

## Farrington Care Homes Limited

# The Fairways

### 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



### Overall summary

The inspection was carried out on 30, 31 March and 1 April 2015 and the first day was unannounced. The last inspection took place on 17 March 2014 and the provider was compliant with the regulations we checked.

The Fairways is a care home which provides accommodation for up to 20 older people who have a range of needs, including dementia. At the time of inspection there were no vacancies.

The service is required to have a registered manager in post, and there is a registered manager for this service. A registered manager is a person who has registered with

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

People and their relatives were satisfied with the care being provided at the service and were complimentary about the staff, who cared for people in a gentle and respectful way.

# Summary of findings

We found although people were receiving their medicines appropriately, medicines were not always being stored securely at the service. Recruitment procedures were not being followed robustly which could place people at risk.

The majority of staff were aware of safeguarding and whistle blowing procedures and demonstrated a good understanding of what constituted abuse. Staff had received training, however we found some trainings and appraisals were not up to date and staff development and performance were not being monitored.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are in place to ensure that people's freedom is not unduly restricted. The head of care understood when an application for DoLS should be made.

People had a choice of meals and staff were available to provide support and assistance with meals. People's food and fluid intake and weight were recorded and were being monitored. People were referred for input from healthcare professionals when required.

People's interests had been discussed and recorded and they were encouraged to take part in activities, which were carried out in a way that was enjoyable and inclusive. People's religious and cultural needs were considered and respected.

Care records were comprehensive, up to date and people had been given the opportunity to be involved, so their wishes could be included. People and their relatives felt confident to express any concerns, so these could be addressed.

The registered manager was based at another service owned by the provider, and was not involved with the day to day management of the service, so was not providing effective leadership for the service. The head of care was knowledgeable about the service and the people who used it.

Although some aspects of the service were being monitored, where shortfalls were identified action had not been taken by the provider to address them. The shortfalls we identified at the time of inspection showed the monitoring of the service was not robust, which could have placed people at risk.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. Recruitment processes were not being followed robustly and shortfalls in recruitment records were identified. Medicines were not always being stored securely.

Assessments were in place for identified areas of risk and these were personalised and reviewed monthly, so the information was kept up to date. Although safety checks were carried out, these were not monitored so shortfalls were not being acted upon.

The service was being appropriately staffed to meet people's needs.

Requires Improvement



### Is the service effective?

Some aspects of the service were not effective. Although the majority of staff had received training, some had not received training essential to their roles. Annual appraisals had not been carried out, so staff development and performance was not being monitored.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are in place to ensure that people's freedom is not unduly restricted. Staff understood people's rights to make choices about their care and demonstrated knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People received the support and assistance they needed with eating and drinking, so their dietary needs were met.

People were referred to the GP and other healthcare professionals in a timely way, so their healthcare needs could be met.

Requires Improvement



### Is the service caring?

The service was caring. People said staff looked after them well and were caring towards them. We observed staff listening to people, communicating well with them and supporting them in a gentle and caring way.

People and their relatives were involved with making choices and decisions about their care. Staff understood the individual care and support people required and treated them with dignity and respect.

Good



### Is the service responsive?

The service was responsive. Care plans were in place and were kept up to date so staff had the information they needed to provide the care and support people needed.

A variety of activities took place and people were asked about their interests so these could be taken into consideration when activities were planned.

Good



# Summary of findings

People and their relatives knew how to raise any concerns and said they were listened to and felt any concerns raised were appropriately addressed.

## Is the service well-led?

Some aspects of the service were not well-led. The registered manager was also responsible for other services owned by the provider and was not available to be in charge of the day to day running of the service.

Policies were out of date and the service was not being effectively monitored. Where shortfalls had been identified during routine checks or inspections, we found action had not been taken to address them, so the service was not being monitored effectively.

**Requires Improvement**



# The Fairways

## 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.

The inspection was carried out on 30, 31 March and 1 April 2015 and the first day was unannounced. The inspection was carried out by one 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. They had experience with older people and those with dementia care needs.

Before the inspection we reviewed the information we held about the service including notifications and information received from the local authority.

During the inspection we viewed a variety of records including three people's care records, nine medicines administration record charts, three staff files, servicing and maintenance records for equipment and the premises, risk assessments, audit reports and policies and procedures. We used the Short Observational Framework for Inspection (SOFI) during the lunchtime on the first floor. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed interaction between people using the service and staff throughout the inspection.

We spoke with seven people using the service, three relatives, the registered manager, the head of care, the support manager, three care staff, the activities coordinator, the chef, the housekeeper, the maintenance person and four healthcare professionals, including a GP, a community nurse, a community healthcare assistant and a physiotherapist.

# Is the service safe?

## Our findings

We asked people if they were happy at the service. Comments included, "It's wonderful here. I wouldn't go anywhere else." "I am very satisfied." and "It's alright." We asked relatives if they felt the service was safe and comments included, "I like it. I've never seen anything to worry about. Having [relative] here has taken such a load off my mind." and "I'm happy with the care. I've got no qualms."

People were not protected because recruitment practices were not robust. In the staff records we saw application forms had been completed. For one member of staff we noted gaps in the employment history and there was no explanation for these recorded. For another the employment end date on one reference did not tally with the date recorded on the application form. The second reference was one the member of staff had brought with them and the authenticity had not been verified, even though a telephone number to do so was available on the reference. Checks including criminal record and Disclosure and Barring Service checks, proof of identity and right to work in the UK were seen and staff had completed a health questionnaire. Photographs were not available and the head of care said these were not on any of the staff files.

This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were at risk because supplies of medicines were not always stored securely. The medicine trolley was secure and kept locked and attached to a wall when not in use. The medicines store cupboard was in a corridor and had a padlock closure. This was open when we arrived at the service and we were informed it was regularly left open. There was a metal storage facility for controlled drugs (CDs) within this cupboard, however this was not secure. The medicines fridge temperatures were checked daily, however the minimum and maximum temperatures were not checked, so it was not possible to know if the temperature was being controlled sufficiently to keep refrigerated medicines at a safe temperature. Daily temperature checks for the medicines trolley were recorded, to ensure medicines were being stored at safe temperatures. We viewed the last medicines monitoring

visit carried out by the dispensing pharmacist on 24 November 2014. It identified the need for a CD cupboard that was securely installed and for a minimum and maximum thermometer to be used for the drugs fridge. The head of care contacted the dispensing pharmacist at the time of the inspection to arrange for the equipment to be supplied.

This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were given their medicines and we observed staff administering medicines appropriately. Copies of the instructions for each medicine prescribed were kept so these could be referred to for information. There was a front sheet for each person which included details such as a photograph, allergy information, if they were diabetic, on insulin or on warfarin. Medicine administration record charts (MARs) were available and up to date and all medicine administration had been signed for. Where handwritten entries had been made, with one exception two staff had checked and initialled the entry, which was good practice. Liquid medicines and eye drops had been dated when they were opened. Receipts of medicines had been recorded and we carried out a stock check of six people's medicines and found the stocks were correct. Staff involved with the administration of medicines had received training in medicines management to keep their knowledge up to date. Some people had been prescribed pain killers on an as required basis and protocols for the administration of as required medicines were in place for staff to follow. An audit of all medicines was carried out each week and this was recorded on the MAR and also on an auditing document, where any discrepancies, the reasons for them and action points could be recorded. The medicines policy document we saw was a copy of a Royal Pharmaceutical Society publication from June 2003, which was not the most recent guidance available for care services. We discussed this with the head of care who said she would obtain a copy of the up to date guidance.

Policies and procedures were in place for safeguarding and whistleblowing and a flow chart for the reporting of allegations of abuse was on display in the service. We asked staff about safeguarding and the action they would

## Is the service safe?

take if they suspected someone was being abused. All staff said if they witnessed any abuse they would report it to the head of care. Whilst most of the staff were clear on safeguarding and whistleblowing procedures, two we asked were not aware of the outside agencies they could contact to report concerns, such as the Care Quality Commission (CQC) and the local authority. Not all staff had yet received training in safeguarding and whistleblowing and we saw on the training record that this training was not routinely carried out for ancillary staff.

People, relatives and staff we spoke with said they felt that there were enough staff to meet people's needs and during the inspection we saw staff were available throughout to provide people with the care and support they needed. The staffing rota evidenced the numbers of staff on duty in each department every day. One person we spoke with told us when they used their call bell it was answered quickly. The head of care said they were able to use long term agency care staff to cover shifts and this way the agency staff got to know the needs of the people using the service.

We saw risk assessments in the care records for each identified area of risk and these were personalised and had been reviewed monthly so the information was up to date. We observed staff enabling people to move freely around the service with staff available to support them where needed. Accident and incidents were recorded, alongside the action taken to minimise the risk of recurrence. Falls were being monitored each month and the head of care said this had been used to identify the need for additional staff at certain times. Service risk assessments were seen for risks that applied to everyone in the service, for example, the risk of scalds when giving people a bath or

shower, and these had been reviewed in March 2015 to keep them up to date. The service had an inspection from the London Fire Brigade in February 2015 and the head of care said they were awaiting the report. She told us about the shortfalls that had been identified and we saw action was being taken to address them. The fire risk assessment had recently been updated and there was a fire risk assessment for individuals, identifying their needs in the event of a fire. The head of care carried out a monthly health and safety inspection of the service and recorded her findings, so action could be taken to address any issues identified.

We viewed a sample of equipment servicing and maintenance records. Equipment including the lift, fire safety equipment, emergency lighting and portable electrical appliances had been checked and maintained at the required intervals, to ensure these were safe. The gas appliances check was due and a certificate has since been forwarded to us to confirm this had been carried out. Water temperature checks were carried out and we noted the temperature for the showers was being recorded each month at 50 degrees centigrade or above, which could place people at a risk of being scalded. We saw there were risk assessments in place for the risk of scalds and staff were clear about the procedure to follow to ensure the water was adjusted to a safe temperature prior to giving people a shower. On the third day of inspection the maintenance man for the provider attended the service and said he was going to install safety valves on the showers so the temperature could be set to a safe temperature and following the inspection the head of care confirmed this had been completed.



# Is the service effective?

## Our findings

Staff had received training in health and safety and also topics specific to people's needs, for example, dementia care and behaviour that challenges. Staff felt they received the training they needed to care for people effectively, and this was confirmed by people and by observing staff supporting people during the inspection. The head of care carried out fire awareness sessions with staff regularly and these were recorded. The head of care said she received information about a variety of training courses and arranged training for staff in new topics, for example, a clinical care training course to provide them with knowledge about health conditions related to older people. Staff had also attended training provided by a dementia care organisation.

Care staff had completed induction training, however this was not being carried out for ancillary staff. The head of care said she had identified an induction training pack for ancillary staff and would be introducing this. The chef was new in post and said they needed to renew their food hygiene certificate. The training records did not identify that all staff involved with handling food had undertaken food hygiene training, and some ancillary staff had not received training in safeguarding and whistleblowing. Staff had received supervision and the head of care said she carried this out individually for staff three times a year, plus there were regular staff meetings where any issues were discussed. The head of care had not received any supervision and appraisals had not been carried out for staff, so their progress was not being reviewed. Staff development and performance was not being monitored.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom was not unduly restricted. Where restrictions have been put in place for a person's safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person. Care staff had

received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interest. We saw people moving freely around in the service and staff were available to support them where needed. We saw in the care records a DoLS checklist had been completed for each person, which included the current care and support people needed and was used to determine if a DoLS assessment was required.

People using the service were generally satisfied with the food, and comments included, "The food is quite nice." "On the whole it's OK." And "The food is not too bad." One relative told us their family member "loved the food" and often asked for more. They told us the staff would make snacks if their family member was hungry outside mealtimes. The menu was displayed in the entry hall of the home and was written clearly in large letters. The chef said he had spoken with some of the people about the food to find out their opinions. The kitchen was in a separate building at the bottom of the garden. The chef was clear about the need to ensure the food was kept hot and we heard one person say when they had eaten the main course, "That was lovely and it held its temperature throughout." Drinks were available to people throughout the day and we saw staff providing support and encouragement to people with meals and drinks. Food and fluid charts had been completed, and the records we viewed reflected the amount of each meal people ate, so their intake was being accurately monitored. Care plans for dietary needs were in place and people were weighed monthly. The head of care said she monitored people's weights and we saw where someone had lost a significant amount of weight in hospital, they had steadily regained it once back at the service. A relative told us their family member had lost weight prior to coming to the service, however they had regained their weight now and seemed to be eating well.

People told us they were seen by healthcare professionals including the dentist, podiatrist and the optician. Input from healthcare professionals was recorded in people's records, and these included the GP, physiotherapist, community psychiatric nurse and community nurses. Healthcare professionals we spoke with confirmed people were referred to them appropriately for input. They said the staff they spoke with were knowledgeable about the people using the service, took on board instructions and



## Is the service effective?

implemented any changes in care. One of them told us, “The staff are very, very helpful here.” They said if someone’s condition changed then the staff would contact them for their support.

We carried out a tour of the premises. In one bedroom we found a frayed carpet edge that was not secured under the carpet safety strip and was a trip hazard. The maintenance man addressed this during the inspection. Part of the wall along the front of the service had been knocked down, some exterior windowsills were rotten and the paintwork

was peeling in places. Areas inside the service were in need of redecoration, for example bedroom doors were marked and flooring had bubbled up in one room and in the kitchenette had become very discoloured, although it was clean. The head of care said in 2014 work had been done to replace carpets armchairs and dining chairs, and we saw evidence of this during our tour. She said the providers were due to visit to discuss the redecoration and refurbishment needs of the service.

# Is the service caring?

## Our findings

People and relatives were positive about the staff and the care they received. Comments from people included, “All the staff are good. They look after us well.” “The staff are great.” “They’re very kind. They go to a lot of trouble.” and “I get on with the staff mainly. They’re very good to the residents here.” One person was reading an article in a magazine about poor care homes and they said, “we don’t get any of that here,” meaning that the care at the service was not negative and there was no abuse such as that mentioned in the article. Comments from relatives included, “The staff are really genuine, friendly, caring. They have a really warm, friendly attitude to everyone. The care is second to none.” and “They are all very friendly and helpful.” The GP told us the staff were “very sensible and very caring.” We asked staff what they thought of the service and one said it was “clean, organised and has a warm atmosphere.” Two staff said they would be happy for a relative of theirs to be cared for at the service.

We saw staff supporting people in a gentle and friendly way. A relative told us they thought everyone was treated with dignity and respect, and we also observed this during the inspection and heard staff conversing politely with people. Staff we spoke with said the important aspects of caring for people included making them feel as if they were part of a family, maintaining their dignity and privacy and being able to do as they wished. On the first day of

inspection we observed the lunchtime meal. A menu list had been completed and people’s choices were respected. Someone commented they wanted a ‘small dinner’ and staff heard them and conveyed this to the chef who was serving, so their wishes were met. People were able to eat their meals at their own pace and staff were available to support and encourage people with their meals. We saw in the care records that people’s preferences had been recorded, for example, waking and retiring times, food choices and their preferred term of address. We heard staff speaking with people in a respectful manner and there was a good atmosphere in the service throughout the inspection. Information about people’s religious wishes was also recorded in the care records, so these could be met.

Information about local advocacy services was on display in the service, so people could access this if they wished. Satisfaction surveys had been completed between October 2014 and February 2015. Overall the results were very positive and these had been summarised to include the action taken to address any issues raised. Dates for people and relatives meetings and staff meetings were displayed in the service. Minutes of these meetings demonstrated people, relatives and staff were encouraged to express their views, and a member of staff said the head of care encouraged them to give their opinions. From our observations we saw the head of care communicated well with people, listened to them and anticipated their needs.

# Is the service responsive?

## Our findings

People had been assessed prior to coming to live at the service and the information identified people's needs. The care records were individualised and provided a good picture of each person, their needs and how these were to be met. Monthly reviews took place and each area of the care being provided was reviewed to identify any changes. We saw that people and where appropriate their relatives had been consulted about the care provision, so they were involved. People's interests and hobbies were included in the care records so these were known and could be taken into consideration when planning activities. Daily records were completed and evidenced the care each person received and we saw each person was monitored throughout the day and any changes were recorded, so the information was current.

People took part in activities they were interested in. One member of staff was responsible for planning activities and we saw other staff supporting her and people using the service with activities. During our inspection activities took place including bingo, singing and music sessions. People were animated and enjoyed the sessions. People and staff told us about a variety of activities include games, bingo, manicures, music and discussion sessions on various topics. There was a 'Music for Health' class once a month and someone came in to provide live musical entertainment each month. Dates of visits to the service by entertainers, the hairdresser and church representatives were on display and the head of care said the activities programme had recently been discussed and reviewed and was in the process of being typed up. The activities for the days of inspection had been written up so people were aware and we saw people had newspapers and magazines which they enjoyed reading. One person who had nicely manicured and painted nails, said the care staff did this for

her. Another told us that during the summer months they spent time in the garden and activities such as ball games took place. The head of care said people were taken out shopping and to other local places of interest, with more outings in the summer months.

The service had input from Church representatives and we saw in care records where people's wishes in respect of their religious needs were recorded, reviewed and, where appropriate, changed in accordance with people's wishes. There was a list in the kitchen of any dietary needs, including those for religious and cultural reasons, so people received meals to meet these needs. For example, if people did not eat pork or beef, this was recorded and respected.

One person told us they enjoyed communicating with their relatives abroad. The internet facility was out of order at the time of inspection and when the service was working we saw in a monitoring report that the computer system was only available for the head of care to access. Nothing had been done to make Wi-Fi access available to people as a method of communicating with friends and relatives. This was discussed at the time of inspection and the head of care said she would bring this to the provider's attention.

People and relatives said they would feel able to raise any concerns so they could be addressed. Copies of the complaints procedure were in each bedroom so people and their relatives could follow these to raise any concerns. Staff we asked were aware of the process to be followed if someone wished to make a complaint and said complaints could be made individually or during meetings or they could contact the CQC directly. Documentation for recording any complaints was available in the main office so it could be provided for people if they wished to make a complaint.

# Is the service well-led?

## Our findings

The registered manager was registered for three care homes and was not present on the first day of the inspection. They came to the service on the second day and we discussed the management of the service. We asked how the registered manager divided her time between the services and how this was identified on the staff rotas for the services. The registered manager said she was based at another service and only visited The Fairways occasionally. There was no formal plan for attending the service and her last visit had been in November 2014. The registered manager was not able to tell us about the people living there and they were not able to manage the service effectively because of their other managerial responsibilities. From our conversations with people, relatives and staff it was clear they perceived the head of care to be managing the service. The head of care had a level 5 management qualification in health and social care and told us she attended training and conferences to keep her knowledge and skills up to date. They demonstrated a good knowledge of the day to day management of the service and of people's needs and how these should be met. Staff said the head of care communicated well with them, was observant and expected staff to provide a high standard of care to people using the service. One person said they thought the management were 'very nice.'

People were at risk because the service was not being monitored effectively. We viewed a monitoring visit report that had been carried out on behalf of the provider in April 2014. This had not identified any issues with fire safety and just indicated that a check of fire doors had been undertaken. Monitoring records, for example, the water temperatures, were not being checked so the provider had

not reviewed the issue with the hot water temperatures in the showers. During our inspection the provider's support manager attended the service to carry out a monitoring visit. They gave the head of care the report for their previous monitoring visit carried out in January 2015. That report covered three areas, including safety and suitability of the premises, however the report did not identify the environmental issues seen during our inspection. A development plan was not in place, so we could not see if there were any plans for improving the service, for example, to address the environmental issues we found during the inspection.

We asked to see the business continuity management plan and the one available was for another of the provider's services and was incomplete and out of date. Policies and procedures we viewed had been reviewed annually up until 2009, however with few exceptions, for example, policies for safeguarding and for DoLS, the policies and procedures had not been updated for several years and did not reflect current good practice guidance.

We were told that new policies and procedures were being sent through from head office via email, however there had not been an internet connection in the service since 31 December 2014. The provider said they had been attempting to deal with this. This meant the service was not able to receive updates of information or to provide an internet facility to people using the service.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The arrangements for safe keeping of medicines were not appropriate to ensure people were protected from the risks associated with the unsafe use and management of medicines.</p> <p>This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not protect service users and others who may be at risk, against the risk of inappropriate or unsafe care by means of the effective operation of systems designed to regularly assess and monitor the quality of services provided and identify, assess and manage risks relating to the health, welfare and safety of service users and others.</p> <p>This was in breach of regulation 10(1)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

## Action we have told the provider to take

The registered person did not have suitable arrangements in place to ensure staff received appropriate training, supervision and appraisal to enable them to deliver care and treatment safely and to an appropriate standard.

This was in breach of regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not operate effective recruitment procedures to ensure that only suitable people were recruited to care for and support people who use the service.

This was in breach of regulation 21(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.