Mrs Sheena Calvert

Coastal Carers

Inspection report

Suite 21 , Cayley Court
Hopper Hill Road, Eastfield
Scarborough
North Yorkshire
YO11 3YJ

Tel: 01723581334
Website: www.coastalcarers.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 8 March 2016 and was announced.

Coastal Carers provides a domiciliary care service offering support and personal care to 76 adults who live in their own homes.

There was a registered manager in post at 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.

Recruitment processes were not safe at this service and staff had started work before checks were completed to ensure they were suitable to work with people in their own homes. The provider had not followed robust processes to gather appropriate information about people they employed. You can see what action we told the provider to take at the back of the full version of the report.

Staff received training that was relevant to their roles. There were sufficient staff employed to meet people's needs. They were supported through regular supervision with senior staff.

Care plans were detailed, had associated risk assessments in place and people were involved in their content and review. Medicines were managed safely and we found there had been a reduction in medication errors.

People who use the service were encouraged by staff to live as independently as possible and people told us they felt they were treated with dignity and respect. People told us the staff approach was caring and made positive comments about the care they received.

The service was led by a registered manager and team of supervisors who had experience of working with people and held appropriate qualifications.

The registered manager had historically made appropriate notifications to CQC. However, we found an oversight relating to notifications not being made promptly and the registered manager rectified the issue immediately.

Audits were completed regularly and people who used the service were asked for their views and suggestions via questionnaires. Responses were recorded and actioned in order to maintain the quality of the service. People told us that the management team were approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The service had not implemented a robust method of staff recruitment to gather all the information required to ensure that staff were suitable to work with people in their homes. This could impact on the safety of people.

Staff administered medicine safely when it was part of the support people needed. They had implemented an improved medicine administration record

Care plans detailed the type of support people needed and risk assessments were completed.

Staff understood what safeguarding was, they were aware of types of abuse and how to report any concerns. They knew how to use the whistle-blowing process if they saw poor practice.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training and on-going training needs were identified by the service. Staff had the relevant training to give people the care and support they required.

Staff received regular supervision and spot checks were carried out by supervisors.

The service communicated effectively with people and staff and requested consent from people before they gave care and support.

Is the service caring?

Good

The service was caring.

People made positive comments about the care they received and the approach of staff. They told us they were treated with dignity and respect.

Staff encouraged people to make decisions about their care and preferences were recorded in their care plans.

People were encouraged to be as independent as they wanted to be, with the support of staff.

Is the service responsive?

Good

The service was responsive.

We found that the service was responsive to the individual support needs of people and care plans were reviewed and updated regularly.

The service had a complaints procedure in place and people told us they would feel confident to discuss any issues with the registered manager or one of the care staff if they had concerns.

Is the service well-led?

Good

The service was well-led

There was a manager in post who was registered with the Care Quality Commission.

Quality audits were being carried out to monitor peoples care and support.

There were opportunities for people who used the service and staff to express their views about the quality of the service provided.

People and staff felt confident speaking to the manager and supervisors about their concerns.

Coastal Carers

Detailed findings

Background to this inspection

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

This inspection took place on 8 March 2016 and was announced. The provider was given 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by an adult social care inspector who visited the location and an expert-by-experience who made telephone calls to people who use the service during day one of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in community care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist in the planning of the inspection. In addition we looked at statutory notifications which the provider had made to us. Notifications provide the Care Quality Commission (CQC) with information about events which affect the people who use the service or the way the service is run.

During the inspection we spoke with 19 people who use the service on the telephone. Throughout the inspection we had discussions with the registered manager and the team of three supervisors present at the service office. On the second day of the inspection we spoke with three members of staff on the telephone.

We inspected the care plans of seven people who used the service and reviewed records relating to the running of the service including policies and procedures, accident and incident logs, medicine records and audits relating to the running of the service. We looked at five staff recruitment and training files during the inspection.

Requires Improvement

Is the service safe?

Our findings

Recruitment processes were not safe at this service. This meant the service could not be sure that they had employed people who were suitable to work in social care and were therefore not protecting people who used the service.

We examined five staff files and found that all of them had started visiting people in their homes before information had been received confirming that a full check had been carried out with the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective care worker members are not barred from working with people who need social care support.

We were told by the registered manager that common practice was for new staff to observe experienced care workers in people's homes before the registered manager applied for a DBS check. They told us that when the person had completed initial shadowing visits and confirmed they wanted the job, then they applied for the DBS check. The registered manager told us that new staff were given verbal feedback regarding the outcome of their time shadowing, but this feedback was not recorded. This meant staff that had not had a background check were going into people's homes which was a risk for people who used the service and they were not protected because safe recruitment practices had not been established or operated effectively.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

When we spoke with people who used the service they told us "I feel safe with the care I receive." Another person said "I do feel safe, I have no concerns." We asked staff how they kept people safe and their comments included, "We are the eyes and ears out there for clients and their families" and "The training we do and the care plans make sure we know about any risks."

We found the adult safeguarding policy statement was detailed and made reference to changes to the Care Act 2014. The policy was dated and signed by the registered manager and included a yearly policy review date.

Staff we spoke with were able to confirm they were aware of different types of abuse and told us clearly how they would respond if they had any safeguarding concerns. One staff member told us "If we have any concerns about anything we report it to [management team]." Another one said "If I saw anything I would ask the client if they want to talk about it. I would write it down and share it with the office and would share everything with my manager." The staff files we examined confirmed that safeguarding training had been carried out and we found there were safeguarding and whistle-blowing policies in place. Whistle blowing is raising a concern by disclosing information about a wrong doing within an organisation. We spoke with five staff about whistle-blowing and all of them described it accurately to us. One staff member told us "I understand the process and am confident to talk if I have any concerns. I know that I can go to CQC too." This meant that the organisation was proactive in encouraging staff to come forward if they witnessed poor or unsafe practice.

Staff files we examined contained two references that were recorded appropriately. The registered manager told us, "References are requested and chased up with a phone call. Staff are told that if two references don't come back then we can't employ them." Staff we spoke with confirmed that they provided two references and that these were followed up by their manager.

The staff handbook and employment documents were in the process of being updated by an outside organisation and we saw the written proposal for this, dated 18 February 2016.

The out of hours emergency on call cover policy offered guidance to staff to ensure they responded to situations appropriately and logged the action they had taken. The registered manager told us that the team of supervisors had a rolling on call rota and this was confirmed by the three supervisors we spoke with on the day of inspection. One supervisor told us, "We work it out between us and manage any changes we need to make to the rota."

When we discussed staffing levels with people who use the service, we were told "On one occasion there was a phone call from them to say there was a problem, but usually they are on time within a few minutes on either side." Another person said "No problem at all. I get the timetable and I know when they are coming." One person told us "They are so short staffed they don't have days off. The staff get fed up when they are called on extra calls, they go for four weekends on the job." The registered manager told us they were managing the current service demand and were advertising for new staff online and via local radio. They went on to say that more staff would allow them to develop the business further.

Staff we spoke with told us "Staff levels have dropped in the past few weeks, they couldn't take on any more clients at the moment and staff are working at full capacity." Another said "A couple of people have left recently and I have enough hours. I still have time to do the things I need to do between the morning and evening calls. My hours work around my life."

The registered manager told us "The zero hour contracts can reduce the number of people applying for jobs." However the staff we spoke with told us "I am happy with my hours." Another one said "At one point I had to change my hours and they accommodated it straight away" and "I have always had enough hours and new staff are being recruited soon." We observed that there were enough competent staff on duty to ensure that practice was safe. The service had reviewed staffing levels and had advertised to recruit new staff.

We examined risk assessments in people's care plans and these included assessments of a person's environment, detailing potential hazards in rooms. This assessment included details of smoke and carbon monoxide detectors in people's homes and the registered manager told us that they will contact the fire brigade if these detectors are not present to ensure that people had access to advice and support being offered by the fire brigade.

One person exhibited unpredictable behaviours at times and there was clear guidance for staff on how to manage this situation in the persons file. We observed that another person had been the subject of a confidential meeting with the local authority and saw that the service logged and stored this information appropriately in a file at the service office. They shared information appropriately with other agencies and had regular contact with relatives. The local authority risk assessment and management plan for this person was in their file.

We found information about security and key safes in people's care plans, which ensured staff had accurate information on how to access people's homes in accordance with decisions made regarding security. We

reviewed the accident and incident book and found this to be completed accurately, with the most recent accident logged on 27 January 2016. The accident had been recorded in detail with an outcome. This enabled both staff and people who used the service to be kept safe.

Medicines were managed safely. One person told us "They do all the medication and are helpful with that." Not everyone required assistance with their medicines. The Provider Information Return (PIR) gave us information about medicine errors recorded up to 26 November 2015. The supervisor responsible for the medicine audits told us "The process has improved over the past few months and I speak to the staff member on duty if an error is made" and "I check the daily log and the medication is logged there but sometimes the MAR chart is not signed." We observed the new Medicine Administration Record (MAR) chart they used. MAR charts are the formal record of administration of medicine. The chart was clear for staff to use, with appropriate codes and had a space on the back of the chart for any concerns to be noted.

The supervisor told us "I log who the staff member was, when the visit was, I speak to the person and note the action taken." They also said "We send memos out to staff as reminders about good practice and we find this an effective method of communication." One staff member confirmed this when they told us "We have new MAR charts now. If there's a gap the daily logs are checked and [supervisor's name] goes through them and memos are sent to us."

All of the care plans we observed contained details of people's medication requirements and instructions for staff on administering them. One care plan detailed that the key to the person's medication store was kept securely in a key safe. This decision had been brought about through a best interest's process, ensuring that an agreement had been reached by professionals involved and family to ensure safe medication care. This action had been taken to address the risk of the person taking too much medication.

We observed the form used by supervisors when they carried out a staff spot check and it included a question about medication being administered correctly. It also asked if the supervisor or carer felt any more training was required. This demonstrated that medication administration was being monitored and recorded safely.

Good

Is the service effective?

Our findings

People received effective care and support that met their individual needs and preferences. One person we spoke with told us "The ones [carers] I have round are very well trained" and another told us "Yes, they know what they are doing." We saw evidence of training in staff files which held records and certificates of achievement. New staff were required to complete the Care certificate; this is a qualification that aims to equip health and social care support workers with the knowledge and skills they need to provide safe and compassionate care.

Training was delivered via on-line courses and practical classroom methods. One staff member told us "The training is really good, I have just completed the Care certificate and I have done the online training. I'm keen to do the refresher courses as they come along." Another told us "Part of the Care certificate is to be observed by [supervisor's name] and they will do this and give feedback that's evidence for the qualification."

The registered manager told us that a local source of training for staff had recently closed down and that one of the trainers had been in touch with them and offered their services via another company. The manager had decided to accept this training so that staff received consistent opportunities from a trainer that the service knew and respected. One of the supervisors had completed their NVQ Level 5 qualification in leadership for health and social care and we saw their certificate to confirm this. This demonstrated that the service had a proactive approach to the learning and development of staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and found that staff had received training around the MCA and Deprivation of Liberty Safeguards (DoLS). None of the people who used the service were the subject of an order by the Court of Protection which restricted their liberty, rights or choices and the service did not have any clients who required the use of restraints at the time of our inspection.

When we looked at care plans we saw that consent had been sought and logged appropriately on a dated and signed consent form. The staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005. They told us they always ask for consent from people before giving care or completing a task. One staff member told us "I ask, what would you like for dinner? It's important to involve clients." Another staff member told us, "If a client was unwell, I would get their consent and talk to them about ringing their doctor, then log it all in their file. Sometimes the family is involved too." One person we spoke with told us "Yes, they always ask me for consent and show me consideration." Another person said "Yes they always ask me and are very nice."

We observed that part of the induction process included completion of training in areas including: DoLS, first aid awareness, safe administration of medicines, health & safety and moving and handling. We found that staff files contained a checklist that recorded when each training element had been completed. This gave staff access to a comprehensive induction process.

Staff received regular supervision from senior staff to support them in their roles and we observed that this was logged in staff files with review dates. One staff member told us "Supervision is a lot better since [name of supervisor] has been doing them and [name of supervisor] is a good person to talk to because she is also a carer." Another one told us "I had supervision last week and have it every few months. My last one wasn't a long supervision because everything was good."

Supervisors carried out spot checks every 3 months and one supervisor told us "We watch the call, ask the client questions and observe behaviours between clients and staff. We observe if all the tasks are completed within the time for the call and sometimes we will link this to a client questionnaire after the call, so that we can speak to the client and see if the staff member stayed for the amount of time they should." Another supervisor told us "It's good to have a log of supervisors visiting clients to call in and make sure things are ok. It's a good process and makes us more approachable, not just voices on the phone." Spot checks were recorded in a file in the office and we found that if any issues were raised then a supervisor had a discussion with the care worker and outcomes were logged. A spot check could prompt a memo which would be sent to all staff issuing reminders or good practice guidance.

Where possible identified staff worked with the same clients in order to maintain continuity for them. People told us "It is usually the same person that comes on all the days and they know what's required." One staff member told us "A lot of clients prefer it if they've got a regular carer." We observed staff rotas and had a discussion with the supervisor responsible for them. They confirmed that where possible the service made sure people were visited by the same care worker.

Records showed that people had access to appropriate health services. One person had involvement with the district nurse and the Short Term Assessment and Reablement Team (START). START is a method of short term support in a person's own home designed to help them become as independent as possible. The service identified that this person's needs had changed and communicated with their care manager and the other agencies involved. They told us the care given was adjusted to meet the person's needs and a positive outcome was reached. We found the person's care plan contained relevant risk assessments and detailed the change in needs.

A communication book was used in people's homes, and agencies who visited a person and carers communicated through the noted comments. One person we spoke with told us "There is a book for district nurses and the carer fills it in." Another person told us "Very good communication and I have a book that is filled in all the time." This demonstrated that the service ensured communication with other agencies had taken place when required and had been recorded effectively.

One supervisor told us "Memo's and texts to staff are regular methods of communication. Memos are given to staff when they collect their rotas" Another staff member told us "The staff memo is a great way to raise issues, share good practice and get reminders."

When we spoke to people about their meals and nutrition one person told us "They [the carers] make easy options because they have no time for any other." A member of staff told us "I care for a client who has memory difficulties and would eat the same foods most of the time. I am encouraging them to try different choices and they are enjoying this. We write down the meals they've tried and then if I am on leave another

carer can see the clients likes and dislikes." This indicated that staff knew the person's preferences, supported them to make positive and varied choices, and kept other staff informed of them.

Good

Is the service caring?

Our findings

We asked people if they thought the service was caring and they responded positively. One person told us "Yes, they are very patient and caring and anything I want, they will do for me." Another told us "Yes, I do appreciate it and I really like [name of carer] and consider her a friend."
Staff we spoke with told us "I do the job because I care about the clients" and "If you don't care about people then you are in the wrong job." Another staff member told us" I've got good relationships with my clients and some of them I've been seeing since I started."
People who used the service were positive about the caring attitude of the staff.

We saw that people were supported on social outings and one staff member told us "There are people we form bonds with and I spend a lot of time with one person and we have a good bond. We talk about where we are going to go and have made a list of favourite places." We examined care plans and found details of people's likes and dislikes and where they liked to go during social visits. This demonstrated that the service had developed positive and caring relationships with people.

Care plans all contained confidentiality forms that were signed and dated appropriately. We saw that supervisors in the office observed confidentiality of people's information when they spoke about them in the open office environment and files that contained private and confidential documents were stored securely. The staff files we saw all had signed and dated confidentiality forms in them, which meant that the service observed people's right to privacy.

When we spoke to staff about how they encouraged people to be independent they told us "If a client wants to be independent, then they can do as much as they want to and I would only step in as and when they needed me to." One person told us "I am capable of doing some things myself, but that will change soon as I am going into hospital, so when I come home my care will change for a while." The service were not supporting any people who required end of life care at the time of the inspection.

Staff treated people with dignity and respect. A staff member told us "I always think about a client's dignity and privacy and I make sure I know how clients like things to be done and we all respect them." Care plans were detailed and reflected how people liked their care to be given.

People received care from staff who knew their preferences. One member of staff told us "Some carers deal with clients differently, so if we find things that work for someone we will let colleagues know and write it in the daily notes." Another told us "A client might like to use a certain cup and plate and they might prefer we wait outside when they use the bathroom, so we respect this." This meant that staff were sensitive to people's needs and communicated with each other to ensure they understood people's preferences.

Good

Is the service responsive?

Our findings

We found that the service was responsive to people's individual needs. People responded positively when we asked them about this. One person said "My carers are well-matched to me and I get the same ones, which makes me happy." Another told us "I am very happy and have no concerns. They are all very good and I find the older ones [staff] have more life experience, which makes them easier to talk to."

One staff member told us "I have done lots of training over the years and at the moment we hoist one person. This is always a double call and there is always two staff there who are both trained. The client is happy with the hoisting and if the sling needed altering we would say."

When we examined people's care plans we observed that individual needs were recorded and regular reviews had taken place. One person had a preferred method of communicating in written form and this was detailed in their care plan. When we asked people about their involvement with the content of their care plans one person told us "Yes, it is all discussed with me." Another person said "Yes, everything that has been arranged, I know about." This demonstrated that people were involved in planning their care.

Care plans included descriptions about peoples care needs and how staff should support those needs. When there was a change in need we saw that the plan had been updated. One person we spoke with told us "One member of staff updated my care plan with me; the last time was before Christmas." Another person said "My care plan was updated last week." This demonstrated that care plans were reviewed regularly with the knowledge and involvement of people who used the service.

However, in two care plans we found the section relating to a person's history and background was brief and did not focus on the person's whole life, which could impact on the level of person centred care people received. One staff member we spoke with told us "Care plans could be more personal, there is not always much personal history or life story and more of this information would be wonderful." Despite this, It was evident from the way the registered manager, supervisors and staff spoke about people that they were familiar with their personalities, history, family and interests. This information was not consistently being transferred onto the care plans. Following discussion with the registered manager they now plan to update this section of the care plans. This would allow staff to be more knowledgeable about people as individuals and more person centred care could be achieved.

Care workers supported people on social visits and one member of staff we spoke with told us "I know all about [person's name] life as a younger person. I enjoy listening to them telling me all about their life during the war." Another one told us "Care plans are set out to meet the individual needs of all clients and if someone has dementia it's really important to involve them." This demonstrated that the service recognised the importance of companionship and social contact.

We spoke to people about the complaints process and they all knew about the service procedure and felt confident to talk to care workers or the office with any concerns. One person told us "I know how to complain and I have a number to ring if there are any problems." Another told us "I have not complained,

but if something went wrong I would ring the office and would feel confident to do so. I hope I will never have to."

When we asked staff how they would support a person who wanted to make a complaint, one of them told us "I would explain the procedure, show them the complaints form in the file they have at home and would help them to ring the office and explain if they wanted me to." Another staff member told us "If the client wanted to make the complaint themselves I would support them to do it, but if there were any issues with them communicating their feelings I would make sure the office knew about the complaint" and went on to say "I know clients feel fine about contacting the office with any issues and as soon as we hear about a problem we do our best to try and sort it out."

We reviewed the service complaints file and found that details of complaints were recorded along with the actions taken and the outcome of the complaint. This demonstrated that there were a range of ways in which people could raise any issues or concerns and the service took complaints seriously and explored them thoroughly.

Good

Is the service well-led?

Our findings

People who used the service told us it was well-led. One person commented "Yes the supervisor came to my home and updated my care plan." Another person told us "Yes, they know what they are doing and are flexible with what we want. If we ring the office for something they will do it."

Staff we spoke with told us "The team in the office listen to me and I know I could go to them with any concerns" and "The management would resolve any problems and I trust them to do that." Another one commented "This is the third company I have worked for and they are the best one" and "I would talk to any of the office staff about concerns without hesitation." This confirmed that staff had confidence in the way the service was managed.

During the time we spent in the office on day one of the inspection, we found that staff who came in talked openly to the manager and the supervisors in a positive and relaxed manner. We observed them asking questions and receiving supportive responses and guidance from the management team. One supervisor told us, "There are good friendships within the team and we share ideas and don't keep things to ourselves, it keeps the business running well." This demonstrated that the service had a positive culture, which was open and inclusive.

Coastal Carers was required to have a registered manager as a condition of their registration, and the service had a manager who was registered with the Care Quality Commission. The registered manager explained that the team of supervisors had specific roles, which had given defined responsibilities to each of them, for example one supervisor was responsible for rotas, another one for supervision and this gave staff clarity on who to contact within the team if they had concerns or needed guidance.

We found an oversight, whereby the registered manager had not made notifications to CQC promptly. Notifications are information about incidents or events that affect the service or people who use the service and are required by law to be provided to CQC. However, the registered manager rectified the issue immediately and took the appropriate action on the day of inspection.

We asked for a variety of records and documents during our inspection. We found that these were easily accessible, well kept and stored securely, including people's support plans and other documents relating to people's care and support.

The registered manager told us that policies and procedures are bought in yearly from a reliable outside source, which kept them up to date and in line with any legislation changes. We observed that policies and procedures were current and included safeguarding, the Mental Capacity Act, abuse, medicine administration amongst others. They had a clear statement of purpose that detailed their aims, objectives and core values and beliefs that focussed on safety, choice and rights, privacy, independence, dignity and fulfilment.

Feedback surveys were carried out regularly and we observed questionnaires that had been issued twice

yearly to people between 2009 and the most recent one in November 2015. The questionnaire asked the person for their views on different areas including: appearance of staff, their professionalism and timeliness, complaints, Impression of the service, confidence to contact the office, care planning, and any additional comments people wanted to make. We found the responses to the questionnaires were acted upon with a visit by a supervisor if issues were raised. Memos were sent out and staff supervision arranged if required. One supervisor told us "This is a good process and makes us more approachable for clients."

We found that audits relating to people's care were completed regularly including a medication audit. The supervisor addressed concerns and logged actions taken appropriately. Spot checks were carried out every three months to ensure that staff were working within good practice guidelines and we observed in staff files that they completed a competency form that listed areas that included: giving medication, personal care, changing catheters, using hoists, pushing wheelchairs, cooking and meal preparation amongst others. One staff member told us "We have spot checks regularly and they need to do it, I understand and think they are a good thing." Audits of risks present in a person's home were carried out and updated as they changed.

We observed in people's care plans that the service communicated well with local authority care coordinators and raised concerns around a person's care. We found that one person was resistant to using their hoist and the service had informed the care manager and requested guidance. This demonstrated that the service provided a robust quality assurance process that involved the perspectives of people who used the service and they worked in partnership with key organisations.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who used services were not protected because safe recruitment practices had not been operated effectively.