not meeting the legal requirements. We asked them to make improvements regarding respecting people's privacy and dignity, obtaining consent to care, providing care to people safely, ensuring that there were sufficient numbers of staff to support people, how care staff are recruited for their roles and the overall management of the service. At this inspection we found the provider had made some improvements but there were still areas that require further improvement.

Hilton Rose Retirement Home is a residential home that provides accommodation for up to 25 people. At the time of the inspection there were 19 older people who were living with dementia at the service. There was a registered manager in post. A registered manager is a person who

Summary of findings

has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there had been improvements in medicines management, however, people didn't consistently receive their medicines as prescribed.

People were not always protected by robust recruitment practices that ensured care staff were suitable to work in care settings before they commenced work.

The provider was developing quality assurance and governance systems in the service, however, the systems were not always identifying and managing potential risks to people. Policies and procedures were not always up to date and followed.

People told us that they felt safe living at the service. Staff and managers could identify the signs of potential abuse and were able to describe what action they would take if they felt someone was at risk of harm. People were supported by staffing levels that kept them safe.

Risks to people were mostly being assessed by staff and managers and actions put in place to mitigate risks. A key worker system was in place to check that care plans and risk assessments were up to date and any changes in risk were reviewed.

People told us staff obtained their consent before they were supported. Staff and managers knew how to obtain people's consent if they lacked capacity to make decisions around their own care.

People were supported by staff who told us that they received good training and were supported to be effective in their roles.

People told us they were happy with the food and drink that they received. Staff and managers were aware of people's special dietary needs and ensured these needs were met. People told us that they felt their day to day health care needs were met by the provider. We saw evidence of regular intervention by external healthcare professionals to ensure the risks to people's health were managed.

People living at the service told us that staff and managers were caring. We observed positive, caring interactions between staff and people living at the service. We saw staff offered people choices when providing support and took time to listen and respect people's decisions. People told us that their privacy, dignity and independence was respected and promoted by staff at the service.

People told us there were not enough leisure opportunities available to them at the service. People and their relatives told us they were involved in the planning of their care. Changes in people's care needs were identified, recorded and communicated to staff members.

People and their relatives told us they felt their complaints were listened to and that action was taken by the managers. People living at the service and staff had been involved in the development of the service. People, staff and relatives gave positive feedback about management within the service and acknowledged the improvements made since the last inspection.

We found there were some areas in which the provider was not meeting the requirements of the law. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People did not always receive their medicines as prescribed. People were not always protected from harm due to unsafe recruitment practices.

People living at the service told us they felt safe. Staff knew how to identify and report potential harm to people. People received support when needed due to an increase in staffing levels in the service. Risks to people were mostly identified and mitigated through risk assessments.

Requires improvement

Is the service effective?
The service was effective.

People's consent was sought before staff provided them with care and support. People were supported by a staff team who felt well trained and supported in their roles.

People told us they were happy with the food and drink they received.

People felt that staff supported them to meet their day to day health needs.

Good

Is the service caring?
The service was caring.

People felt staff and managers were caring and we observed positive interactions. People's choices were sought and respected.

People's privacy, dignity and independence was respected and protected.

Good

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

People told us that they didn't have access to sufficient leisure opportunities.

People and relatives were involved in care planning. People's needs and changes in their needs were identified, recorded and communicated to staff.

People and their relatives felt that they were able to make complaints to the provider and their concerns were answered appropriately.

Requires improvement

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

People were not supported by quality assurance systems that always identified and mitigated risks to them.

People gave positive feedback about managers.

Requires improvement

Summary of findings

People were supported by a staff team who told us they were committed and were working in an open and transparent environment.

Hilton Rose Retirement Home Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 21 October 2015 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. We looked at statutory notifications sent by the provider. A statutory notification is information about important events which the provider is required to send to us by law. We reviewed information that the provider had sent to us about how they had made improvements to the service people received since the last inspection in June 2015. We sought information and views from the local authority who commission services with the provider. We also looked at information that had been sent to us by the public.

During the inspection we spoke with eight people who lived at the service. Some people were unable to share their experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three members of care staff, the cook, the registered manager, the care manager, the deputy manager and two relatives. We looked at records relating to medicines, four people's care, five staff files and records relating to the management of the service. We also carried out observations across the service regarding the quality of care people received.

Requires improvement

Is the service safe?

Our findings

At the inspection completed 2 to 4 June 2015 the provider was not meeting the regulations regarding caring for people safely, ensuring appropriate care staff were employed and there were sufficient numbers of staff to meet people's needs. We took enforcement action against the provider regarding these breaches in regulation. At this inspection completed on 20 to 21 October 2015 the provider had made some improvements, however further improvements were needed.

People were not always protected by pre-employment checks that ensured staff were suitable to work in a care setting. Staff had started work before all recruitment checks were completed. These checks included staff member's potential criminal history and references. The provider showed us that a check had been completed on whether or not staff members had been barred from working with adults. However, the provider was awaiting the return of a full criminal history check when staff members started work. The provider advised that when they had not received written references for new staff members they had obtained a verbal reference before they started work. However, this had not been documented and therefore evidence of this check was not available during the inspection. The provider's recruitment policy states that all new members of staff should have two written references in place before they started work. We found that the recruitment policy had not been followed and staff were starting work without these references. The provider confirmed that they had not assessed the risk to people living at the service of staff not having these checks in place when they started work.

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

We looked in detail at 10 medicine administration records and found there had been improvements in the information recorded. We found people were on the whole receiving their oral and inhaled medicines at the dose and frequency they had been prescribed by their doctor. We spoke with one person about the administration of their inhalers and they said, "They were breathing very well". However we did find that some people had not received their night time medicines on one occasion between the 13 and 19 October 2015. One person had also been prescribed a medicine that had to be administered at specific times during the day. We found that staff were not aware of the significance of this and as a consequence were not administering the medicines at the times specified. We saw four records of people who had either been prescribed some eye drops or creams and lotions. These records lacked either a staff signature to record the administration of the medicine or a reason documented to explain why the medicine had not been given. The care manager and staff were unable to confirm to us whether these particular medicines had been administered correctly as prescribed. We also found an antibiotic eye drop had been administered for a longer period than was recommended and as a consequence this practice may promote bacterial resistance to this particular medicine in the future.

We looked at the records for people who were having analgesic skin patches applied to their bodies. We found these records had improved and demonstrated that the skin patches were now applied safely and in line with the manufacturer's guidance. We observed part of the lunchtime medicine administration round and saw improvements had been made. We found the practice of using two staff in the administration process where one staff member prepared the medicines and the second staff member person took them and administered them had ceased. We observed some good administration practices taking place which made sure people were supported to take their medicines during the lunchtime medicines administration round on the day of the inspection.

We were told by people that they felt safe living at the service. People told us that they knew where to go if they had any concerns and needed to talk to someone. One person said, "I would talk to the staff if I was worried about anything." Another person said, "If I was upset I would talk to the people here because they are nice." Staff that we spoke with knew how to identify signs of abuse and were able to describe to us what actions they would take if they were concerned about someone. One staff member told us "Everyone has the right to be cared for properly" and "Whether I'd be right or wrong, if I'd got any concerns, I'd report them". Managers in the service were also able to describe what signs would identify a concern about people. They told us how they would report these concerns to external organisations such as the local safeguarding authority or CQC. We found staff were recording concerns about people in their daily records and were escalating these concerns to managers. We did however find that one incident that had occurred the day prior to the inspection,

Requires improvement

Is the service safe?

had not been correctly recorded. Staff had taken appropriate measures to safeguard the person at the time of the incident. However they had failed to communicate their concerns to the next staff shift, which meant staff were unable to continue to monitor the safety of this person effectively. The care manager confirmed that they were in the process of reporting these concerns to the local safeguarding authority.

People told us that they were supported by staffing levels that kept them safe and allowed their needs to be met responsively. We observed that this was the case during the inspection. One person told us, "There are enough people here to look after me and keep me safe by walking with me when I get up or go to other rooms in the home." Another person said, "I think there are enough staff around to keep us safe and well." The provider had increased the number of staff available to support people since our last inspection. We were shown by the provider how they had used a tool to assess the dependency levels of people living at the home in order to identify the number of staff that were required.

Risks to people living at the service were assessed and staff were working to mitigate these risks. We found risk assessments were in place in people's care plans that reflected the risks we observed. We saw that where measures had been identified to mitigate risks these actions were being implemented by staff members. Staff were identifying new and developing risks to people, they were recording these risks in people's care records and escalating concerns to managers. We saw one person had received a new mattress the day prior to the inspection. This mattress had been introduced to reduce risks identified to the person of developing pressure sores as they were now being cared for in bed. Staff were recording and monitoring accidents and incidents that arose in the service, including falls. The provider had implemented a new key worker system that involved the review of people's care records. As a result of this system, risks to two people had been identified due to weight loss and medical intervention had been sought.

Good

Is the service effective?

Our findings

At the inspection completed 2 to 4 June 2015 the provider was not meeting the regulations regarding people's right to make decisions about their care. We took enforcement action against the provider regarding these breaches in regulation. At this inspection completed on 20 to 21 October 2015, the provider had made improvements.

People told us that staff obtained their consent before they were supported and we observed this practice during the inspection. One person told us, "They tell me what they want to do and make sure it's ok with me." Staff explained how they would obtain people's consent while they were supporting them. They could also explain what to do if people were lacking the capacity to provide consent or to make decisions about their care. Staff confirmed that they would not provide care without consent. One member of staff said, "No means no." Another staff member told us that they would "Talk to [people] about what's going to happen and what they'd like". We were told by staff that they would speak to a manager if they had concerns about someone's capacity to consent to their care.

Managers were able to describe how decisions would be made in people's 'best interests' if they were unable to consent to their own care. The provider had made decisions in some people's best interests to deprive them of their liberty in order to protect their safety and well-being. The provider had submitted the required applications to the local authority.

People told us that they were happy with the care staff gave them. We saw people were supported by a staff team who had received extensive training since the last inspection. We observed staff were implementing the skills they had learned from this training while they were providing care. Staff told us they felt the training had been useful. One member of staff said they they'd learned, "Not to take people for granted" and "That the smallest things are important". The care manager told us they were working to ensure that all care staff had a vocational qualification in care. We were told that the three care staff who don't currently hold a formal qualification were currently working towards a level 2 qualification. We observed care staff meeting with their assessor and completing work towards this qualification during the inspection. We found that all care staff were required by the provider to achieve the national Care Certificate standard and staff had either gained certification or they were working towards completion.

Staff told us they were supported in their roles to provide good care to people. We were told that new staff members received an effective induction to their new role and all staff had regular one to one meetings with their line manager. Staff knew where to go for support if they needed it. One staff member said, "If I was unsure I'd go to a senior", another said, "If I'd got any concerns I'd come in [to the office] anytime anyway".

People told us they were happy with the food and drink they received. One person told us "The food is nice and I enjoy it because I eat it all". Another person said, "The food is good and there are drinks all day if I'm thirsty." We saw the manager gained people's preferences around their food and drink and used this information to design menus. People were given a choice of meals at breakfast, lunch and tea and we saw that flexibility was given around the times at which people ate. We found that six people in the service had diabetes in addition to people having other dietary needs such as a high fibre diet or low potassium diet. Staff and the cook were aware of people's dietary needs and were able to describe to us how these needs were met.

People told us they felt their day to day healthcare needs were met by the provider and staff. One person told us, "The other day, I had a lump come on my arm so the staff sent for the doctor to come and see me". We observed concerns around people's health were being identified and people's doctors were consulted. We saw staff were monitoring people's health needs. For example, we saw in care records staff had recognised that one person with diabetes had become drowsy and was sweating. They had tested this person's blood sugar and identified that it was too low and had taken action to correct this concern. When we spoke with staff they were able to correctly explain how to identify signs and support someone with diabetes if their blood sugar was too high or too low. We saw regular intervention had been obtained by staff from healthcare professionals. This included nurses, dentists and chiropodists in order to ensure people's health was protected and maintained.

Good

Is the service caring?

Our findings

At the inspection completed 2 to 4 June 2015 the provider was not meeting the regulations regarding upholding people's dignity and respect. We took enforcement action against the provider regarding these breaches in regulation. At the inspection completed on 20 to 21 October 2015, the provider had made improvements.

People living at the service told us that staff and managers were caring. One person said, "I like living here, the staff are kind and look after me. They keep my clothes and my room nice." Another person said, "It's a good home to live in and the staff are good to me and look after me nicely." Another person said, "The staff are wonderful and caring and they look after me very well. We have a good laugh sometimes which makes me feel much better."

We observed positive, caring interactions between staff and people living at the service. Staff knew people and their needs and were taking time to learn about people's histories. Staff had started to capture information about people's life history, likes and dislikes in their care plans. The registered manager told us that there had been a lot of improvement made in this area and told us, "The staff are happier and residents are happier. They've [staff] got more time to spend chatting and listening to them [people]." The registered manager told us that one of the greatest improvements since our last inspection is the homeliness of the service. They said that the rapport between staff and people is good and there is more flexibility now given to people. We were told by the registered manager, "They've (staff) left the routine behind. [People] get up when they want to get up. They have a bath when they want to have a bath." We observed this flexibility in practice and people confirmed this to us also when we spoke with them. One person told us, "I get up when I want and go to bed early but that's my way of doing things."

We saw in people's care plans that their input into decisions around their care was important. One person's care plan said, "[Person's name] likes a shower", "But staff must always give [person's name] the choice". Another plan said, "Staff will hold the clothes up to [person's name] and [they] will point to the outfits [they] would like to wear." The staff we spoke to told us how they involved people in making decisions about their care, how they try to promote people's independence and how they try to make people feel valued. One member of staff told us they are learning about the history of people including, "What they used to like, including things like their makeup and perfume." Another staff member said that it was important to, "Talk to [people] individually, listen to what they've got to say" and "Not everyone is the same".

People told us their independence was promoted and their privacy and dignity was respected. One person told us, "They (staff) make sure I'm safe when I have a shower but they will only do the things that I can't". Staff told us that they would, "Always try to get [people] to do it for themselves first." Staff gave us examples of how they protected people's privacy and dignity. This included taking people to their own room when they need the toilet and being discreet about how they encouraged people to leave communal areas. For example asking people to "just come for a little walk". We observed some of these practices during our inspection.

We were told by the registered manager that people have access to advocacy services if required. There had been recent examples of advocates used to support people living at the service.

Requires improvement

Is the service responsive?

Our findings

People told us there weren't enough leisure opportunities available within the service. One person said, "There's nothing to do here so I get a bit fed up". One relative told us, "The one concern that I do have is the lack of activities. There's nothing to do here. I have never seen anything that helps the residents be occupied which is a shame." We observed staff trying to engage people in activities, such as, painting. Staff told us that they're trying to do a range of activities with people including skittles, bingo, dominos and colouring. We observed one person going out for the day to complete an activity with an external group. We also saw a birthday party had recently been arranged for one person and it was recorded in their care plan that they enjoyed parties.

Staff had begun to record people's preferences around leisure activities in their plans of care although these activities were not always made available. One person told us they liked to knit and to crochet although this activity was not made available to them. Staff told us there was more one to one involvement with people living at the service but felt access to leisure opportunities needed to be improved. We spoke with the registered manager and the care manager around their plans to action people's preferences that staff were recording. The managers told us they had started to make improvements to the activities available to people. They told us that they were aware the activities programme needed developing and personalising more directly to people's needs and work in this area was in progress. The managers told us they had recently held training by dementia specialists on 'meaningful activities'. Staff also told us about this training and advised that it had provided valuable learning for them to better support people.

People told us they were involved in their care but were not sure if their needs were recorded in a care plan. One person said, "I don't know anything about my care or if it's written down anywhere but that doesn't matter because they (staff) are all good to me." Another person said, "Staff did talk to me about what my care needs are but I don't know what happened afterwards." Relatives confirmed they were involved in the planning of care where it was appropriate. One relative told us, "I have been involved in discussions around the care plan and things like that. Management and social services were involved too. They listened to what I felt my relative needed." Another relative said, "I'm involved in all the care planning and medicine changes." The registered manager said that they involved people in making decisions about their care and their care plan, however, they don't always sit with people with their paperwork as they feel this can be quite daunting for some people. They told us that they gain their input through 1-1 discussions with staff, feedback and key worker reviews then add this to the care plan.

We saw the care manager had implemented a care plan format for everyone living at the service that allowed personal information to be recorded. We saw staff were recording information about people's life histories, personal preferences and their personal support needs. We saw people's changing needs were recorded in their care plans. One person's support needs had changed in the week prior to the inspection and their care plan had been updated. Staff were aware of the changes to this person's care. We saw staff were communicating changes in people's needs through communication systems. This included daily notes, a handover book and a verbal handover at the beginning of each shift. The handover sessions observed were detailed and included key information staff needed to be aware of to support people effectively. A key worker system was in place to ensure plans were reviewed monthly and people's changing needs were identified. Staff told us care plans were much improved and that, "They're matching what we're doing for the residents now".

Some people told us they didn't feel the provider proactively sought their views. One person said, "I don't think anyone has asked me what I think about the home". A relative said, "I haven't been asked for my views on the home either by survey or a questionnaire." The registered manager confirmed that the last feedback survey for people living at the service was completed in May 2015 and the next one was due in December. We saw feedback was obtained from people during residents meetings. Staff and managers also told us feedback was obtained from people during their monthly key worker review. We saw the provider was recording complaints that were received. We saw evidence of investigations into complaints and we saw the outcome of complaints was recorded.

We were told by relatives they felt listened to if they raised concerns with the provider. One relative told us, "I have raised concerns with the management and things changed

Requires improvement

Is the service responsive?

so I felt they listened to me." Another relative said, "I have raised concerns in the past and complained about a few issues and I feel these were dealt with appropriately." Staff told us they felt managers listened to and responded to feedback. One member of staff told us relatives had fed back about the lack of activities and this was something that was now being addressed. We were also told by a relative and staff that one person had asked to move rooms within the home and this request had been accommodated by the managers.

Requires improvement

Is the service well-led?

Our findings

At the inspection completed in June 2015 the provider was not meeting the regulations regarding good governance of the service. We took enforcement action against the provider regarding these breaches in regulation. At the inspection completed on 20 to 21 October 2015, the provider had made some improvements.

The provider was developing audit and governance systems. These systems had improved since our last inspection but were not always effective in identifying, managing and reducing risks to people. For example, people's falls were being recorded and reviewed as individual accidents and incidents. However, the provider was not reviewing accidents and incidents across the service to identify any trends or issues in order to manage risk. The care manager was completing a range of medicines audits. One of these audits was a weekly audit that focussed on any errors that may be present in someone's medicines administration record. The care manager was not linking information within the medicines administration record to the person's supply of medicine and therefore had not identified errors that we found during the inspection. We identified through reviewing one person's weight records that they had lost weight. The registered manager and the care manager told us the key worker system that was now in place should have identified this person's weight loss. The managers had not developed sufficient checks to ensure that the new system was always robust in reducing risks to people's safety and wellbeing.

The provider had not ensured that robust systems were in place to monitor medicines storage to ensure medicines remained safe and effective. We observed the refrigerator temperature records and saw the monitoring was not ensuring that medicines were being stored correctly so they would be effective. The records showed the temperature of the refrigerator was being maintained above the expected maximum temperature. We were told by staff that the contents had been moved into the kitchen refrigerator as the medicines refrigerator was "running hot" however this had only taken place after the contents had been exposed to the high temperature for a significant amount of time. We looked at the kitchen refrigerator temperature records we saw that the maximum and minimum temperatures were not being recorded. We found that the refrigerators contents included temperature sensitive medicines called insulin. As a consequence of being exposed to the high temperatures the medicine may no longer be effective and require discarding. The provider had not considered discarding the medicine to ensure it was safe for people to use.

We found during the inspection that an incident had occurred within the prior week. The staff team who were on shift when the incident had arisen, had not recorded it and had not notified the next staff team to ensure that the person concerned was observed to ensure their ongoing safety and well-being. The subsequent staff team became aware of the situation as the person involved told them what had happened. The registered manager and the care manager were aware of the incident but had not ensured through effective systems that the incident was communicated to ensure the persons safety. We asked what action the provider would take with staff members following this incident. The provider had not reviewed whether disciplinary action would or would not be appropriate. We found that disciplinary action had not been considered following another serious incident. We reviewed some policies and procedures that were in place within the service and found they were not always effective or adhered to. The provider had no system in place to ensure that policies were reflective of current legislation and guidance or of current practices within the service.

Risks to people were being identified and managed more frequently than at the last inspection through the use of new care planning, governance and quality assurance systems. For example, we found that two people's weight loss had been identified and an ulcer had been identified on the foot of a person with diabetes. This allowed the provider to ensure that medical attention was sought and risks could be managed. The provider acknowledged that they need to further develop their governance systems to ensure consistency in outcomes for people.

People's care was observed regularly by the care manager to ensure the quality of service provided was improved. The care manager completed a range of observations. These included the administration of medicines, communication with people, providing care and dealing with professionals. Staff members were given constructive feedback following these observations which acknowledged good practice and identified areas for improvement.

Requires improvement

Is the service well-led?

Some people and their relatives told us that their views had been sought on the service. One person said, "They (staff) talk to me to make sure I'm happy". We saw the provider was completing meetings with people living at the service and staff in order to involve them in the development of the service. We saw people's views had been obtained around topics such as activities and food and we saw that people's suggestions were listened to and acted upon. A relative told us, "I feel the manager listens to my views so I feel respected in that sense". We saw staff meetings had taken place which discussed the improvements that were required within the service. We saw management meetings were held to review the progress made within the service. We saw the provider had action plans in place to address areas for improvement including concerns raised by external organisations such as the infection control team so that they could monitor the improvements made.

The registered manager told us that they've made changes to the management structure to provide additional resource to drive improvements across the service. This included having a care manager and a deputy manager in post in addition to the registered manager. People and their relatives told us they felt there had been improvements in the service since the last inspection. We were told the managers had been open and transparent in their approach. One relative told us, "It's got better and there has been an improvement since the last inspection so I'm pleased about that". Another told us, "After the last inspection the management team were open and honest and they would put things right which pleased me." One staff member told us, "I think it has progressed loads". Staff told us they felt the biggest improvement made since the last inspection had been the care planning and the management. Staff were motivated and told us that they knew what was expected of them in their role.

Staff told us they felt there was an open culture amongst the staff team and managers supported them well. We were told by one member of staff, "I know I can go to [registered manager] and [care manager] whenever I want." Another member of staff told us managers were, "Absolutely great!" and "I'm not scared to open my mouth and say something. If I'm unsure about anything I go to [care manager] or one of the supervisors. I can approach them at any time". We observed the managers assisting care staff with the support of people living at the service when it was needed. Staff confirmed that managers will provide additional support for people where required to ensure that the standard of care given is good.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People were not always protected from harm due to unsafe recruitment practices.