

Mi Casa Care Ltd

Mi Casa Care Ltd

Nottingham

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mi Casa Care Ltd Nottingham is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 33 people receiving regulated activity at the time of the inspection including, two who received live in care (This means care staff lived at the person's home).

People's experience of using this service and what we found

The provider was not following safe recruitment policies and procedures. Risks to people's health, safety and welfare had not always been appropriately assessed or reviewed. People received their medicines as prescribed, but not always at the same time each day.

People's needs were assessed, but care plans were not always updated immediately. More detail was required to make it clear what support people needed and that their choices and preferences would be adhered to. There had been disruptions to the call rotas this made call times unpredictable.

The provider failed to provide good governance and effective communication systems to promote the service. The provider understood and acted on the duty of candour. They acknowledged shortfalls found at the inspection.

People were supported by kind and caring staff. People were encouraged to express and share their views about the service. People's choices and independence was promoted, and their privacy and dignity were upheld.

The provider promoted a positive culture that was open, inclusive and engaged people using the service. The provider was keen to learn and improve the service. They worked well with relevant professionals.

The provider followed protocols for infection control to protect people from the risk of infections. There were systems and processes in place to make sure people were kept safe from avoidable harm. Lessons were learnt following incidents and concerns as analysis and robust investigations had taken place.

People received sufficient amounts to eat and drink. People were supported to live healthier lives with referrals being made in a timely manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care was planned and personalised to ensure people had choice and control to meet their needs and preferences. People were assessed to ensure their communication needs were met. Relationships with

family and friends were maintained, which helped people to avoid isolation. Complaints that had been received had been appropriately investigated and responded to. Lessons had been learned and changes made to staff practice when required. Processes were in place to support people with end of life care and training was provided when required.

We have made recommendations about promotional material and end of life care processes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 27/11/2018 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about the provider's recruitment and training process. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

We have identified breaches in relation to assessments of risk for people's needs, safe recruitment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mi Casa Care Ltd Nottingham

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by two inspectors and one 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.

Service and service type

Mi Casa Care Ltd Nottingham is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at the service to speak with us.

Inspection activity started on 10/12/2019 and ended on 31/12/2019. We visited the office location on 10/12/2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We reviewed information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people and three relatives about their experience of the care provided. We spoke with three care staff, one live-in care staff, the registered manager who is also the provider's representative, the nominated individual. (The nominated individual is responsible for supervising the management of the service on behalf of the provider). We looked at the relevant parts of the care records of six people who used the service. We also looked at five staff recruitment files and other records relating to the management of the home. This included audits, policies and incident records.

After the inspection.

We continued to seek clarification from the provider to validate evidence found after the inspection. We looked at recruitment checks, training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Robust recruitment processes were not always followed.
- Concerns were identified by the local authority commissioners of care that the provider was not always following their recruitment policy and procedures to ensure people were safe to work with vulnerable adults when being employed from overseas. The provider had completed disclosure and barring (DBS) checks for all staff. However, their policy stated that if a person employed had not lived in the UK for 12 months they would complete a police check in the country of origin. There was no record of any checks being completed on the relevant staff files we checked.
- Application forms had not been fully completed. We found gaps in some education and employment histories. There was no information for the reason why staff had left the previous employment. This meant the person could be unsuitable for employment.
- Interviews had taken place, but no rationale why the person had been employed was documented. There was a risk the person may not have the right characteristics to be employed. This meant the provider was not following their policy and procedures safely.

The provider failed to follow their recruitment processes safely to ensure they had fit and proper persons employed. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the actions from the non-UK residents were now completed, and suitable checks of the employment were in place.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare had not always been appropriately assessed or reviewed to ensure the care provided for them was appropriate to their needs.
- Risk assessments were in place for some known risks for people and staff could manage those risks. However, we found one person required a catheter. There was no care plan or risk assessment for how staff would provide care for using this type of equipment when providing personal care.
- Another person was at risk of high and low blood sugars, but there was no risk assessment or fact sheet to identify the symptoms and what staff should do if a person went into Hyperglycaemia, (high blood sugar) or Hypoglycaemia (low blood sugar). It was not clear how staff would minimise risks for people.
- One support plan identified a person was using compression stockings. At the time of our inspection the care plan for this person had not been updated. On 2 December 2019 there was a note on the person's electronic file for staff to ensure the person's stockings were put on during the morning call and removed at

the night call. There were no instructions how staff should do this.

- There were no guidelines when staff should seek advice from a GP or district nurse when removing the stockings if concerns were found to the person's skin. There was no risk assessment to identify signs of skin or pressure damage if the stockings were too tight, irritating or damaged in any way. For example, if staff notice any snags or holes in the stocking then new stockings would need prescribing.
- One staff member told us they had cared for people who used specialist equipment, such as a catheter or stoma bag. (A stoma bag is secured to the abdomen and is used to collect output from the stomach area.) They said, "There was one time the stoma bag cut open and I didn't know what to do". This meant people were at risk of not receiving appropriate care and treatment.

The provider failed to ensure risks to people's health, safety and welfare was fully managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People received medicines as prescribed, but not always at the same time each day. No one used time specific medication, but a few people took some of their medicines, which were required to be taken 'around the same time every day.'
- The registered manager said, "Given the minimal changes in call times, this does not affect the administration of this medication." However, we could not find recorded were the provider had taken professional advice to ensure this did not affect the person. Medication administration records were completed electronically and ensured minimum errors occurred. This was because staff had to complete the task before they could log out of the system.
- People told us staff were responsible for administering their tablets. One person said, "The girls give me my tablets and fill in something on their phone to say I have taken them." One relative told us their relation had a missed call and that their medicines were also missed that day. They said, "As a result [relation] became unwell."
- Medicines were administered by competent staff who had completed training and had their competency assessed for administering medicines. We saw records that medicine training and assessments had been completed.

Preventing and controlling infection

- People were protected from the risk of the spread of infection, as practices were in place to ensure prevention and control of infection.
- Staff told us they had access to protective equipment such as gloves and aprons.
- Supervision records showed infection control practice was monitored at regular spot checks for staff.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to make sure people were kept safe from avoidable harm.
- Safeguarding processes were followed with regards to incidents of abuse including dismissing staff members and referring to DBS.
- People told us they felt safe with the staff that cared for them.
- Staff knew what to do if a safeguarding allegation occurred. One staff member said, "I would report it as a safeguarding to the council. I have done it before when someone had bruises on their hands." Another member of staff stated, "I would report it to the assessment manager, and log it on the system."

Learning lessons when things go wrong

- Lessons had been learnt following when incidents occurred. This was due to analysis of incidents and

robust investigations that had taken place. For example, when staff had not been satisfactory in their role investigations had taken place and staff had been dismissed. When a new care package identified the person had a recent fall and a referral was made immediately when the care package started.

- Staff felt confident management would report and follow up any incidents that may occur.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff working with other agencies to provide consistent, effective, timely care

- The service did not always provide consistent timely care.
- People felt the call times were unpredictable. One relative said, "We have been having carers since October and quite honestly it's been diabolical with timings. It's not the care staff it's the management, they change times without even telling us or the care staff. Another relative told us they had three calls per day but said, "The times do vary".
- We contacted the registered manager after our inspection. They told us "Over the last couple of months, we have had a considerable amount of change due to taking on a large number of people from another service." This meant that there has been some disruption due to a period of change.
- The registered manager also said, "Due to this we have had a challenge with rota's ensuring that all calls were covered and not missed. Staff are called before any changes but sometimes when we are informed of changes late in the evening then we have had to change things on the rotas at short notice. Where possible we call the service user and inform them that their call might be a little later than usual, but this is not a regular occurrence."
- As from January 2020 the registered manager told us they will be sending out a monthly schedule to all service users outlining call times and staff attending.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive needs assessments were completed before people started using the service to ensure their needs could be met.
- People's care and support needs were regularly reviewed with them as their needs changed. However, care plans were not always updated and needed more detail, so it was clear what aspects of care people could manage themselves and what they needed help with. For example, support with compression stockings and catheter care.
- People were given a choice if they wanted a male or female member of care staff to support them when their needs were first assessed. People told us they had been asked and most of the time this was adhered to. However, one person told us about their experience and that they didn't get a female carer as they preferred. They had contacted the office, but nothing had changed. We spoke with the care coordinator and they told us they had rearranged some of the care calls recently and now female clients will be cared for by female staff if preferred.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, knowledgeable and skilled to care for them. A person who used the service told us, "The staff who come seem well trained to do the job as they all know how to

do things."

- All staff completed an induction period and worked alongside other experienced staff to ensure they had the knowledge and skill to care for people independently.
- Staff's competency was checked before they went out and provided care. There was a large training room set out to resemble a person's bedroom, to highlight to staff what they should expect in a person's home environment. Staff were trained to use resources and equipment that might be used by the person.
- Staff supervision had not taken place, but this had been implemented. We saw dates had been booked. The senior staff told us once they had completed staff observation checks they then arranged a date for supervision with the member of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered drinks and meals of their choice. One person said, "Because the staff are not sure if they will be late or not for my next call, I need to have snacks and a drink left when they leave the previous call. This is to keep my blood sugar normal due to my diabetes. If I do not eat regularly it means I could be ill. The staff try to come at the same time but call times can be changed without prior notice."
- Staff told us they were aware of people's dietary needs. Information in relation to food and drink requirements were documented in the person's care plan or updated on the care app on staff's phones.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives. For example, if a person had been assessed as using paraffin-based creams and smoked referrals were made to organisations such as, the fire service for a safe and well check. This was to ensure people would know the risks that maybe involved.
- Referrals were made in a timely manner when people required support from a GP, District Nurse or falls prevention team.
- Staff worked collaboratively with other health and social care professionals to understand and meet people's needs.
- Care plans contained details of referrals and advice from health professionals, for example one person was assessed for equipment to mobilise by an Occupational Therapist (OT) and now they had a care plan which was in line with OT guidance.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- We saw where MCA assessments had identified if a person lacked capacity to consent to their care a best

interest decision would be made. Where people had the capacity to consent to their care, written consent had been sought to confirm they had agreed to the care they received. Staff told us they asked people's permission before providing care. Staff showed an understanding of the MCA and had received training for the mental capacity act with the company.

- We saw where a family member had lasting power of attorney they had signed consent to care and permission to share forms.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. Comments viewed from the provider's survey included, 'They [staff] always close the doors when they give me a wash or shower. All the carers who have attended [name], have been kind, compassionate and respectful.'
- Staff who cared for people on a regular basis showed an understanding of people's needs, preferences and routines. One staff member described how they covered a person with a towel to preserve their dignity.
- Where possible, people were matched with staff they knew well and shared interests with. When quality reviews were completed, people were asked for their views on staff and this was then acted on by management.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care and treatment. People and their relatives told us they were involved in their care planning. We saw regular reviews had taken place and people had signed to say they agreed with the care.
- The provider offered people the opportunity to feedback about their care by word of mouth and questionnaires. The management team told us when they completed spot checks on staff they used this as an opportunity to have a discussion with the person to make sure everything about their care was okay.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was upheld. One person said, "I cannot do a lot for myself but what I can do; I do, and the care staff help me to try and maintain my independence." Another person said, "I have never been treated with anything but respect, the office staff are really nice and do all they can to help."
- One relative told us their family member was very independent and the staff were happy to let the person do what they could as long as it was safe to do so. This meant people's choices and independence was promoted.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had comprehensive person-centred care plans that promoted independence and with a focus on their likes and dislikes. The provider used temporary care plans until a formal one could be completed when people received care in the first instance. This ensured people's needs and preferences were adhered to immediately when they started to receive care. For example, one care plan stated the person required support with their oral health care. This had been discussed and the type of support required was recorded.
- Care plans showed people's goals and outcomes. One care plan stated, 'Self-esteem and self-worth were very important in the care and support for [Name].'
- Staff received care notes and care plans on an app on their phones to ensure they could respond to people's needs. Phones were password protected and staff were only able to see the record of the people they were supporting. The app also prevented staff from leaving a person's property if they had not completed the necessary tasks, including supporting people with their medicines.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and information needs were identified through staff assessing people's needs.
- Care plans contained information how best to communicate with each person.
- The provider had developed an assistive technology suite to provide a digital call monitoring centre. This had not been fully implemented at the time of our inspection however, the provider representative told us they wanted to make improvements to the service to ensure they supported people more effectively and in a responsive way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain meaningful relationships with family and friends.
- Where required people were supported to attend social events, such as, one person liked to go to the hairdressers weekly. People were empowered to do what they wanted to do.
- Staff told us they supported people on a one to one basis to attend medical appointments, trips out and mixed with them daily to avoid isolation.

Improving care quality in response to complaints or concerns

- There was a policy and procedure in place to manage and respond to complaints.
- People told us they knew what to do if they needed to make a complaint and would contact the registered manager if they needed to. One person said, "I have never had to complain as such, but I have rung the office several times and whoever answered the phone was able to help me." Another person said, "When the care staff are late I ring the office, and someone always answers."
- Complaints that had been received had been appropriately investigated and responded to. Where shortfalls had been identified, including shortfalls in care provided, lessons had been learned and changes to staff practice had been made.

End of life care and support

- There was no-one receiving end of life care and support at the time of the inspection.
- End of life training was not rolled out to all staff; however, when someone was identified as being at the end of their life, staff who support that person were provided with end of life training and a care plan and risk assessment would be put in place.

We recommend the provider reviews their end of life process to ensure people received the care and support for end of life when they needed it and take action to update their practice accordingly.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality monitoring of the service was being carried out, but the systems and processes were not robust enough as gaps had been found in the recruitment monitoring process. The provider had not identified gaps in employment history for people employed by the service. No rationale was in place for the provider to have employed a person as interview notes were not recorded.
- Risks to people's health and safety was not monitored to show where known risks were for people when using equipment, such as a catheter, stoma bag or surgical stockings. These risks were not reviewed or updated to ensure people received safe care and treatment.
- The training and development manager had oversight of the auditing processes and a new system had been developed. However, at the time of our inspection it was too early to assess the effectiveness of this.

The provider failed to provide good governance and effective communication systems to promote the service. This was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had failed to follow the providers policies and procedures for assessment of risk and safe recruitment of a fit and proper person employed to ensure people were safe.
- The provider had used the CQC logo on their website and promotional material. Providers are not allowed to use the CQC logo unless it is for the purpose of displaying their CQC rating.
- The provider had also inappropriately used wording of their registration with CQC in their service user guide and promotion leaflets. They had used the CQC logo on their staff ID badges and business cards. This meant they may mislead people that they worked for CQC regarding the service they provided.
- The provider acknowledged they had been focussing on building the operational side of the business and needed to gain a deeper understanding of the requirements of their registration with CQC and therefore would be making the changes as noted above. For example, removing the CQC logo from all promotional material unless they have gained the relevant permissions. Remove the CQC logo from their business cards and staff ID badges. Reviewed the wording in their promotional material related to their CQC registration.

The provider responded immediately after the inspection and removed the CQC logo from their website.

We recommend the provider reviews their promotional material including business cards and staff ID badges and take action to update the information accordingly.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider/registered manager were open and transparent. They reflected on the concerns highlighted during this inspection and were keen to implement the necessary improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People spoke positively about the care staff. One person said, "I cannot fault them at all." However, where concerns had been raised these were to do with timings of calls and that people had not always been told staff were running late.

- Staff told us the quality of care provided by the service was good. They felt management were approachable, but some staff told us the communication between the office and staff were poor. One staff said, "Runs and rotas are not communicated correctly."

- At the time of the inspection the care coordinators told us they were working on the care calls and rotas to make them more efficient.

- Some staff spoke with felt supported by the registered manager. One staff said, "We are supported definitely." However, this was not constant with what other staff told us. One staff felt there was a lack of communication with the office and management lacked a full overview of what was going on in some geographic areas, for example, they said, "There was no oversight of the care calls. This meant there was a risk some areas may not be managed effectively."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The assessment manager was in the process of formalising regular reviews for people's care, this included asking staff their thoughts on how people's care was going.

- Surveys were sent out every six months to gather people's views on how the service was run. Positive comments seen during the inspection.

Continuous learning and improving care

- The provider and manager acknowledged there were changes to be made. They had updated their website, implemented sending copies of the care rota to people. This was to ensure people were aware and more informed of who was supporting them on a daily basis.

- The registered manager told us on 31 December 2019 they were reviewing all new care packages and the service they wanted to provide. They had been rescheduling the rotas to ensure the service provided was more efficient.

Working in partnership with others

- We saw that the service was working effectively with relevant health and social care teams to support.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure risks to people's health, safety and welfare was fully managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to provide good governance and effective communication systems to promote the service. This was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to follow their recruitment processes safely to ensure they had fit and proper persons employed. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

