

Heathcotes Care Limited

Heathcotes (Middleton)

Inspection report

485 Rochdale Road
Middleton
Manchester
Lancashire
M24 2GN

Tel: 01616540226
Website: www.heathcotes.net

Date of inspection visit:
13 January 2017

Date of publication:
14 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection which took place on 13 January 2017. We had previously inspected the service in August 2015 when we found four breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. These related to a lack of risk assessments for people who used the service, staff had not received training to help them understand people's specific health conditions, a lack of care plans to advise staff how to support people with specific health conditions and a lack of regular supervision for staff.

Following the inspection in August 2015 the provider wrote to us to tell us the action they intended to take to ensure they met all the relevant regulations. During this inspection we found the required improvements had been made and the provider was now meeting these regulations.

Heathcotes (Middleton) is a registered to provide accommodation and personal care for up to six people with a learning disability and/or mental health diagnosis. There were six people living in the service on the day of our inspection.

The service had a registered manager in place as required by the conditions of their registration with the Care Quality Commission (CQC). 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. The registered manager had been appointed since the last inspection.

During this inspection we identified one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because recruitment processes were not sufficiently robust to adequately protect people from the risk of unsuitable staff. We did not see evidence that the identity of people sending references from personal e-mail accounts had been verified. The provider had not carried out the required additional checks when people had worked previously with vulnerable adults or children to ascertain why their employment in that service had ended. You can see what action we have told the provider to take at the back of the full version of the report.

People who used the service told us they felt safe with the staff who supported them. They told us staff were always available to support them in the activities they wished to do. People were enabled to make their own decisions and told us staff always promoted their independence. During the inspection we observed staff were caring and respectful in their interactions with people who used the service.

Staff had received training in the safe administration of medicines. The competence of staff to administer medicines safely was regularly assessed.

Systems were in place to help ensure the safety and cleanliness of the environment. People who used the

service were encouraged to participate in cleaning the home.

Staff told us they received the training and support they needed to carry out their role effectively. We saw that staff received specialist training to enable them to provide positive support to people whose behaviour might challenge others. There were systems in place to track the training staff had completed and to plan the training required.

All the staff we spoke with told us they enjoyed working in the service and felt valued by the registered manager. Staff felt able to raise any issues of concern in supervision and staff meetings. We saw evidence that the registered manager had taken action in response to feedback received.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005. We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and support. The necessary DoLS applications had been made to authorise any restrictions in place.

People who used the service had health support plans in place. Records we reviewed showed that, where necessary, people were provided with support from staff to attend health appointments. People were also supported by staff as far as possible, to maintain a healthy diet.

Care records we looked at showed people who used the service had been involved in developing and reviewing their care and support plans. Support plans included good information about the way people wanted their support to be provided and their goals for the future. We saw that staff used creative methods to support people to achieve their goals as far as it was possible to do so.

All the people we spoke with told us they felt able to raise any concerns with the registered manager and were confident they would be listened to. We noted systems were in place to encourage people who used the service to provide feedback on the care and support they received.

The service was based on a set of values which were clearly understood and implemented by staff. Quality assurance systems in place were used to drive forward improvements in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Recruitment processes needed to be improved to help ensure people were properly protected from the risk of unsuitable staff.

Staffing levels in the service were sufficient to meet people's needs. Staff had received training in how to protect people who used the service from the risk of abuse.

People's care records included information about any risks people might experience and the support strategies in place to manage these risks.

Is the service effective?

Good 

The service was effective.

Staff received the induction, supervision and training they required to be able to deliver effective care and support. All staff received specialist training in providing positive behaviour support to people whose behaviour might challenge others.

Staff had received training in the Mental Capacity Act 2005. Staff understood their responsibilities to protect people's rights to make their own decisions and choices. Where necessary meetings had taken place to ensure staff were acting in people's best interests should they be unable to make particular decisions.

People received the support they needed to help ensure their health and nutritional needs were met.

Is the service caring?

Good 

The service was caring.

People who used the service told us staff were kind and caring in their approach. During the inspection we observed kind and respectful interventions between staff and people who used the service.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to providing person-centred care and promoting people's independence.

Is the service responsive?

Good ●

The service was responsive.

People received flexible and personalised support. Staff used creative ways of providing the support and encouragement people who used the service needed to progress towards achieving their aspirations and goals.

People were encouraged and supported to engage with activities outside of the service.

People were encouraged to provide feedback on the support they received. Any complaints were taken seriously and used to continue to drive forward improvements in the service.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. People who used the service told us the registered manager was understanding and approachable.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and the registered manager.

The service was based on a set of values which were clearly understood and implemented by staff. Quality assurance systems in place were used to drive forward improvements in the service.

Heathcotes (Middleton)

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 13 January 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform us what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with three people who used the service, four support workers, the registered manager and the regional manager.

We looked at the care and medication records for three people who used the service and the personnel files for four staff members. We also looked at a range of records relating to how the service was managed; these included staff training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe and had no concerns about the care and support they received. One person told us, "I feel safe here; it's too dangerous for me to live outside."

We looked at four staff personnel files to check if a safe system of recruitment was in place. The staff files contained proof of identity, application forms that documented a full employment history or an additional form where any gaps in employment were explained, a medical questionnaire, a job description and at least two references. However we found that, where references had been provided from personal e-mail accounts, the provider had not taken any action to verify the identity of the person who had submitted the reference. We also found that the provider had not undertaken the required additional checks when applicants had worked previously with vulnerable adults or children in order to find out why the person's employment in those positions had ended. This meant recruitment processes were not sufficiently robust to protect people who used the service from the risk of unsuitable staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Records we reviewed showed checks had been carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw that systems were in place to review any risks in relation to applicant's previous convictions to determine if they were suitable to work in the service.

The registered manager told us that people who used the service were involved in the recruitment of new staff. This involved people providing informal feedback on how potential staff interacted with them when they visited the service. The registered manager told us they intended to begin to formally record this feedback in order to evidence how it had been used to help make recruitment decisions.

Staff told us, and records confirmed, they had received training in safeguarding adults. All the staff we spoke with were able to tell us of the action they would take to protect people who used the service if they witnessed or suspected abuse had taken place. Staff told us they would also be confident to use the whistle blowing procedures in place for the service if they observed poor practice from colleagues. One staff member told us, "I would speak with my team leader or the manager. We know we can also contact the regional manager or whistleblower contact if we don't get a response." We saw that information about how staff could report any concerns to the provider's quality monitoring team was on display in the service.

We noted that 'easy read' information about safeguarding adults was available for people who used the service to read. This should help people who used the service to recognise potential signs of abuse and inform them of the action they could take to protect themselves. The registered manager told us, where necessary, they had also provided people with easy read information about how to keep themselves safe when using the internet.

We checked that staffing levels were appropriate to meet people's needs. We noted that one person

required two staff to support them 24 hours a day; the remainder of people who used the service were allocated a number of hours of individual support in order to meet their needs. During the inspection we observed sufficient numbers of staff were available to provide the support people required, including accessing community resources or planned activities. Our review of staff rotas showed that staffing levels in the service were consistent. A number of bank staff were employed to help cover for staff sickness or holiday periods.

Since the last inspection care records had been improved to include more detail about the risks people who used the service might experience and the support strategies staff should use to help manage these risks. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

Staff we spoke with told us they were aware of how to manage risks in relation to cross infection and that they had access to appropriate personal protective equipment including disposable aprons and gloves. We noted all areas of the service were clean. Staff told they would always encourage people who used the service to keep the environment clean.

We reviewed how medicines were managed in the service. We saw there were policies and procedures in place to help ensure staff administered medicines safely. Staff also had access to best practice guidance in the safe handling of medicines.

We reviewed the medication administration record (MAR) charts for three people who used the service and noted these were all fully completed. We saw that one person received their medicines covertly, i.e. in food or drink without their knowledge to help ensure they received the medicines as prescribed. We saw that a meeting had taken place to ensure this decision was in the best interest of the person concerned. Risk assessments and support plans were also in place to provide information for staff about the action they should take when administering the person's medicines.

Records we reviewed showed the registered manager was undertaking regular checks on the competence of staff to administer medicines safely. Regular audits and checks of the stock of medicines were completed to help ensure people had received their medicines as prescribed. We completed a check of the stock of medicines held for two people and found these corresponded accurately with the records held.

Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw that accident and incident forms were in place within the service. We found these were reviewed by the registered manager and discussed at staff meetings to help ensure any lessons that could be learned were shared across the staff team.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Personal evacuation plans (PEEPS) had been completed for all people who used the service; these records should help to ensure people receive the support they require in the event of an emergency. Staff had completed fire training and were involved in regular evacuation drills. A 'disaster box' was in place which contained information and equipment staff would require to help keep people safe in the event of an emergency at the service; the contents of this box were checked on a regular basis to ensure the information was accurate and up to date and that equipment such as mobile phones and torches were working.

Is the service effective?

Our findings

People we spoke with who used the service told us staff knew them well and had the skills they wanted from support workers. People who used the service told us they were able to make decisions about the support they received. One person commented, "I have a plan in my file and I look at it. Everything is on it that I want."

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. At the time of this inspection all the people who used the service were assessed as lacking the capacity to make their own decisions in relation to the care and support they required. Records we reviewed showed the registered manager had submitted the necessary DoLS applications to the relevant local authorities to ensure any restrictions in place were legally authorised; this helped to ensure people's rights were protected and upheld.

Records showed all staff had received training in the MCA and DoLS and our discussions with staff showed they had a good understanding of the principles of this legislation. Staff told us they would always support people who used the service to make their own choices and decisions. One staff member commented, "I enjoy helping people to make their own decisions." During the inspection we observed staff discuss with a person the various options they had regarding a beauty treatment they wanted and the associated costs; this helped the person to decide whether they wanted to spend their money on a particular treatment.

People's care records contained information about the decisions they were able to make for themselves and the support staff should provide to ensure people's rights were upheld. Where necessary capacity assessments had been completed in relation to specific decisions. If a person was assessed as being unable to make a particular decision, meetings had taken place involving the person concerned, family members and professionals to help ensure staff were acting in the person's best interests; this included the agreement for staff to use restrictive practices where necessary and proportionate in order to ensure people received the care they required.

All the staff we spoke with told us they had received an induction when they started work in the service. They told us this involved spending five days at the provider's head office to complete required training and to discuss policies and procedures. Following this induction staff completed a number of shadow shifts in the service to help them get to know the people they would be supporting. All the staff we spoke with told us

they considered the induction had prepared them fully for their role in the service.

Records we reviewed showed the training staff were provided with had improved since the last inspection. We saw that, in addition to mandatory training, staff had received training to help them understand the particular health conditions of the people they supported. All staff were also provided with training in non-abusive psychological and physical intervention (NAPPI). This training helped staff to provide positive behaviour support to people whose behaviour might challenge others. Staff told us they considered this training was beneficial to their role and helped to ensure they were able to provide effective support to people. We noted that any incidents which had involved staff needing to implement restrictions or restraint to help manage people's behaviour were recorded, reviewed and discussed within the staff team to see if appropriate action had been taken and whether any lessons could be learned. This also helped to ensure any restraint used was proportionate to the behaviours displayed.

We noted that since the last inspection staff had been provided with regular supervision to support them to deliver effective care. We saw that supervision sessions were used to discuss policies and procedures, the values of the organisation, training and development needs and safeguarding concerns.

We looked at the systems in place to ensure any changes to people's needs or support plans were communicated across the staff team. Staff we spoke with told us they received a handover at the commencement of each shift. We saw that a written record was maintained of each handover. The handover record had been recently amended at the request of night staff in order to enable them to complete more comprehensive records about the support they had provided to people. The service also had a communication book in place which helped to ensure staff had all the up to date information they required to provide the support people needed.

We asked staff how people's nutritional needs were monitored and met in the service. We were told that people who used the service completed a weekly planner with two choices agreed for each meal. Staff told us they would always encourage people to make health choices in relation to food although they acknowledged they were unable to prevent people from choosing unhealthy options if they wished to do so. We were told that people were able to access the kitchen whenever they wanted to in order to prepare drinks, snacks or to support staff in making main meals.

Records we reviewed showed there were systems in place to monitor people's weight and Body Mass Index (BMI). We saw that, where necessary, staff had taken action to refer people to specialist services including dietitians and speech and language therapists (SALT) in order to help ensure people's nutritional needs were met.

People who used the service told us staff always supported them to attend appointments in relation to their health needs. Records we reviewed showed people had regular eye tests, dental appointments and physical health checks.

We noted people who used the service had health action plans in place. These plans were completed in an 'easy read' format and contained personalised information about how professionals should best support individuals when they accessed health care services.

One person who used the service allowed us to look in their bedroom. We found there was ample space for people to bring in their own belongings. People were also supported to personalise the décor of their room with items which were important to them. Staff told us how they had arranged for the lights in one person's room to be changed to a different colour as this had a positive impact on the person's mood and behaviour.

There were a number of communal areas in the service including a quiet room with a computer, lounge, dining room and a large basement area with patio doors leading out to a small rear garden. There was also a garden to the front of the service with furniture available for people to use.

Is the service caring?

Our findings

People who used the service spoke positively about the staff who supported them. One person told us, "Staff are nice". Another person commented, "I like all the staff."

During this inspection we observed caring and respectful interactions between staff and people who used the service. We noted that people's privacy was respected because staff asked permission before entering people's rooms. We also saw that people who preferred to spend time in their room were given the opportunity to do so without being disturbed. We also noted that staff responded appropriately to reassure a person who became upset during the inspection.

Staff told us they would always promote the independence of people who used the service. One staff member commented, "We always support people to do as much as they can for themselves. We prompt people to clean their rooms."

Staff we spoke with demonstrated a commitment to providing high quality person-centred care and support to people. One staff member told us, "I believe people get the best care here. We always give at least 110% when supporting people." We noted a relative had commented positively about the care their family member received when attending a review meeting. They had written, "This is by far the best placement for [name of person using the service]. It is quality care and I have never seen [name of person] so healthy and happy. I can now enjoy my relationship as a mother with [name of person] instead of a carer. Well done to the team at Middleton."

Support plans we reviewed were individualised and produced in an 'easy read' format with pictures of events, activities or objects that were important to the individual concerned. We noted there was a keyworker system in place which helped to ensure that people received coordinated, consistent care. Staff told us that as keyworkers they were responsible for ensuring that individual's care records were up to date and fully reflective of their needs and wishes. During the inspection we observed staff responded positively to a person's request to update their support plan.

Records we reviewed showed people were supported to develop friendships and support networks in the local community. People were also supported to maintain relationships with their family; where necessary this included staff providing support to people to visit their family home.

We saw that one person's care records contained a comprehensive end of life care plan which had been written by the person and recorded in an 'easy read' format. This plan clearly documented the person's wishes about the care they would wish to receive at the end of their life to ensure their religious and cultural needs were met.

We noted that care records were held securely in the office; this helped to maintain the confidentiality of people who used the service.

Is the service responsive?

Our findings

We asked the registered manager about the process for introducing people to the service. They told us there was an initial assessment undertaken to help ensure the service was able to meet the individual's needs. Unless a placement was requested on an emergency basis, a slow process of introduction was then undertaken to enable all parties to get to know each other. The registered manager told us that, following any admission, a trial period took place to ensure the service was appropriate to the person's needs.

People we spoke with who used the service told us they always received the support they needed and wanted. They told us staff would always help them to pursue their interests and maintain contact with those people important to them.

All the staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. This enabled staff to deliver a personalised and responsive service.

All the care records included information about each person's social and family history, their strengths, how they wanted to be supported, what was important to them and the activities they enjoyed. Since the last inspection care records had been improved to include information for staff about how best to support people with specific health conditions.

We saw that support plans included the goals people wanted to achieve and the support they needed from staff to do so. We noted a social worker, who regularly visited a person who used the service, had commented, "I would personally like to thank you and your staff team for achieving an amazing job with the ongoing support for this person. I believe we have achieved some very important goals with [name of person] and also believe that we will go on to achieve many more."

We saw that staff had not dismissed the goals individuals had which other people might consider unachievable. The registered manager told us how they had begun to support one person to achieve a personal goal of becoming a famous wrestler by researching resources available in the local area and enabling the person to attend sessions with a local coach. The individual concerned was proud to show us a video of their achievements during the inspection which they had uploaded on to a video sharing website for others to view. This demonstrated that staff involved people in their care so that they felt consulted, empowered, listened to and valued. The registered manager told us that accessing these sessions had also had a positive impact on the mood and behaviour of the person concerned.

We noted that care records had been regularly reviewed and updated. The registered manager told us that people who used the service were always involved in organising review meetings and deciding who should attend and lead the meeting. They told us one person always chose to go through their support plan on their own before discussing any changes they wanted to make at the review meeting with their keyworker. One person who used the service told us, "I know everything which is in my file. It is all signed off and up to date."

Staff told us people were supported to undertake the activities of their choice. These included swimming, dance classes, social groups, arts and crafts and visiting local markets. We were told that people were also supported to go on holidays of their choice either individually with staff support or as a group.

The service had access to a company car. This was used for people who used the service to access the community, such as for outings or for appointments although staff also encouraged people to use public transport as much as possible.

We looked at the systems in place in the service to manage complaints. We noted there was a complaints policy in place a copy of which was offered to each person who used the service. Staff told us they regularly reminded people about how they could make a complaint; evidence of this was seen in the minutes from a recent meeting with people who used the service. Records we reviewed showed the complaints procedure had also been discussed at the most recent staff meeting. Staff were reminded that they were able to contact the regional manager if they were not satisfied with the way the registered manager had handled any complaints or other issues raised in the service. Staff we spoke with told us they were aware of this and knew how to contact the regional manager or the quality assurance managers employed by the provider if they felt the need to do so. All the staff we spoke with demonstrated a commitment to encouraging feedback from people who used the service and using this feedback to continuously improve the support people received.

We saw that there had been a total of four complaints received since the last inspection. We saw that appropriate action had been taken by the registered manager to investigate and respond to these complaints. They told us all complaints had been resolved to the satisfaction of the individuals raising the concerns.

Is the service well-led?

Our findings

The service had a manager in place who was registered with the Care Quality Commission (CQC) and was qualified to undertake the role. They had been appointed since the last inspection.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We saw that the service had recently developed a set of values which all staff were expected to uphold. These values included person centred care, valuing and embracing diversity, striving for excellence and making a difference. We saw that agendas for team meetings and supervision sessions had been updated to ensure they reflected these values and encouraged staff to consider how their role impacted on the values of the organisation. All the staff we spoke with during the inspection demonstrated a commitment to upholding these values when supporting people who used the service.

We asked the registered manager about the key achievement in the service since the last inspection. They told us they and the staff team had worked hard to ensure all the required actions from the last inspection had been completed and that staff had been looking forward to this inspection to enable them to demonstrate the progress that had been made in the service.

All the staff we spoke with told us they enjoyed working in the service and found the registered manager to be approachable and always available for advice or support. One staff member commented, "[Registered manager] is always supportive and available to listen to any concerns." Another staff member told us, "I get brilliant support from [name of registered manager] and my team leader."

Records we reviewed showed regular staff meetings were held; these meetings provide an important opportunity for staff to make suggestions about how the service could be improved. The registered manager told us that staff were able to put any items on the agenda anonymously should they so wish and that these would then be discussed within the team. Staff we spoke with confirmed they felt listened to within these meetings. One staff member told us, "We all air our views and [name of registered manager] listens and is always willing to change things."

We found there were a number of quality assurance systems within the service, including a regular audit undertaken by the provider's quality assurance team. We noted the service had received a 'Good' rating from the most recent audit completed in November 2016. We saw that an action plan was compiled following the audit in order for the registered manager to address any issues identified. We saw that all the required actions had been completed from the last audit. The registered manager also completed care plan,

medication and health and safety audits during their monthly house management checks. Reports from these checks were sent to the regional manager to ensure all required actions were completed; these were then reviewed during the regional manager's monthly provider monitoring visits.

We saw that the local authority contract monitoring team had conducted their quality assurance visit in December 2016. We saw that the officer who conducted the visit had commented that they were, "Very impressed by the internal audit mechanisms of this provider. Well written and concise care plans and risk assessments."

We also noted several positive comments left by visiting professionals. One person had written, "Things have moved on in a really positive way which I feel is a testament to the fact that [name of person] feels settled and reassured in his home as well as the care and support that has been offered."

Records we reviewed showed the provider undertook an annual satisfaction survey with both staff and people who used the service. We noted that comments from both groups of people had been very positive. One staff member had commented, "Excellent care. Great staff and manager. Excellent training."

We noted that 100% of people who used the service had reported that staff listened to what they had to say, gave the right amount of support and that they were able to choose what they wanted to do each day.

We saw that since the last inspection policies and procedures had been reviewed and updated. All staff received an employee handbook which contained these policies and other important information; this meant they were aware of the provider's expectations of them when carrying out their role.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not sufficiently robust to adequately protect people from the risk of unsuitable staff