

Marcus Care Homes Limited

Aspen Lodge

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

Aspen Lodge provides care and support for up to 25 older people, some of whom may be living with dementia. The ground floor has a large communal lounge, dining room and a small conservatory. Bedrooms are located on the ground and first floor which can be accessed by a lift. There is a small secure garden. At the time of our inspection the home was not fully occupied providing care and support to 20 people.

People's experience of using this service

Staff were not always recruited safely and people told us staffing levels were not always consistent meaning their needs were not always met in a timely manner. Risks to people's safety and well-being were not always well managed and guidance from health and social care professionals was not always consistently followed. People were not always supported appropriately to meet their nutritional needs and to maintain a balanced diet ensuring their well-being. People's meal time experience was not always a positive one. Quality monitoring systems in place were not always robust nor effective in driving service improvements.

People and their relatives spoke positively about the care and support they received from staff. During our inspection we observed staff had built positive respectful relationships with people. People told us they safe and supported. Safeguarding and whistleblowing policies and procedures were in place and staff were aware of how to keep people safe.

There were arrangements in place to manage medicines safely and staff followed appropriate infection control practices to prevent the spread of infections. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and their relatives were involved and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to access services and to participate in activities that met their needs.

Staff worked with people to promote their rights and understood the Equality Act 2010; supporting people appropriately addressing any protected characteristics. The service worked in partnership with health and social care professionals to ensure appropriate support was provided to individuals.

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

Rating at last inspection: Good (Report was published on 6 February 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement

At this inspection we rated the service as requires improvement. We identified a breach of regulation, in relation to staff recruitment and made several recommendations to the provider for areas that required improvement. Please refer to the end of the report for action we have told the provider to take.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

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 ●

Aspen Lodge

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

This inspection was carried out by one inspector, one assistant inspector and an expert-by-experience. An expert by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Aspen Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 site visit took place on 27 September 2019 and was unannounced.

What we did

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection we met and spoke with 12 people living at the service. Due to the nature of some

people's communication needs, we did not ask direct questions, however, we observed people as they engaged with staff and completed their day-to-day tasks and activities. We used our Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three visiting relatives during the inspection to seek their feedback.

We also met and spoke with 10 members of staff including the registered manager, deputy manager, shift leaders, senior care staff and care staff, kitchen staff and housing keeping staff. We reviewed a range of records including six people's care plans and records and five staff recruitment, training and supervision records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There were increased risks that people could be harmed.

Staffing and recruitment

- Staff were not always recruited safely. Robust recruitment procedures were not always in place or consistently followed. We looked at five staff members' recruitment documentation and found disclosure and barring service (DBS) checks were not always monitored to ensure staff remained fit to work in social care. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. For example, one staff record showed that they had historical convictions. We saw that the provider had not assessed the risk of these convictions and how they may impact on staff delivering people's care. This meant that the provider could not be assured of staff's suitability for their roles.
- Staff records also showed that full employment checks were not routinely completed as part of the recruitment process. These included gaining potential employees' full employment histories with satisfactory written explanations of any gaps in employment, recruitment and application forms being fully completed and staff identification checks being fully undertaken.

These issues constitute a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider sent us confirmation that staff who had historic DBS checks were to be renewed, recruitment records had been updated with missing documentation completed and a new staff file record checklist had been implemented to ensure the recruitment process was robust and followed.

- People and staff told us that staffing levels were not always consistent. One person said, "I feel they [provider] are a bit skimpy on the amount of staff sometimes with only two of them on duty." Another person commented, "When I press the alarm it can take a while if they [staff] are busy." Staff told us the registered manager had worked to try to improve staffing levels since the last CQC inspection; however, they felt more staff were needed at times. One member of staff told us, "I think at the moment we have been a bit short staffed because some people have left." Another staff member commented, "We are short staffed a lot at the minute. It impacts on the people here because we can't spend as much time with them as we would like."
- Staff rotas showed that for the month of August 2019 there were 15 occasions when there was one member of staff short for a shift. We spoke with the registered manager who told us these staff shortages were covered through their own pool of staff or they or the deputy would support staff where required.
- Throughout our inspection we observed that call bells were answered promptly by staff and no one had to wait significant periods of time for staff support apart from at meal times. One person told us, "The call bell

in my room is easy to reach; I don't have to wait too long when I use it at night." However, we noted there was no call bell monitoring system in place or checks conducted to monitor if staff supported people in a timely manner and this required some improvement. The registered manager told us this was an area they planned to improve and a dependency tool was developed following the last CQC inspection. We will check on this issue at our next inspection of the service.

We recommend the provider monitors and reviews staffing levels and staff deployment within the home particularly at busy periods throughout the day such as at meal times to ensure people's needs are met safely, promptly and appropriately.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were not always well managed. There were some clear and detailed risk assessments in place recording identified areas of risk to people such as mobility, falls, behaviour and skin integrity and suitable guidance available for staff. Other high risk needs in specific areas were not always identified or assessed. For example, one care plan recorded that the person had epilepsy. There was no risk assessment in place to manage this or guidance for staff on the actions to take in the event of a seizure. Another care plan recorded guidance from the Speech and Language Therapist (SALT) stating that the person required a pureed diet due to their risk of choking. However, their risk assessment for nutrition and hydration recorded that the person preferred solid meals. This required improvement to ensure risks to people were addressed.
- We brought these concerns to the registered manager's attention who took immediate actions to resolve these concerns. Following our inspection, they sent us a detailed risk assessment for the person who had epilepsy and informed us that medical advice had been sought as the individual had not received any treatment for epilepsy prior to their admission into the home. Further medical intervention had also been sought from the SALT team for the person whose preference was to eat solid foods. We will check on these at our next inspection of the service.
- We observed the positive interactions between staff and people. Staff knew people well and understood the risks they faced taking appropriate actions to minimise them.
- Arrangements were in place to manage foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely in the event of an emergency. Staff received training in fire safety and we saw the registered manager had recently booked fire marshal training for staff.

Preventing and controlling infection

- People were protected from the risks of infection and staff received training on infection control and food hygiene.
- We observed staff wore personal protective equipment such as aprons, hats and gloves when required and toilets and bathrooms had hand wash and antibacterial hand gels in place.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal hygiene.

Using medicines safely

- Medicines were managed, administered and stored safely.
- We observed staff administered people's medicines safely. Staff administering medicines checked medicines against people's records. Medicines administration records were recorded correctly by staff.
- Staff received training and had their competency to administer medicines safely assessed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm. People told us they felt safe and well supported. One person commented, "They [staff] are kind, I feel very safe here."
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them to protect people.
- Records showed that where concerns had been raised the service worked in partnership with health and social care professionals to ensure people's safety.
- Safeguarding concerns and or processes were discussed at team meetings to identify any lessons learnt and to share best practice.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents and reflected on them as a means of improving safety.
- Records showed that staff had identified concerns and accidents and took appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Incidents and accidents were monitored to ensure actions were taken where required and lessons were learnt minimising the risk or reoccurrence.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported appropriately to meet their nutritional needs and to maintain a balanced diet ensuring well-being.
- Care records documenting people's nutritional needs and the support they required at meal times did not always reflect the support they received or what they had eaten or drunk. For example, documented risks associated with nutrition and hydration and guidance from speech and language therapists or dietitians for staff to follow were not always adhered to.
- During our inspection we observed lunch which was served in the dining room. The management of the mealtime in the dining room lacked organisation and engagement from staff. There was a lack of information and pictorial menus on tables to allow people to make informed choices about their meals. Staff told us that people's menu choices were sought the day before, however some people were living with dementia and one person told us, "I can't remember what I ordered for lunch, we are asked the day before."
- The dining room was set with cutlery and napkins and people were offered a choice of where to eat their meals; either in their rooms, in the lounge or the dining room. There was a lack of staff continuity and support for people who required help to eat their meals safely. Two members of staff in the dining room appeared busy and rushed not offering people who required support to eat their meals assistance. We observed that one person was presented with their meal and left without support for a long period whilst others were served their dessert. We noted that only then was the person offered support by which time their meal was cold. This required improvement. We drew our concerns to the registered manager who told us they would implement an action plan that would address and enhance people's meal time experiences.

We recommend the provider review's people's mealtime experiences including the atmosphere within the dining room and informs people of their planned meals and alternatives before each meal is served.

- The Food Standards Agency visited the service in February 2019 and rated the kitchen five stars which is the highest rating awarded.

Adapting service, design, decoration to meet people's needs

- The home was adapted to meet people's individual needs and the garden was made accessible to all.
- Cleaning schedules were in place and we observed the home appeared relatively clean with no malodours detected. We noted that the carpet in the lounge area appeared stained, worn and frayed in parts due to age and wear which could pose a trip hazard and this required improvement. We discussed this with the registered manager who showed us a refurbishment plan that was in place and which involved the

replacement of the carpet with laminated flooring. We will check on this at our next inspection of the service.

- People were encouraged and supported to decorate their rooms with items specific to their individual taste and interests.
- People had access to equipment which was subject to regular checks and routine servicing, for example, walking frames and wheelchairs.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were completed where appropriate and DoLS applications had been submitted appropriately to the supervisory body (local authority) and authorisations were in place and monitored for people where required.
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.

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

- People's needs were assessed, and staff worked to support people in line with best practice.
- People's needs were assessed using some nationally recognised assessment tools. Staff had an understanding of these tools and how they informed the care they provided to people. For example, the use of the malnutrition universal scoring tool (MUST) to guide staff in managing people's weights.
- Assessments of people's needs were completed before they moved into the home. This ensured the service's suitability and that people's needs and preferences could be appropriately met. Assessments included areas such as personal history, communication needs and people's preferences.

Staff support: induction, training, skills and experience

- Staff were knowledgeable and had the skills and experience to meet people's needs.
- People commented positively about staff and the care they provided. One person said, "The staff are always helpful and always there if you are worried." Another person told us, "I like living here; the staff are keen to listen to your moans and troubles."
- There were systems in place to ensure staff new to the home were inducted into the service appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers. One member of staff commented, "Yes I had a good induction. It involved everything including personal care but I have done this job for so many years it was really just getting to know people really."
- Staff received regular supervision, support and an appraisal of their practice and development.
- Staff received training in a range of topics such as, moving and handling, dementia care and safeguarding

amongst many others.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's needs and well-being.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being, for example, working with GP's and SALT.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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; equality and diversity

- People told us they were supported by staff that were kind and caring. One person said, "The staff are bright and cheerful and also helpful." Another person told us, "The staff are good and they talk to me including about my past life. I also think the food is good, I recommend living here."
- We observed that staff had built good relationships with people valuing their preferences, wishes and independence.
- Some people were unable to effectively verbally communicate their views and wishes and staff supported them patiently and allowed them time, drawing on people's known preferences when they supported them to make choices. We observed that staff knelt down to people's eye level when they were seated to enhance communication.
- People's diverse and cultural needs were supported, respected and assessed as part of their plan of care. Care plans included some information about people's cultural requirements and spiritual beliefs and how staff supported them to meet their needs. The registered manager told us they were working on the care plans to document individuals' diverse needs better.
- People were treated respectfully and without discrimination. Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- People were supported to make their own decisions and were involved in planning for their care. One person commented, "They [staff] are very good at involving me and asking me what I think."
- People's communication needs were assessed and documented in their plan of care ensuring staff could support and engage with people appropriately.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and staff supported and enabled independence.
- We observed that staff promoted people's privacy and dignity by knocking on their doors, seeking consent before entering their rooms and by supporting people discreetly with personal care when required. One person told us, "They [staff] knock on my door even if it is open." A member of staff told us, "I always make sure I knock before I go into a room. If I am doing personal care I cover areas while others are being washed. If a health professional visits, we use the privacy screen or support people to go to their rooms for privacy."
- Information about people was kept securely in the office and staff knew the importance of keeping information confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. 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 were involved in the planning of their care which reflected their individual needs and preferences. One person told us, "The staff discussed my care plan with me when they reviewed it recently."
- Care plans documented information relating to people's physical, emotional and mental health needs, their life stories and things that are important to them. People were supported by staff to have choice and control over their lives as much as possible.
- Regular reviews of people's care were conducted to ensure staff continued to support people appropriately and that their needs and wishes were respected and met.

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.

- Staff had an understanding of the AIS and people's communication needs were assessed, reviewed and documented within their care plans. Communication assessments provided staff with guidance on individuals methods of communication and communication strategies.
- Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took the time to listen to people.

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

- At our last inspection of the service there was no activities coordinator employed to conduct and provide an appropriate activity programme or to support people to meet their interests. At this inspection the registered manager told us they had been unsuccessful in filling the activities coordinator role. This continued to leave staff with the responsibility to conduct and engage people in activities between their caring roles. We observed this proved difficult due to people's level of needs. The registered manager told us they were continuing to try to recruit to the position and acknowledged planned activities required some improvement for which we saw plans were in place to address this need.
- People told us that they enjoyed the activities staff did with them and enjoyed venturing out. One person said, "Staff take me into town every three weeks to the shops or coffee bar, it is just myself that goes." Another person commented, "A man comes in for exercise and singing. There are games on the television. We do not do any reminiscing." A relative told us, "We recently attended a residents and relatives BBQ."
- People were supported to maintain relationships that were important to them which included welcoming

visitors to the home. One relative commented, "We are made to feel welcome when we visit."

End of life care and support

- People received end of life care and support when required. The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support when needed.
- People and their relatives were supported to make decisions about their preferences for end of life care if they so choose and these were retained in individual care plans for reference.

Improving care quality in response to complaints or concerns

- Complaints were managed and responded to appropriately in line with the provider's policy. People and their relatives told us they were aware of how to raise a complaint. One relative commented, "If we had any concerns we would speak to the manager."
- There were arrangements in place to respond to people's concerns and complaints appropriately. The provider's complaints procedure was available in formats to meet people's communication needs.

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.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has now deteriorated to 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.

Continuous learning and improving care

- Quality monitoring systems were in place to monitor the standards of care provided. However, we found these were not always robust, or effective in driving service improvements. They did not identify the issues we found at our inspection of the service.
- Robust recruitment procedures were not always in place or consistently followed and checks were not conducted to ensure staff recruitment processes were safe. Staffing levels were not always consistent or staff deployment monitored effectively. There were no systems in place to monitor call bell response times to ensure people received timely care and support when required. Risks to people's safety and well-being were not monitored to ensure people's safety was managed and guidance provided by health care professionals was followed. People's nutritional needs and meal time experience was not reviewed or monitored to ensure they always received the support they required. These issues required improvement.

We recommend that the provider reviews the systems in place to monitor and to help drive service improvements. Reviews of policies and procedures are required to ensure they remain up to date and are in line with best practice guidance.

- In other areas such as medicines management, accidents and incidents and the home environment, audits and checks were carried out and these were effective. For example, there was a home environment refurbishment plan in place which highlighted and addressed areas of the home which we found required improvement. We saw that action had been taken to address these areas and further improvements were planned.

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

- Staff demonstrated a commitment to provide person-centred care by engaging with people, relatives and professionals to meet their needs. People spoke positively about staff and the care and support they provide. One person commented, "The service is very good and well run." A relative commented, "We are very happy with Aspen. We looked around several other places and chose this one. We feel there is a nice atmosphere." A member of staff told us, "Care for the residents is brilliant. All the staff know residents well and give very good care and support."
- Daily staff handover meetings were held which provided staff with the opportunity to discuss people's needs and any issues or concerns that had arisen that day. Staff team meetings were held on a regular basis

and provided staff with the opportunity to discuss issues relating to the management of the home and service improvements. One member of staff told us, "Meetings are good because we can all chat and if there are any concerns then it's all documented and we all get a copy."

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

- At the time of our inspection there was a registered manager in post. They understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. They were aware of their registration requirements with CQC and their legal requirement to display their CQC rating.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager and deputy manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

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

- There were systems in place to ensure the service sought the views of people and their relatives through regular reviews, resident and relatives' meetings and surveys.
- Areas discussed at the last resident and relatives meeting included menus, home refurbishment plans and planning for the Christmas party.
- The service conducted regular surveys seeking feedback from people and their relatives. We looked at the results for the survey conducted this year. Results were largely positive focusing on the 'good care staff provided'. However, some negative comments included issues such as 'areas of the home require updating' and 'food quality was not always good'. We saw action plans in place to address the feedback received. These demonstrated actions were taken, for example, meetings were held with the chef to discuss the feedback received about the quality of the food.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals and GPs.

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 Staff were not always recruited safely. Robust recruitment procedures were not always in place or consistently followed.