

U&I Care Limited

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## Inspection report

15 Archers Green  
Kingswood Westbrook  
Warrington  
Cheshire  
WA5 1XS

Date of inspection visit:  
22 January 2018  
26 January 2018

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14 May 2018

### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place over five days with an unannounced site visit on 22 January 2018 and announced site visit on 26 January 2018. Where we receive information of risk or concern about a service, or information that indicates a service has improved, we may carry out a comprehensive inspection sooner than originally scheduled. The comprehensive inspection for this service was carried out sooner as we received information of concern and risk which we needed to explore.

When we conducted a previous inspection in September 2015, we rated the service 'Good'. During this inspection breaches of legal requirements were found and the service was rated 'Requires Improvement'.

15 Archers Green provides care, support and accommodation for up to three adults with autism/learning disabilities and complex needs. People living at the home are supported by staff on a 24 hour basis. At the time of our inspection there were three people living in the home; each person had their own bedroom and shared communal areas. Two of the bedrooms had en-suite facilities with an additional bathroom and downstairs cloakroom. People had access to a well maintained garden at the rear of the home.

15 Archers Green 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. The registered manager was also the registered provider.

Staff recruitment processes were not always safe. Files that we checked did not demonstrate robust recruitment checks in line with the provider's policy.

Systems and processes were in place to monitor the quality and safety of the service, however these were not always effective. We saw evidence of quality assurance audits being completed, however they lacked a review and analysis from the management team and had not identified the issues found during this inspection.

Accident and incidents were recorded where required and reviewed by senior staff and managers. However one report did not contain detailed information to provide a rationale as to why physical intervention had been used. This was discussed with the behaviour manager during inspection.

Consent for care was not always gained in line with the principals of the Mental Capacity Act 2005 (MCA). We

could not see any evidence of best interest involvement within the support plans viewed.

We saw evidence of detailed risk assessment at Archers Green that provided guidance for staff in managing identified risks. Risk assessments were reviewed regularly.

Each person living at Archers Green had a Personal Emergency Evacuation Plan (PEEP) in place. We saw the PEEPs did not provide guidance for staff to safely evacuate people during an emergency. This was discussed with the deputy manager during inspection.

We saw evidence that medications were stored and administered safely. Staff had received appropriate training to safely administer medication and had their competencies assessed regularly.

Staff had received training in relation to safeguarding adults from abuse and neglect. Staff we spoke with showed a good understanding of how to safeguard adults from abuse and how to report any concerns.

Staff had received training in relation to behaviours that challenge and physical intervention. Staff told us they felt confident dealing with situations when people may present with behaviours that challenge or if they became physically aggressive.

We saw that staff had received training in most areas relevant to their role, however training provided for autism was an 'introduction to autism' delivered by the registered provider and not an accredited training program. Relatives told us they did not feel that some staff had received adequate training around autism and felt this affected their ability to manage people and their behaviours effectively whilst out in the community. This was discussed with the registered manager during inspection.

Staff were supported in their role through supervision and appraisals.

We saw that applications to deprive people of their liberties had been applied for appropriately.

People living in Archers Green did not always have access to health care appointments when required. We saw from care files that appropriate referrals were made for health/medical care but relatives told us that medical treatment was not always requested within an appropriate timescale.

People were supported with their nutritional needs. We saw from care files that people were encouraged to maintain a healthy, balanced diet. Staff encouraged people to be involved in the choices made and the preparation of meals provided.

Relatives told us that staff were kind and caring towards people living in Archers Green. We observed staff to be kind and patient with people and interact in a positive, effective manner.

Staff we spoke with were able to explain how they would maintain people's dignity whilst providing personal care and the importance of treating people with respect.

Relatives were encouraged to express their views and from the care files we looked at we saw evidence that relatives were involved in the decisions about people's care. When staff conducted reviews of people's care files, relatives were involved in any changes that were made.

The care records viewed showed that staff encouraged development and independence from people living in the home. They were encouraged to be actively involved in events throughout the day such as cooking,

cleaning and personal care.

Care records were based on individual needs and were reviewed and updated regularly. People living with autism each have individual characteristics and behaviour traits; care files that we viewed contained information specific to the individual. People's support plans provided detailed guidance for staff to provide the right support.

People living in Archers Green were provided with a wide range of activities; we saw evidence that people were supported to access regular activities ; such as the park, swimming, cinema, shopping, sensory centres and trampoline parks.

The registered provider kept a record of complaints for all five of their locations; there were none recorded for Archers Green. However those recorded for other locations did not provide a detailed account of the complaint or how it was dealt with.

Relatives and staff spoke positively about the registered manager and the management team. Relatives told us the registered manager was always approachable and easy to contact and regularly kept them informed of any changes/updates.

The registered manager showed a continued desire to improve on the quality of care and support being provided to people using their 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** ●

This service was not always safe.

The service did not always have safe recruitment processes in place.

Sufficient numbers of staff were deployed to meet people's needs.

Medication was managed safely.

Risk assessments were in place and reviewed regularly.

### Is the service effective?

**Requires Improvement** ●

This service was not always effective.

Consent was not always gained in line with the principals of the Mental Capacity Act 2005.

People were not always supported to access medical care in an appropriate time scale.

### Is the service caring?

**Good** ●

This service was caring.

Relatives told us that staff were caring and kind and staff supported people to maintain their privacy and dignity.

People and relatives were encouraged to express their views and were involved in their care planning.

Staff supported people to be independent and encouraged development.

### Is the service responsive?

**Requires Improvement** ●

This service was not always responsive.

Support plans were based on individual needs and assessed and

reviewed regularly.

People were provided a wide range of activities.

Whilst relatives felt confident making a complaint, they did not always feel staff listened when issues were raised.

**Is the service well-led?**

This service was not always well-led.

Systems in place to monitor the quality and safety of the service were not always effective.

Relatives spoke positively about the way in which the service was managed.

The provider demonstrated a clear commitment to improve on the service they delivered.

**Requires Improvement** 

# U&I Care Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over five days with an unannounced site visit on 22 January 2018 and an announced site visit on 26 January 2018. The inspection activity started on 22 January and ended on 19 February 2018; during those five days we spoke with staff and relatives and received additional information from the registered provider.

Prior to our inspection we reviewed some of the information we held about the home, including any notifications sent to us from the provider, and information from the local authority which helped us form our inspection plan .

During the inspection activity the registered manager provided us with additional information at our request and in response to any issues identified during the visits to the service.

We spoke to the registered manager, deputy manager, behaviour manager, house lead, two relatives and three staff working at Archers Green.

We looked at the support plans and associated records for three people, five recruitment folders, medicine administration records and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

During this inspection we found that safe recruitment processes were not always being followed in line with the provider's policy. Some recruitment files did not contain appropriate references prior to staff commencing employment and those that did contain references had not always been obtained from previous employers as detailed in the provider's policy. Some application forms did not include previous employment history or an explanation for gaps in employment; again as stated within the provider's policy. Disclosure and Barring Service (DBS) checks had been completed. DBS checks are used by employers to establish if recruits have a criminal record or are barred from working with vulnerable adults or children. This helps employers to make safer recruitment choices.

This is a breach of Regulation 19 of the Health and social care act 2008 (Regulated Activities) Regulations 2014.

We saw evidence of incidents and accidents being recorded appropriately. The incident reports provided detail around the circumstances of the incident and how this was dealt with by staff. For example, where a person had displayed behaviours that challenge, staff had recorded what had occurred leading up to the incident and how they had managed the situation. Staff recorded when physical intervention or medication had been used. However, we found with one incident form that staff had not recorded full details of a particular incident that had led to physical intervention being required; this meant that it was unclear why physical intervention had been needed. We discussed this with the management team who told us that the current incident forms were not appropriate and this was something they would be looking to review and change.

Each person living at Archers Green had a Personal Emergency Evacuation Plan (PEEP) in place. However, these did not provide enough information to safely evacuate people during an emergency. People living at Archers Green had been assessed as not understanding general emergency procedures. The PEEP forms did not provide guidance for staff on how to communicate effectively to people and safely remove them during an emergency. The deputy manager told us they would review each person's PEEP and ensure that appropriate information was recorded.

During the inspection we saw that individual risks were assessed and reviewed regularly. We saw assessments for risks such as mobility and movement, road safety, nutrition, individual activities, environmental and risks associated with behaviours that may challenge. The risk assessments and associated support plans were detailed and provided guidance for staff to identify risks and manage them effectively. For example one person's support plan contained assessments for environmental risks. The risk assessment detailed what factors within the environment may cause the person to become distressed or anxious and how this could impact on their behaviour. The information within the support plan provided guidance for staff to identify the triggers that may cause a change in behaviour and how to manage these situations.

People's medicines were managed safely. As part of the inspection we checked medication records, storage



arrangements and audits. Each person's medication was stored in a separate safe that was locked at all times. We checked stock levels for four separate medicines and found the correct amounts remaining. Medicine Administration Records (MAR) were checked for medicines administered and we found they were completed correctly. Where people had gone to stay with relatives for a short period of time, staff had signed out an appropriate amount of medication for them to take; this was correctly recorded within the MAR sheets.

Staff had received appropriate training in the safe administration of medication and had their competency assessed regularly. We saw from records that new staff would observe experienced staff in the administration of medication. Once they had completed a certain number of observations they were then assessed for a period of time before being signed off as competent. This ensured that staff had the appropriate knowledge and skills to safely manage and administer medication.

We had not received any safeguarding concerns relating to people at Archers Green. Records showed us staff had received training in relation to safeguarding and staff we spoke with were able to clearly explain how they would keep people safe and safeguard them from abuse and neglect. Comments from staff included "Protecting them from danger, abuse from staff; neglect and physical abuse" and "Safeguarding is protecting them from abuse, we would always report to a manager first but I would go to the local authority if I had to". Staff we spoke with told us they were confident reporting safeguarding concerns and were able to explain who they would report to such as senior staff, managers, office staff or the local authority.

Staff we spoke with told us they had received training in relation to whistleblowing (reporting concerns confidentially) and provided a good understanding of how they would report concerns both internally and externally if they felt they needed to.

We saw evidence both through observations and records that the service deployed sufficient staff to meet people's needs within the home. People living in Archers Green required one-to-one support (and on occasions two-to-one). Staff covered a 24 hour rota of support which included a sleeping night shift. We did not find any concerns relating to staffing numbers.

We saw evidence of regular fire safety checks and services being completed both internally and externally; such as fire alarms, fire extinguishers, smoke detectors, fire escape routes and emergency lighting. We saw safety certificates and reports relating to gas safety and portable appliance testing (PAT). We also saw evidence of regular fire drills and information regarding evacuation procedures.

The deputy manager showed us a 'home risk assessment' folder that contained evidence of checks completed within the home to ensure the environment was kept safe; such as, radiators that were not covered would be checked daily for safe temperatures, banister rails for all flights of stairs and ensuring window restrictors were in place.

We checked procedures for the control of infection and found the home was clean, odour free and well-maintained. Staff had received training in infection control and those we spoke with provided a good knowledge and understanding of how to prevent the spread of infection. There was appropriate guidance for safe hand washing procedures.

## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Consent for care was mostly gained in line with the principals of the MCA. People living in Archers Green lacked the capacity to make specific complex decisions about their care and treatment. Care records did not provide evidence of individual capacity assessments, however they did refer to people lacking capacity to make complex decisions. We saw that where necessary, consent for care was provided by family members who had the legal authority to do so. However, one relative had provided consent for particular medical treatment who did not have the legal authority to provide this consent. Where a person lacks capacity to make particular decisions for themselves, a best interest decision can be made for them. We did not see evidence of staff recording when a decision had been made and who was involved in that decision. We discussed this with the deputy manager who told us they would address this issue.

Staff we spoke with were able to explain how they gained consent from people regarding non-complex decisions. Staff explained that people living in the home were always asked for consent around decisions such as personal care, meals and activities. One staff member said "We always plan ahead and listen to what [people] want, we ask them what they want to do and would never do what they don't want to do".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications to deprive people of their liberty had been made regularly to the local authority. DoLS applications had been made appropriately and correct procedures had been followed.

We recommend the provider reviews their approach to the Mental Capacity Act and takes action accordingly.

We saw from records that staff had received training in areas such as manual handling, infection control, first aid, physical intervention and behaviours that challenge. Staff we spoke with confirmed they had received regular training and felt they had the necessary skills to meet the needs of people living in Archers Green.

Relatives told us that whilst they felt most staff had the necessary skills and knowledge to care for people in the home, they felt that autism specific training was limited and did not always provide staff with the knowledge and understanding they required which they felt affected staffs' abilities to effectively manage situations and behaviours that may challenge, especially whilst out in the community. One relative told us that prior to people moving into Archers Green, the management team had worked effectively alongside

other professionals to ensure that staff understood the complexities of people's needs. This relative felt the process had worked to ensure that staff fully understood the behaviour traits and triggers specific to the individuals. However, some staff have since left the service and new staff entering the home have not been provided this level of autism input/training. The registered manager told us staff received a two day introduction to autism delivered by the registered provider. They also told us new staff are fully supported by more experienced staff and have full access to behaviour support plans for people living in Archers Green to ensure they have full relevant information regarding their behaviours and characteristics. Following our discussion the registered manager assured us they would review the training and ensure further training was made available to develop competence within staff.

People living in Archers Green were supported by staff as well as other health care professionals when needed, in order to maintain their health and well-being. The care files we looked at showed people received care and treatment from health and social care professionals such as GPs, occupational therapists and dentists. However relatives told us people were not always supported to access medical care in an appropriate time scale. For example, where a person had received an injury, staff had not consulted with a GP or other medical professional to receive advice/treatment at the time the injury was seen. Staff had to be prompted by the relative to ensure that medical treatment was gained. The relative felt this was due to poor communication between staff but that since new senior staff had been recruited into the home, improvements had been made regarding this; they felt positive that people would receive access to appropriate health care professionals when needed in the future.

Staff were supported in their role through supervision and appraisals. Supervisions are regular meetings between the staff member and their manager to discuss any issues which need to be addressed in a one to one setting. Appraisals are used to identify goals and objectives for the year ahead to ensure staff are supported to develop within their role. Staff we spoke with told us they had regular supervisions and felt they were able to discuss any issues or concerns.

People were supported with their nutritional needs to maintain a healthy balanced diet. Care records showed that people were given a choice of meal options and were regularly included in the decisions made regarding food. Staff regularly encouraged people to try new foods to expand on the variety provided.

## Is the service caring?

### Our findings

Relatives of people living in Archers Green told us that staff were kind and caring and treated people with respect. Comments included; "Yes [staff] are kind and caring; there are three complex [people] living in the house and [staff] work hard to keep them up-beat", "On the whole [relative] has had some excellent days out and positive experiences" and "Yes [staff] are kind and caring; [Relatives] are a lot happier now with core staff in place. We are happy with the staff, they are kind people and they want to do their best"

We observed staff to be calm and patient with people when providing support. Staff were heard to offer encouragement and interactions were positive. People living in the home had limited verbal communication; staff were seen to take time with people to ensure they fully understood what they were asking/saying and this showed evidence of a relaxed and familiarised relationship. From observations made, staff knew people well and showed a good knowledge of their likes/dislikes and individual personalities.

Staff we spoke with were able to explain how to ensure a person's dignity was maintained. Comments included "When we provide personal care we make sure curtains are closed; we try and get [person] to be as independent as possible but we talk to them and always explain what we are doing and make sure they are covered up at all times" and "Make sure dressing gown is closed as [person] sometimes forgets and leaves it open. The bathroom must be closed and we keep them covered"

Relatives told us, and we saw evidence in care files, that they had been involved in the planning of people's care. One relative said "Yes I was involved in the plans being created. [Staff] came to my house and went through the new plan with me". The deputy manager told us, and relatives confirmed, that care plans were in the process of being updated. Relatives told us they had been included in those updates.

We saw evidence that people living in the home were provided with choices on a daily basis; we saw from care files that people were regularly asked what meals they wanted, whether they wanted to go on certain activities, what clothes they wanted to wear and how they wanted to be supported for personal care. Staff we spoke with told us that offering choice to people was important as it helped to encourage independence.

Personal development and independence were both encouraged by staff at Archers Green. We saw in care files that people were given 'personal development targets'; these sections of the files documented what a person could do now and what they were trying to achieve. For example one care file recorded that a person could respond to staff when being greeted; their aim was to greet staff before staff greeted them to encourage more effective communication.

## Is the service responsive?

### Our findings

We found that whilst there was a record of complaints, this lacked sufficient detail to establish what the complaint was regarding and how it had been managed and dealt with by the registered manager. There were no complaints recorded for Archers Green, however the complaints log held by the registered provider related to all locations and services owned by the provider. This detailed all complaints made for all locations. Relatives of people living in Archers Green told us they felt confident making complaints and whilst they had not felt the need to make any formal complaints they had raised issues with staff on a number of occasions. Relatives told us they had not always previously felt listened to when issues were raised and that not everything had been acted on by staff. One relative said "Sometimes [staff] listen but I feel I am repeating myself". Relatives told us they had seen improvements since January due to a new house manager and felt staff listened more and issues were addressed more efficiently.

People's needs and requirements had been assessed prior to using the service; this helped to ensure that care plans were person centred and based on individual needs. Relatives told us that prior to people moving into Archers Green, the management team and staff had worked closely with other professionals and organisations supporting them to gain a knowledge and understanding of their personalities and behaviours. Relatives told us this had helped to create a positive transition from their previous care setting to Archers Green.

Care plans were person centred and showed evidence of involvement from relatives and the person themselves; they provided detailed information regarding family, life history, likes/dislikes and hobbies. For example, care plans detailed a person's family dynamics and the importance of family being involved on a regular basis.

Care records and support plans were based on individual needs and requirements and were reviewed regularly. We saw support plans for areas such as personal care, communication, mobility and movement, nutrition and diet, mental state and emotional needs and social interests. The support plans provided detailed information and guidance in each of these areas to ensure that staff were able to identify changes in behaviours and support people effectively. For example, support plans for mental state and emotional needs detailed what may affect a person's mental/emotional state and contained a 'how to support me' section; this was a detailed list of ways for staff to ensure that a person's mental/emotional state was not adversely affected and how to support them if it was.

We saw that staff completed daily logs describing how a person's day had been; they recorded things such as a person's behaviour/emotional state, the activities they had carried out, choices they had made, support that had been provided and any incidents that may have occurred. Staff utilised a 'mood matrix' to show what level of mood/emotional state the person had displayed and what intervention had been required. For instance, reassurance, distraction techniques or physical intervention if required. The daily logs allowed staff to see how people had been throughout the day and identified if there were any themes to certain behaviour triggers.

Staff we spoke with told us they used a daily handover log and communications book to pass information between each other and to ensure that all staff were kept informed of any changes in care needs, appointments or any other important information they would need to effectively support people.

People were provided with a range of activities that were based on their hobbies and interests and encouraged them to access the community to ensure they did not become socially isolated. Activity planners were created to ensure that people had a routine and structure to their day; we saw activities such as trampoline centres, parks, cinema, shopping trips, community groups, sensory centres and swimming. Staff we spoke with showed detailed knowledge of the activities that people liked taking part in and the importance of encouraging involvement.

Staff we spoke with told us they had been provided with 'autism awareness' cards; these would be given to members of the public if people displayed behaviours that may challenge. The card was a way for staff to inform the public that a person was living with autism and provided contact details should they have any concerns. Staff we spoke with told us these cards allowed them to concentrate on the person and the incident and not worry about having to provide the public with an explanation.

## Is the service well-led?

### Our findings

We saw evidence of audits and checks being completed by the deputy manager. A 'manager's weekly checks' folder showed that checks and audits were being completed in areas such as medication management, water checks, personal development targets and whether staff were following people's timetables. However, the audits/checks were not effective and did not identify some of the issues that we found during the inspection. For example, we identified issues with regards to staff recruitment and MCA and best interest decisions yet we did not find audits in relation to recruitment or care plans. We also found that some audits being conducted did not provide enough information to show whether issues/errors had been found. For example, we found that medication audits did not show whether any staff had made medication errors, yet other records (disciplinary records) identified that some staff had made errors in medication management. This showed that systems in place to check the quality and safety of the service were not effective.

We found that whilst incident and accident forms were being completed, there was no evidence of review or analysis by the registered manager or management team. Carrying out reviews and analysis helps provider's to identify lessons learnt and work to improve systems so that the same problems do not occur again.

We found that whilst there was a record of complaints, this lacked sufficient detail to establish what the complaint was regarding and how this had been managed and dealt with by the registered manager.

We were unable to find evidence of the service using best interest decisions due to a lack of records regarding this. The deputy manager and registered manager told us that best interest decisions were being made, however these were not being recorded when made. The deputy manager told us that these records were kept at the registered provider's main office, however when we visited on 26 January staff were unable to provide it when requested.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post. 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 notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Archers Green.

Relatives spoke positively about the registered manager and current management team; relatives described the registered manager as approachable, passionate and hands-on. They told us that the registered manager contacted them regularly and always kept them informed of any changes. Relatives told us that

when people had first moved into the home, the management and senior staff were extremely positive and effective. However, for a short period of time new management and senior staff were in post which they felt resulted in poor management and leadership within the home. Relatives told us that since management had changed again in January 2018, they had seen improvements in the way the home was being managed and the quality of care being provided.

Staff spoke positively about the registered manager and management team. Staff told us they felt supported by all of the managers and found the registered manager very approachable. Staff told us the registered manager would visit Archers Green several times a week and was always available if needed. One staff member told us "[Manager] is brilliant; they take on clients because they know we can look after them. [Manager] matches clients to staff in terms of skills and personalities."

Although staff meetings were conducted, the last one identified had been in July 2017. The records showed clear discussions and updates regarding people using the service; staff were updated with changes in needs and any concerns highlighted were discussed and decisions made regarding how to address them.

We did not see evidence of surveys being completed by relatives, staff or people using the service. Relatives told us they were regularly in contact with the management team and felt they could pass any comments or concerns to them directly rather than completing surveys.

The registered manager showed they were passionate about providing good support for people using the service; they showed a continued desire to improve on the quality of care and support being provided to people. During the inspection process, the registered manager had provided examples of how they would address issues that were identified and how they intended to improve on systems already in place.



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 17 HSCA RA Regulations 2014 Good governance<br><br>Systems and processes in place to monitor the quality and safety of the service were not always effective.                          |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>Recruitment processes were not robust and were not always completed in line with the provider's recruitment policy. |