

Comfy Care Homes Limited

Rockfield Residential

Inspection report

22-24 New Queen Street
Scarborough
North Yorkshire
YO12 7HJ

Tel: 01723361019

Date of inspection visit:
23 May 2018
05 June 2018

Date of publication:
01 August 2018

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

Rockfield Residential 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.

Rockfield Residential is situated in Scarborough and provides accommodation and personal care for up to 17 younger adults with a mental health condition.

Inspection site visits took place on 23 May and 5 June 2018 and were unannounced. At the time of this inspection there were 13 people living at the service.

At the last inspection in February 2016 we found the service was meeting regulations and awarded an overall rating of good. At this inspection we found that improvements were needed.

There was a manager in post who had registered with CQC in December 2013. 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.

Safe recruitment processes had not been followed. Applications did not contain full employment history, any gaps in employment had not been explored. References did not contain dates to evidence they had been received prior to employment commencing and health declarations had not been completed to ensure new staff were fit to work in the care sector.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulation 2014).

Quality assurance processes were in place. However, they had failed to identify concerns we found during the inspection. Audits had been completed to monitor the quality of the service. However, where concerns had been found clear action plans were not in place to evidence appropriate action had been taken.

During this inspection, we found risk assessments were in place but not for all of the areas relevant to each person. Information contained in them was limited and did not provide sufficient details to enable staff to manage risks effectively.

Accidents and incidents had not always been appropriately recorded and it was not clear that appropriate action had been taken when a person suffered and increased number of falls.

This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated

Activities) Regulation 2014.

There was enough staff on duty to support people when required. Medicines had been managed, administered and stored appropriately. Staff competencies with regards to medicines had been assessed which ensured they had the relevant skills and training to administer medicines safely.

People were supported to maintain a balanced diet and there was a variety of meals on offer. Appropriate monitoring tools were completed to highlight any concerns in relation to weight loss or gain. Staff were aware of the action they would take if they had any concerns.

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

Staff received effective support from the management team. Regular supervisions took place as well as annual appraisals. These gave staff the opportunity to develop within their role. Regular training had been completed in areas the provider considered mandatory as well as specialist training where required.

Positive relationships had been developed between people and staff. Staff treated people with dignity and respect. They were familiar with people's needs, likes and dislikes and how best to support them.

Care plans contained person-centred information and focused on how people wished to be supported. Life history documents needed further development. People were encouraged to participate in activities and outings of their choice.

Regular staff meetings took place. Staff and people spoke positively about the management team. Feedback was sought in an informal way, through general discussion and within one to one review meetings with people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Safe recruitment processes had not been continuously followed.

Risk assessments were not always in place for specific medical conditions.

Medicines had been stored and administered safely.

There was enough staff on duty to provide support to people when it was needed.

Is the service effective?

Good 

The service was effective.

An induction process was in place and had been followed.

Staff were supported within their role. Regular supervisions and appraisals took place.

Staff had received training relevant to their roles.

People were supported to maintain a healthy, balanced diet.
People spoke positively about the meals on offer.

Is the service caring?

Good 

The service was caring.

People's privacy and dignity was respected by staff.

Positive caring relationships had been developed between people and staff.

Information on advocacy service was available should it be needed.

Is the service responsive?

Good 

The service was responsive.

Care plans contained person-centred information which focused on how people wished to be supported.

People's independence was promoted and people were encouraged to participate in outings that were of personal interest.

People were confident in approaching the management team if they had any concerns.

Is the service well-led?

The service was not always well-led.

Quality assurance processes that were in place had not been effective in identifying concerns.

Where concerns were found, action plans had not been developed.

Regular staff meetings had taken place. People were encouraged to provide feedback on the service and had regular one to one meetings with staff.

Requires Improvement ●

Rockfield Residential

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.

Inspection site visit activity took place on 23 May and 5 June 2018 and was unannounced. Both days of inspection were conducted by one adult social care inspectors.

As part of planning our inspection, we contacted Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider sent us their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection, we reviewed a range of records. These included three people's care records containing care planning documentation and daily records. We also looked at six people's medicine records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

We spent time in communal areas and observed staffs' interactions with people. We spoke with four people who used the service and five staff including the registered manager and deputy manager. Following the inspection, we contacted two relatives to gain their views.

Is the service safe?

Our findings

At the last inspection in February 2016 we found the service was safe and awarded a rating of good. At this inspection we found the service required improvement.

During the inspection we looked at three staff recruitment files. Safe recruitment processes had not always been followed to ensure new staff were suitable to work at the service. Full employment history had not been recorded on applications for all three staff. During the interview process, gaps in employment history had not been explored. Although references had been sought, these did not contain dates to evidence when they had been received. Health declarations had not been completed to ensure newly recruited staff were fit to work in the care sector.

We discussed these concerns with the registered manager who agreed improvements were needed to ensure a thorough recruitment process was followed.

Failure to establish and effectively operate recruitment procedures was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulation 2014).

Disclosure and Barring Service (DBS) certificates had been received prior to employment commencing. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with adults.

Risks to people had been assessed in some areas and appropriate plans to manage these were in place. However, risk associated with specific medical conditions had not been considered and there were no risk management plans in place to provide staff with guidance on how to manage them. For example, one person suffered with diabetes. The health and hygiene care plan that had been completed stated the condition was tablet controlled. It also stated the person required encouragement to eat nutritious food to manage their condition as they followed an unhealthy diet. There was no risk management plan in place around this medical condition.

Another person required assistance with stoma care. It had been identified by staff that the person continuously chooses to follow an unhealthy diet which had an impact on their health condition. However, a risk management plan was not in place to inform staff of the potential risks and how these could be reduced.

Discussions with staff evidenced they had the knowledge needed to ensure such risks were managed appropriately. They could advise, in detail, how they supported people with specific medical conditions, any associated risks and what action they would take if they had concerns.

We discussed this with the registered manager who agreed that improvements were needed in relation to the recording of risk management plans. When we returned for day two of the inspection, the registered manager had begun to implement improvements. All risk assessments relating to specific medical

conditions had been put in place and contained relevant guidance to support staff.

Risk assessments were in place associated with the day to day running of the service. Regular checks were made by staff in areas such as water temperatures, emergency lighting and fire alarms. However, records showed that water temperatures were not always within safe limits. We discussed this with the registered manager who told us a plumber had been contacted to correct the concern although the action taken had not been recorded. Test certificates for electrical testing, legionella and firefighting equipment were in place. Records showed that regular fire drills had commenced in March 2018.

We conducted a tour of the service and found concerns in relation to infection control. In one person's room we found a damaged sink unit that would not be able to be cleaned sufficiently to prevent the spread of infections. There was also a large degree of damp within their shower room. We discussed our concerns with the registered manager who was able to show us a refurbishment plan that was in place. The person's bathroom was to be refurbished and the sink unit replaced. We contacted the provider following the inspection to request a detailed action plan of refurbishment work to include proposed completion dates.

People told us they felt safe living at the service. One person said, "I do like living here. I feel safe and the staff are brilliant." A relative we spoke with told us, "I feel [person's name] is safe at Rockfield Residential. There is a good staff team and they always have time to spend with [person's name]. People were kept safe from the risk of emergencies in the home. Each person had a personal emergency evacuation plan (PEEP) which contained up to date information. PEEPs are documents, which advise of the support people need to leave the home in the event of an evacuation taking place.

Observations showed there was enough staff on duty to support people. Rotas showed that during the day there was four staff on duty, and at night there was two staff on duty. The registered manager explained they also had a senior member of staff on-call at night should further support be required.

We asked staff if they thought there was enough staff on duty. Comments included, "Yes I think there is. We have time to spend with people and go out and about when they ask" and "There is defiantly enough staff. We don't have any problems with staffing levels at all."

We looked at six medicine administration records (MARs) and found they contained the required information and had been completed appropriately by staff. Topical medicine administration records were in place when required and had been accurately completed staff. Where people required medicines 'as and when required' appropriate protocols were in place which gave staff clear guidance on when these should be administered.

Medicines had been stored safely within a locked medicines cabinet which was secured to the wall. Staff administering medicines took responsibility for monitoring room and fridge temperatures to ensure medicines were stored within the required temperatures.

A safeguarding policy and procedure was in place although this had not been reviewed within the timescales stipulated by the provider. We discussed this with the registered manager who told us all policies were in the process of being updated.

Staff we spoke with were able to explain their responsibilities in relation to safeguarding and were confident any concerns would be address appropriately by management. They were aware of the whistle blowing policy and procedure that was in place and the processes to follow. Records showed staff had received sufficient training and when concerns had been raised, these had been report to the local authority as

required.

Is the service effective?

Our findings

At the last inspection in February 2016 we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

People told us the service was effective. Comments included, "Staff know what they are doing." A relative told us, "Staff seem well trained. They know how to respond to [person's name] and that is all I can asked."

Records showed that an induction process was in place and all staff new to the service were required to complete the care certificate. The care certificate sets out learning outcomes, competences and standards of care expected; it is completed over a 12-week period. Following completion of the induction, new staff were required to shadow more experienced staff for a one-month period. We discussed the induction process with a new member of staff who told us, "The induction was very thorough. I spent time going through policies. I then shadowed other staff for quite a few weeks until I was confident. My care certificate is still ongoing."

Staff had received sufficient training to ensure they had the skills and knowledge to support people safely. Training in areas such as manual handling, first aid and food hygiene had been completed. Specialist training in areas such as the management of diabetes had also been conducted. The registered manager had a training matrix in place which allowed them to closely monitor when refresher training was due.

There was a system in place to ensure staff were supported with regular one to one supervision sessions. These provided staff with the opportunity to discuss performance, any concerns they had as well as any additional training they may require. Annual appraisals took place which reviewed the performance of staff over a 12 month period.

Staff told us they felt well supported by the registered manager and deputy manager. Comments included, "I can go to them with any problems or concerns I have. They are very supportive" and "I feel that [registered manager] listens to staff and what we think. If [registered manager] is not around then [deputy manager] is available. I have regular supervisions and I can request them if I feel I need to."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of this inspection the service was not currently supporting anyone with a DoLS in place. The registered manager was clear of the MCA and DoLS process they would need to follow if they had any concerns.

Although people living at the service did not lack capacity to make decisions, staff we spoke with demonstrated an understanding of the procedures to follow if they suspected a person lacked capacity. Observations showed that people were supported to make their own decisions with regards to all aspect of their lives. Records evidenced that people had signed consent to the care and support that was being provided.

People's weights were recorded on a regular basis. People were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). People's weights were monitored in accordance with the frequency determined by the MUST score, to determine if there was any incidence of weight loss or significant gain. Records showed that people had maintained a healthy weight and the registered manager told us they had no current concerns with regards to malnutrition. They explained they discussed the importance of following a healthy diet with people on a regular basis. We did identify some gaps in weight recordings which the registered manager explained was due to people declining being weighed. The registered manager agreed if people declined this should be recorded.

Staff we spoke with were aware of the action they would take if they had any concerns with regards to people's eating and drinking habits, such as contacting relevant professionals for advice and guidance.

The service did not employ a chef and staff on duty took responsibility for meal preparation. People who used the service were encouraged to be actively involved in cooking meals and making suggestions for the weekly menus. The deputy manager told us, "We have a four-weekly rolling menu but we always offer alternatives. At lunch time people will generally choose toasties, jacket potatoes and that sort of thing. For the evening meal there is always two main choices but again people can have what they want." Menus evidence that a variety of meals with sufficient nutritional value were provided. People we spoke with told us they enjoyed the food on offer. One person said, "I do like the food. It is all home cooked which is what I enjoy."

Throughout the inspection we observed people eating at times they preferred, in a location of their choice which was accommodated by staff.

The signage and design of the environment at the service was sufficient to meet the needs of the people they were currently supporting. However, carpets, wallpaper and painting required replacing as these were old and worn in places. An action plan was in place with regards to redecoration and refurbishment.

People we spoke with were happy with the environment and one person proudly showed us there display of posters around their bedroom. People were able to bring their own furniture and accessories to the service to ensure their personal space had a homely feel.

Is the service caring?

Our findings

At the last inspection in February 2016 we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

People told us staff were caring and treated them with dignity and respect. Throughout the inspection we observed positive interactions between people and staff. One person told us, "Staff are brilliant, they really are. I can't thank them enough for what they do." A relative we spoke to said, "Staff are very caring and really approachable. I like that they have time to talk to people and mingle – they are never just sat in the office."

It was clear people were supported by a regular team of staff who were aware of their likes, dislikes and preferences. Retention of staff was very good which meant people received support from a consistent staff team. Discussions with staff evidenced they were aware of people's life histories and difficulties they had previously faced. One member of staff told us, "I love working here. I wasn't sure it was for me initially but now I am so glad I work here. I go home on a night feeling positive. It is good to know we can support people so they have a good quality of life."

During the inspection, we spent time in communal areas observing interactions between staff and people. Staff were kind and caring in their approach. They offered guidance and support to people when it was needed. For example, one person had chosen to go out for the day. Staff reminded the person of the importance of ensuring they followed a healthy diet. They prompted the person to recite the health implications eating 'too much junk food' would have on their medical condition which the person responded to positively.

Another person was seen to approach a member of staff. They explained they wished to go out to the shops. This was accommodated without hesitation and the person was prompted to ensure they were appropriately dressed for the occasion.

We saw that everyone had equal opportunities to receive the support they required, had polite and friendly relationships with the staff and were treated as individuals with particular needs to be met according to their individual wishes and choices.

It was evident from discussions with staff that they were familiar with the people they were supporting. Observation showed staff were able to recognise when people may be showing signs of being distressed and distraction techniques that would be effective in managing this. For example, one person entered the registered managers office. They appeared anxious. The registered manager spent time, talking to the person one to one. It was clear the registered manager was familiar with areas that may cause the person anxiety and offered reassurance.

People's independence was actively promoted. People were able to lead active lives in a way they wanted, whilst receiving continuous prompts from staff about associated risks and how they should be managed.

People were treated with dignity and their right to privacy was respected. People were able to spend time in their rooms when they wished. Each person had a key to their room to ensure they could secure their property if they chose to do so. One member of staff told us, "People are independent with personal care and just require prompts. If someone is not suitably dressed or has not showered, we respectfully prompt them. I always ensure discussions like this are conducted in private. It would not be nice to discuss in front of a room full of people."

At the time of our inspection no-one using the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. Information about advocacy services was available and the registered manager was clear of the process to follow if one was needed.

Is the service responsive?

Our findings

At the last inspection in February 2016 we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

Care plans contained person-centred information which focused on how each individual wished for their care to be delivered. Most people were independent with mobility, personal care and accessing the community and this information was clearly recorded in care plans. When people required prompts from staff with regards to appropriate clothing or personal hygiene, this was also recorded. For example, one care plan stated that a person may require prompts to take off their coat when indoors and that this could be achieved by approaching the person and gently prompting. Another care plan detailed that a person preferred not to wear socks or shoes when in the service and this decision should be respected.

Discussions with the registered manager and staff demonstrated they were very knowledgeable with regards to people's life history and past experiences. This knowledge was often used to stimulate conversations between staff and people. One member of staff told us, "We all need to be aware of a person's life history – it is what makes them the person they are today." Life history documentation was in place but these contained limited information which could have been adapted to reflect the knowledge staff had. Relatives had been encouraged to contribute as much as possible to people's life history documents but the registered manager explained this could be difficult as people choose not to disclose information to them.

People's care plans were reviewed on a monthly basis. Discussions took place between allocated key workers and people to ensure the care provided was meeting their needs and delivered in a way they wanted. People we spoke with told us they were happy with the support they received. One person said, "I only have to say if I am not happy with the support. Staff listen to me."

Where relevant, relatives were actively involved in discussion about people's care and support. One relative told us, "I live quite close by so I am often popping in. Staff keep me well informed of anything that is going on. I know they would always contact me if they needed to. We have good relationships."

People's wishes with regards to end of life care had been considered. The information recorded around this varied from person to person. The registered manager told us, "We try to have open discussions with people regarding end of life care but for some people this is not something they wish to discuss and we respect that."

The registered manager had recently introduced a new complaint monitoring document and we found no formal complaints had been made. A complaints policy and procedure was in place but this had not been reviewed since 2016. Within the complaints policy it stated that 'a complaints book is in place.' We asked to view the complaint book the policy referred to. The registered manager told us there was not one in place and that the current complaints policy was under review and would be implemented within two weeks. They understood the importance of ensuring people, and where relevant relatives, were provided with a copy of the new policy once completed.

Planned activities did not take place at the service. The registered manager told us, "People who live at the service lead their own lives. They make decisions on a daily basis as to what activities they want to do. People are able to access the community independently when they wish. Planned activities are not appropriate here. We have tried them but it did not work and was not what people wanted."

Throughout the inspection we observed people leaving the service when they wished, to meet friends or go shopping. Some people were supported by staff to visit the local town and other had arranged to attend a day centre. Staff we spoke with told us, "People do not want us telling them what to do. They do what they want, when they want. They all have capacity and can make their own decisions. We are here to support them and staff are on hand whenever needed."

The provider complied with the Accessible Information Standard (AIS), which sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with disabilities, impairment or sensory losses. People currently living at the service were able to communicate independently and did not require any communication aids. However, the registered manager was able to demonstrate what they could put in place to assist people if this was required.

Is the service well-led?

Our findings

At the last inspection in February 2016 we found the service was well-led and awarded a rating of good. At this inspection we found the service required improvements.

The service had a manager in place who had registered with CQC in December 2013. The registered manager had responsibility for two services owned by the same provider, splitting their time between them. The registered manager was supported by a deputy manager who had only been in post for a short period of time.

Quality assurance process were in place but these had not always been effective in identifying areas of the service that required improvements. For example, risk assessments were not always in place for specific medical conditions. These shortfalls had not been identified through the providers auditing processes. When new staff had been recruited, gaps in employment history had not been explored and references were not dated to evidence when they had been received. This shortfall had not been identified by the registered manager or provider.

Where quality audits had identified concerns, action taken was not clearly recorded. For example, the registered manager used a tool to record when accidents had occurred which they told us allowed them to look for trends or patterns. One person had suffered four falls in a seven-day period. It was not clear what action had been taken in relation to this. We discussed this with the registered manager who told us professional guidance had been sought and the falls had since reduced, however this was not recorded. We also identified that accident forms had not always been fully completed by staff, with omissions of information such as dates and location address not recorded. The registered manager had not identified this when reviewing accident forms.

Audits of window safety were conducted on a monthly basis. However, these were a tick box audit and did not clearly states what areas had been checked. The window audit completed in March 2018 indicated that no concerns had been found. However, a job sheet that had been completed by staff highlighted that a broken window stopper and handle had been identified as needing replacing. We discussed this with the registered manager who was able to show us a new window safety audit which had been developed and was to be used moving forward. A tour of the service confirmed that the broken window stopper and handle had been repaired.

The registered manager told us feedback was sought in an informal way, through general discussion and within resident one to one review meetings. If any concerns or areas for improvements were raised then action was taken. However, this was not recorded. The registered manager agreed this type of feedback should be recorded in future to evidence that feedback was sought, listened to and appropriate action taken.

Although the provider visited the service on a regular basis there was no clear audits in place to demonstrated that they checked to ensure the service was delivering good quality care. They were not

aware of the shortfalls we found during the inspection.

The registered manager had failed to assess, monitor and improve the quality of the service. They had failed to keep accurate, complete and contemporaneous records and did not have effective systems in place to ensure compliance with regulation.

This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff we spoke with told us they felt supported by the registered manager and deputy manager. Comments included, "Management are great. They are always available and I have no problem approaching them with anything. They are supportive."

Regular staff meetings were arranged to ensure staff were kept up to date with changes within the service. They also provided staff with the opportunity to contribute ideas and suggest improvements, as well as discuss people's current support needs. Meetings were also arranged when a person was due to move to the service to ensure staff had been provided with sufficient information to support the individual.

The registered manager often spent their time in communal areas of the service observing staffs practice and interactions with people. They told us this gave them the opportunity to question staffs practice and identify where staff may require more support. For example, the registered manager had identified that a member of staff was not completing records appropriately. This was discussed in the next one to one supervision.

People attended regular meetings with their key worker to discuss support plans, menu's and any other areas of concern. The deputy manager told us they used to conduct resident meetings but people had told them they much preferred one to one discussions rather than a group. People we spoke with confirmed this.

A relative told us the management team were approachable, open and friendly. They said, "I can go to them with anything. I know their door is always open and that is what I like. They are like a family."

The service had good relationships with local healthcare professionals. The registered manager told us, "If we have any concerns relating to a person's health, we contact other professionals that are involved. It is all about partnership working to ensure people get the best support they can." For example, one person had input from a district nurse. Staff ensured that when the district nurse visited they had the most up to date information. One member of staff told us, "We have the nurses contact details so we know we can contact them if we have any concerns. We remind [person's name] when they are due to visit."

The registered manager had sent the CQC notifications of incidents and events which were notifiable under current legislation. This ensured the CQC were kept informed with what was happening at the service and monitor its performance.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager had failed to assess, monitor and improve the quality of the service. They had failed to keep accurate, complete and contemporaneous records and did not have effective systems in place to ensure compliance with regulation.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider and registered manager had failed to effectively operate safe recruitment processes.</p>