

Mrs Ellen Margaret Hewitson

# Briars Rest Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 14 December 2016 and was unannounced. This is the first inspection since the service changed from a partnership to an individual provider in December 2015.

The Briars Rest Home is a detached property close to local amenities. The home provides personal care for up to 15 people. All bedroom accommodation is for single occupancy. Communal space consists of a lounge, a separate dining room, and a small conservatory which is also used as a smoking room. At the time of the inspection visit 13 people lived at the home.

There was not a manager registered with the Care Quality Commission (CQC). The previous registered manager left the Briars rest home in December 2015. Although a new manager was appointed in March 2016, they had not applied for registration with CQC when we inspected. Like registered providers, 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 2008 and associated Regulations about how the service is run.

People told us they were happy and well cared for and felt safe living at the home. However this did not always reflect our findings. There were several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which meant the service was not safe, effective, caring, responsive or well-led.

The risk assessments we looked at were basic. Actions to manage risk were not always identified to guide and support staff in keeping people safe. They were not always signed or dated so it was unclear whether they were current.

We looked at a person whose behaviour challenged the service. There were no management strategies to assist staff to defuse situations or distract the person from behaviour that challenged. This put people at risk, particularly when staff were new in post and unfamiliar with the person.

We looked at how medicines were managed. We saw they were not always managed safely. 'Medication administration records (MAR) were not always completed accurately. Failing to complete medicines records properly placed the health and welfare of people at unnecessary risk.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at the recruitment records of four members of staff. Suitable arrangements were not in place to ensure safe recruitment practices were followed.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), was not implemented. People had not consented to or been involved in planning and updating their care. Care records seen

stated whether people had mental capacity but not how this decision was reached. The manager had not completed applications to request the local authority to undertake (DoLS) assessments for people at risk if they left the home without an escort.

There were no quality assurance measures in place to monitor the quality of the service and people were not given formal opportunities to share their views.

Care records were not always accurate, informative or dated. Care plans and risk assessments were limited. Some information was conflicting; other information had not been recorded, so people's care needs were not clear. Care files sampled showed no evidence people or their relatives were involved in planning.

Although staff had not received recent safeguarding training, staff spoken with understood their responsibility to report any suspicions of or if they observed any abuse. New staff had not received appropriate training or competency checks.

People told us that staff were caring and kind. They and their relatives said that staff were patient and compassionate. They interacted with people frequently and provided social and leisure activities. People told us they knew how to raise a concern or to make a complaint if they were unhappy with something but had no need to complain.

People were offered a choice of nutritious meals. They were complimentary about the meals and told us they enjoyed them.

People had access to healthcare professionals and their healthcare needs were met. We saw the service had responded promptly when people had experienced health problems. One person said, "They [staff] are quick off the mark if anyone is ill."

People, relatives and staff told us they found the manager supportive and approachable. One person told us, "There have been some good changes since [the manager] came."

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

Although people told us they felt safe, staff were not providing consistently safe and appropriate care to people.

There were areas of medicine management that were unsafe.

Staffing recruitment was not safe and did not protect people from potentially unsuitable staff.

Staffing levels were sufficient to meet the needs of people who lived in the home when we inspected.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People had not consented to care. Procedures were not in place to enable staff to assess peoples' mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

Staff were not always provided with appropriate training to make sure that they could meet people's care and treatment needs.

People were offered a choice of nutritious meals. People we spoke with told us they enjoyed their meals.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

There was no advocacy involvement for people with limited mental capacity to assist with decision making.

People were positive about the care they received. People and their relatives told us staff were kind, patient and attentive.

Staff spoke with people in a respectful way and people said that staff respected their privacy.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Care plans and risk assessments were in place, but some information was inaccurate, out of date or missing.

Staff were welcoming to people's friends and relatives.

People we spoke with said they had not made any complaints, but felt they would be listened to and concerns acted upon.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

There was not a manager registered with CQC responsible for the home.

The registered person did not carry out of their responsibilities to govern the home or carry out quality audits and checks.

Although the manager talked with people informally, there were no formal ways such as surveys or resident's meetings where people could make comments or air their views.

People were positive about the home and said the manager had made improvements to the care provided.

**Requires Improvement** ●

# Briars Rest 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 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 14 December 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

At the time of the inspection visit 13 people lived at the home.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We contacted the commissioning department at the local authority and Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

During our inspection we spoke with a range of people about the service. They included six people who lived at the home, two relatives, the provider, the manager and three members of staff. We spent time observing the care and support being delivered throughout the communal areas of the home. We also 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 looked at the care and medicine records of three people, the previous four weeks of staff rotas, recruitment records for four staff, and records relating to the management of the home.

# Is the service safe?

## Our findings

People told us they felt safe at Briars rest home. One person said, "The staff look after me well and make sure I feel safe and secure." Another person told us, "The staff here keep you safe and well."

Staff we spoke with said they would have no hesitation in reporting abuse. They had not received recent safeguarding training but were able to describe the action they would take if they became aware of abuse. They understood their responsibility to report any suspicions of or if they observed any abuse.

The risk assessments we looked at were basic. They were not signed or dated so it was unclear whether they were current. We found conflicting information on them, such as whether one or two staff were needed to support a person and whether a person used a wheelchair or was bedbound. They also did not show how risks were to be reduced.

We looked at the care plan of one person whose behaviour challenged the service. They were on occasions non-compliant with care, verbally and physically aggressive. There were no management strategies recorded to assist staff to defuse situations or distract the person from behaviour that challenged. There were no risk assessments identifying the behaviours and how to minimise risks to the person and to others and the care plans on these behaviours were uninformative. The manager had informed the local authority that they could not meet the person's needs and had requested that the person be moved to a more suitable placement. They were waiting for the local authority to arrange this.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to carry out appropriate assessments to mitigate risks to people.

Where people had fallen a number of times the manager had taken action to reduce the risk of further injury and referred people to the external falls team. However this was not always clearly recorded in the person's care notes or reported to appropriate organisations.

We looked at how medicines were administered. We observed a medicines round and saw that the member of staff signed for medicines immediately after they had given them to people, so it was clear they had received them. However the medication administration records (MAR) were not completed correctly. There were two different MAR's in use. Some medicines on MAR's were hand written on the MAR by care staff. These were often incorrectly spelt and unclear. The month of administration was not recorded on the MAR so it was difficult to know when these were administered. The MAR provided by the pharmacy had been returned to the pharmacy when signed rather than remaining in the home. Therefore we were unable to check recent MAR's to see if completed correctly. The home was not following good practice of keeping an up to date list of staff signatures for those staff who administered medicines.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to ensure people received their medicines safely and recorded appropriately.

People who had medicines administered by the care staff all said they received them on time. Medicines were ordered appropriately, checked on receipt into the home and stored and disposed of correctly. Staff informed us there was no one who had covert medication. Covert medication is medicines given without the person's knowledge or agreement.

We looked at the recruitment and selection of four members of staff. People were not protected from unsuitable people working in the home because safe recruitment procedures were not followed. Disclosure and Barring Service (DBS) Checks had not been received before new staff were allowed to work in the home. These checks were introduced to stop people who have been barred from working with vulnerable adults being able to work in such positions. There were gaps in the application forms and discrepancies in employment histories that had not been followed up. This reduced the information the management team had of the prospective staff members' work histories. Contrary to the homes recruitment policy, two references had not been received before applicants were allowed to work in the home. The manager said they had received verbal references but had not recorded these.

This was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to operate safe and effective recruitment procedures to ensure that persons employed were of good character.

We looked at how Briars rest home was staffed. We did this to see if there were enough staff on duty to support people throughout the day and night. We looked at previous staff rotas as well as observing staffing on the inspection. We asked people if there were enough staff on duty. They said there were sufficient staff to support them and they did not have to wait long if they requested help. One person in the lounge told us, "There are always staff about if you need anything. They come pretty quickly if I want them." Other people agreed with this. There had been a number of staff changes and new staff employed in the previous year. This had meant that staff were not familiar with people's needs for a time. The staff turnover had settled in recent months and a stable team was being formed. People told us the staff knew how they wanted their care provided. Staff felt they were working well as a team and received good support from the manager.

People said staff were available when they needed anything. People who had chosen to remain in their rooms had their call bell close to hand so they could summon help when they needed to. One person being cared for in bed told us staff responded quickly when they needed them. The person said, "Never have to wait long, they are very good and look after me well." Another person said, "I only have to press my bell and the staff appear."

We saw that staff met the needs of people who lived at The Briars when we inspected as they were fairly independent. However we reminded the manager of the need to regularly review that staffing levels met the needs of people.

We saw gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These delivered water at a safe temperature in line with health and safety guidelines. Equipment was clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. A fire safety policy and procedure was in place, which outlined action to be taken in the event of a fire. People had personal evacuation plans in place. A fire safety risk assessment and equipment checks had been carried out so the risk of fire was reduced.

We found two window restrictors were broken or missing, The manager made arrangements to get these repaired. Other windows had restrictors on them to ensure the safety of people who lived at the home. The

manager told us any repairs needed were recorded for completion. However the décor needed attention as it was 'tired'. A corridor carpet was split and could be a trip hazard and several bedroom carpets were not clean. Staff wore personal protective clothing when involved in personal care and at mealtimes, which assisted with reducing cross infection.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The MCA was not implemented in any formal way. There were no records of any MCA assessments or best interests' decisions having been undertaken. We asked the manager how the MCA had been implemented in the home. They told us they had not formally implemented the MCA. We looked at care records. We found appropriate arrangements had not been made or records kept in regards to mental capacity. There was a brief sentence to say whether the person had capacity but not how this decision was reached. There was no information where there were concerns about a person's ability to make decisions for themselves, or to support those who lacked capacity to manage risk. Neither was there evidence the individuals or other relevant people had been involved in this process. The manager had not applied for a DoLS assessments where a person lacked capacity and were at risk if they left the home without an escort. They said they planned to complete this after the inspection visit. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

We spoke with three staff to check their understanding of the (MCA) and Deprivation of Liberty Safeguards (DoLS). They had some understanding of the Mental Capacity Act but were not involved in implementing this. Neither did they know how this was implemented in the home.

We talked with people and looked at three care records to see if people had consented to their care where they had mental capacity. People said they were able to make decisions about their care. However there was no overall or decision specific consent documented in people's care files. We asked if best interests meetings had been held regarding decisions where people did not have mental capacity. The manager said this had not yet happened.

These were breaches of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to gain the consent of people to provide care or follow the Mental Capacity Act.

We saw from staff records that new staff had only an induction covering basic information about the layout of the home, routine and people resident in the home. New staff had not received training. Those new to care had not completed the 'Care Certificate' which is recommended for all new staff in care. Neither was staff knowledge, previous training and competency in carrying out tasks formally checked for more

experienced new starters. Staff files checked showed there had been little staff training in the last eighteen months, although staff had received dementia training. Staff had not received recent training in medicines, food hygiene, health and safety and fire safety training. This was being planned when we visited the home. Several staff had completed national training in care and most staff had completed dementia care training which increased their knowledge.

This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to provide staff with appropriate training to make sure that they could meet people's care needs.

People told us staff organised for the GP and other health professionals to visit if they were unwell. We saw appropriate referrals had been made where people needed health advice and treatment. Staff were proactive in contacting services such as the mental health team and the falls team for advice and support where needed.

We spoke with people about the food provided and discretely observed mealtimes during the inspection. People praised the meals and told us they enjoyed them. One person said, "I usually enjoy the food a lot." Another person told us, "I look forward to meal times, the meals are great." We saw people were given breakfast as they rose, rather than at a specific time. They were able to choose what they wanted for breakfast, including cereals toast and cooked breakfast options. Lunch on the inspection visit was egg, chips and beans followed by a choice of dessert. Alternatives were available if people wanted them. Drinks were available at regular intervals throughout the day.

Staff were familiar with each person's likes, dislikes, special diets and allergies. They encouraged people who were overweight with a choice of low calorie meals to assist with weight loss. Where people needed extra calories to assist them to gain weight, staff thickened fluids and fortified foods.

We spoke with staff who showed us the kitchen, which was clean and tidy and well organised. It was stocked with a variety of provisions. We found meals were freshly cooked and presented to a good standard. Staff told us they were not restricted on the amount or type of foods they could buy and any equipment they needed was provided. Temperatures of food and fridge/freezers were checked frequently to ensure the safety of food served.

The home had been awarded a four-star rating following their last inspection by the 'Food Standards Agency'. The gradings are from zero (needs urgent improvement) to a highest rating of five (very good) in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We saw from records and talking with staff that formal supervision and appraisal had recently started by the manager for all staff. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. We saw there were also occasional staff meetings.

## Is the service caring?

### Our findings

People told us that staff were very caring and kind. One person told us, "The staff they are wonderful, always willing to help." A relative said, "I am happy with the care my [family member] gets. The staff are good and helpful."

We asked the manager whether advocacy support was available to assist with decision making, where a person did not have capacity to make their own decision. The manager told us that people had used advocacy support in the past and could use an advocacy service if they wished to. However the manager acknowledged that there was no information available in the home about local advocacy services.

We spent time in all areas of the home, including the lounge and dining areas. This helped us observe the daily routines and gain an insight into how people's care and support was managed. The atmosphere in the home was relaxed and friendly. People told us it was a nice home and staff were friendly, patient and cheerful. We saw friendly and caring interactions from staff. People appeared relaxed with them. One person said, "You can have a good laugh with them."

Staff attended to people's needs promptly. We saw good interactions from staff. They assisted people carefully and explained how they would help them before they began helping. We observed safe moving and handling techniques where staff involved and informed the person. One person commented, "They always make sure I am ready before we start."

We saw one person cared for in bed had been provided with a mattress suitable for the relief of pressure and prevention of pressure sores. They looked safe and comfortable. Records completed by staff members described the daily support they had provided. We spoke with the person who said, "The staff look after me well. They are very caring."

The manager had made sure people's requirements in relation to their human rights were upheld. This included ensuring staff respected people's family, personal and sexual relationships. We saw staff respected each person's diverse cultural, gender and spiritual needs. We saw their personal information was confidential but accessible to them and the right, to make choices about their daily life and the way they wanted their care delivered.

People's dignity was maintained through the polite and supportive attitude of staff. People looked cared for, dressed appropriately and well groomed. People told us staff respected their privacy. One person said, "They always knock and wait to give me some privacy." We saw staff spoke with people in a respectful way. They knocked on bedroom and bathroom doors to check if they could enter. People felt they could trust staff and they were friendly and respectful. A relative told us "The staff are always polite and friendly to [family member]."

## Is the service responsive?

### Our findings

We spoke with the manager about how they developed care plans when people were admitted to the home. She told us care plans and risk assessments were completed soon after admission and were reviewed and updated. We looked at three people's care records and other associated documentation. These were not always accurate and up to date and had conflicting information or had important information missing. Daily records varied in quality, some were informative but others were less so and did not provide information and instruction. Where a person had behaviour that challenged, records did not describe the behaviour or the action taken. As several staff were relatively new in post the lack of information made it harder for them to give appropriate care or for any staff to identify changes in people.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person.

Although people told us they could choose how they spent their day, the care plans we looked at did not demonstrate that people who lived at the home or their representatives were involved in planning and reviewing care. We asked people if they were involved and they told us they were not sure. People said they had a review soon after moving in and talked about their care. One person said "I think I can look at my notes but I am not bothered."

People who lived at the home told us they received care as they want which met their care needs. There was a calm and relaxed atmosphere when we visited. People told us staff supported them to enjoy a good quality of life. People said they were able to choose when to get up and go to bed, what to do and whether to get involved in activities in the home and the local area. People told us they were not rushed by staff. They felt staff were proactive in how they supported them and encouraged them to remain as independent as they were able. People told us their relatives were made welcome and there were no restrictions to visiting. A relative said, "I come most days and I am always made welcome."

Staff recognised the importance of social contact, companionship and activities. They organised a range of activities to keep people entertained. They encouraged people to get involved in activities such as painting, singing, gentle exercises, board games and DVD's.

The home had a complaints procedure which was made available to people they supported and their relatives. There had been no recent complaints. The registered manager told us the staff team spoke regularly with people and their relatives. They told us they tried to deal with minor issues before they became a concern or complaint.

We asked people if any complaints were dealt with quickly and appropriately. People told us they were aware of how to make a complaint. They said they had not made any complaints, but felt they would be listened to and concerns acted upon. One person said, "I am happy here. I have nothing to complain about. Everything is sorted for me."

## Is the service well-led?

### Our findings

We did not find the home well led. The registered manager had left the home in December 2015 but they had not cancelled their registration. A new manager had been appointed in March 2016 but had not yet applied to register with CQC. This left the home without a registered manager. Having a manager registered with CQC is a condition of registration.

The registered person had only limited involvement with the service and did not visit or monitor the home. This left the service without appropriate governance and leadership. The manager was in their first post as a manager. They did not have the support they needed to manage the service effectively. They were not fully aware of the management responsibilities or have the knowledge needed and had not been given guidance or supervision.

We asked how the quality of the service was monitored. The manager told us they informally checked 'things were alright' but did not record these checks. Audits were not completed. The registered person did not visit the home or monitor the quality of the service to ensure they knew how the home was operating. Neither did the registered person arrange for the home to be monitored by a representative on their behalf. Although there were occasional discussions between the registered person and the manager, these were not recorded. This had resulted in several breaches of regulations, including in medicines management, staff recruitment, records, Mental Capacity Act 2005 and associated DoLS.

The manager told us the views of people who lived at the home were sought informally. However there were no formal ways such as surveys or resident's meetings where people could make comments or air their views. This was confirmed by talking with people who lived at the home staff and relatives. One person said, "We used to have meetings but we haven't had them for a long while." Another person told us, "We don't have meetings but the manager is about if we want anything."

These were breaches of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had failed to assess, monitor and improve the quality and safety of the services provided and to seek the views of service users

The registered person had not always notified CQC about issues that affected the health, safety and welfare of people who lived at the home as they were required to do. These included serious injuries and events that affected the running of the home. We saw one person had fallen and fractured their hip. Although staff had dealt appropriately with the person after the accident and the person had gone to hospital, they had not informed either CQC or RIDDOR of the accident. RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. These Regulations require employers, the self-employed and those in control of premises to report specified workplace incidents.

Another person had left the home without staff being aware of this. The person had capacity to make this decision and chose to go back home. However the police had been involved in the search for the person. CQC should have been informed of this.

This was a breach of Regulation 18 care Quality Commission (Registration) Regulations 2009 because the provider had failed to inform CQC of incidents affecting the health, safety and welfare of people who lived at the home.

The manager and staff were caring in their approach. People who lived in the home and relatives we spoke with were complimentary about the manager's manner and attitude and said they were easy to approach. One person said, "The boss and the other staff are easy to talk to." A relative told us, "I have no concerns about my [family member's] care."

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 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 Registration Regulations 2009 Notifications of other incidents</p> <p>The registered person had failed to inform CQC of incidents affecting the health, safety and welfare of people who lived at the home.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not have suitable arrangements in place for obtaining consent and acting in accordance the Mental Capacity Act 2005.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not make arrangements to carry out appropriate assessments to mitigate risks to people and did not ensure people received their medicines safely and when they needed these.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not maintain an accurate, complete and contemporaneous record in respect of each person. They did not assess, monitor and improve the quality and safety of the services provided in the carrying</p>

on of the regulated activity (including the quality of the experience of service users in receiving those services

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person did not ensure safe and effective recruitment procedures were carried out to ensure that persons employed were of good character.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person had failed to provide staff with appropriate training to make sure that they could meet people's care needs.