

# Care Direct UK Limited

# David House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

David House is a residential care home providing accommodation and personal care to eight people most of whom have mental health needs. Care and support is provided in one adapted building. There were eight people living in the service at the time of our inspection.

### People's experience of using this service and what we found

The service was short of staff. This was the result of staff leaving the service in November 2021 after it became a legal requirement for all care staff to be vaccinated against COVID-19 unless exempt. The shortage of management and staff resulted in a number of shortfalls. These included, recruiting staff without the correct references in place and staff not being provided with regular supervision. The provider's quality audits failed to identify and rectify these shortfalls. The registered manager did not have a deputy, assistant, senior or team leader at the time of the inspection. This placed all the responsibilities for leadership and for driving improvements on them and contributed to shortfalls we found.

People's medicines were administered safely and reviewed regularly by health professionals. The risk of people experiencing foreseeable harm was reduced because people had risk assessments in place. Staff were trained to protect people from abuse and the cleanliness of the environment protected people from infection.

People's needs were assessed, and they participated in their assessments. Staff received an induction and on-going training to meet people's needs effectively. People ate well and were supported to access healthcare services in a timely manner.

People told us staff were caring and supported them to maintain important relationships. Staff promoted people's dignity and independence. People participated in the decisions made about their care and support.

The care and support people received was personalised. People engaged in activities and there were plans in place to increase the range of activities people were supported with. People's communication needs were assessed and met, and people understood how to make a complaint if they were dissatisfied.

People and staff expressed confidence in the registered manager. There was an open culture at the service and the views of all were gathered. The registered manager and staff worked in partnership with other organisations to meet people's needs.

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

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 3 February 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing, environmental safety and food quality. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We found no evidence during this inspection that people were at risk of harm from these concerns. However we have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for David House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to safe care and treatment, premises, staffing and good governance at this inspection. Please see the action we have told the provider to take at the end of this full report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# David House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

David House 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.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 15 February 2022 and ended on 17 February 2022.

#### What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided. We also spoke with four members of staff and the registered manager. We reviewed a range of records. This included four people's care records and four medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and business continuity plans.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Preventing and controlling infection

- At our last inspection we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not following the Government guidance on wearing face masks to reduce the risk of spreading COVID-19. At this inspection we found staff were wearing face masks appropriately and the service was no longer in breach of Regulation 12.

- At this inspection we were assured that the provider was using PPE effectively and safely
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- Food was stored and prepared safely to protect people from the risks associated with poor food hygiene.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

### Staffing and recruitment

- Staffing levels at the service were significantly impacted by the COVID-19 pandemic. In November 2021 the Government mandated that all staff in care homes be vaccinated unless exempt. The registered manager informed us that as a result of this requirement the service lost several staff: four initially and more later. The

registered manager took action to recruit new staff rapidly. However, we found that, whilst criminal records checks were made and staff identities were confirmed, two staff did not have appropriate references in place before starting their roles. This meant the provider did not always follow robust recruitment processes to ensure all staff were safe and suitable to provide care and support.

The failure to operate effective recruitment procedures is a breach of Regulation 19 of the Health and Social Care Act 2008 Regulations 2014.

- To compensate for the shortfall in permanent staff the registered manager arranged for a small group of agency staff to add to the permanent team. The registered manager ensured that agency staff received an induction to ensure they were familiar with people's care and support and the provider's procedures. This meant there were enough staff available to provide care and support.
- A permanent member of staff was allocated the role of shift leader. The shift leader's role included ensuring people's needs were met in line with their care plans and preferences and providing leadership in the event of an emergency such as an incident requiring first aid or the evacuation of the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received training to recognise signs of abuse and knew to whom to report any concerns they may have.
- The registered manager understood their role to report all safeguarding concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- People's known risks were assessed, and the measures required to mitigate them were stated in care records. For example, where people at risk of falling, referrals were made to healthcare specialists for assessments to be carried out.
- People had individual risk assessments in place covering a range of areas. These included environmental, smoking, using public transport, receiving medicines and managing personal care.
- Where people were at risk of self-neglect the support required to manage this risk was stated clearly in care records. This included people's preferences for how the support should be provided.
- The environment of the care home was safe. Checks were undertaken to ensure ongoing safety throughout the building. For example, checks ensured that window restrictors remained securely in place. This meant people were protected against the risk of falling from height.
- The registered manager ensured safe fire safety practices were in place. Regular checks were undertaken of the service's fire safety systems including smoke detectors and fire alarms.
- Fire doors in communal areas were magnetically held open to enable people to move independently throughout the property. These were designed to close automatically when the fire alarm activated to keep people safe.
- People had individual personal emergency evacuation plans (PEEPs) in place. These detailed the support people required to safely exit the service in the event of an emergency. People's PEEPs were regularly reviewed.
- Chemicals used for cleaning were stored in a locked cupboard within a locked room. This meant people were prevented from accessing substances with the potential to cause harm.
- Temperature checks were carried out throughout the service. These included checking the temperatures of water, the medicines cabinet, fridge and freezer. These checks ensured people were supported in line with published guidance.

Using medicines safely

- People received their medicines safely and in line with the prescriber's instructions.
- People's medicines records had large recent photographs of them on the cover. This helped to ensure the right people received the right medicines.
- The registered manager regularly audited medicines. This included checks of people's MAR charts, medicines stocks and the medicines storage area.
- Where people were prescribed 'when required' medicines, protocols were in place. These provided staff with guidance including the circumstances in which medicines should be administered and the maximum number of doses to be administered in a 24 hour period.

#### Learning lessons when things go wrong

- The registered manager ensured collective learning when things went wrong.
- The registered manager shared their finding with staff whenever shortfalls were identified and following incidents. This meant lessons were learnt and improvements made.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

Staff support: induction, training, skills and experience

- Whilst staff told us they felt supported by the registered manager, the formal process of one-to-one supervision meetings and appraisals were not carried out regularly or at a frequency in line with the provider's policy. This meant people were not supported by appropriately supervised staff.

The failure to provide staff with supervision is a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had a plan in place to increase the frequency of staff supervisions and to implement an appraisal programme. They recognised this plan would be more readily implemented once a deputy manager or team leader had been employed.
- When they took place, supervision records showed discussions between the registered manager and individual staff around issues such as medicines, people's changing needs, training and happiness at work. This indicated that supervision meetings were meaningful for staff when they occurred.
- The service had an induction process. This included getting to know people and their needs and familiarising themselves with the care home. New staff also learnt the provider's policies and procedures and how to respond to emergencies.
- Staff received training in a range of areas to meet people's needs. These included dementia care, consent, confidentiality and behavioural support needs.

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

- People's needs were assessed. Assessments included people's mental and physical health and the support they required to make decisions.
- People's care records contained assessments undertaken by healthcare professionals along with details of the support guidelines they recommended.
- People participated in their assessments and the care plans they led to. This meant people's assessments were person centred and their outcomes were individualised.

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

- People's nutritional needs were assessed. Care records noted the support people needed to eat.
- We checked the service's fridge, freezer and food storage areas. We found they were well stocked, and people had access to fresh fruit and vegetables.
- The care staff and the service's chef knew people's food preferences.

- Where specific diets were required, people's meals were prepared in line with guidelines from healthcare professionals.

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

- The provider worked with other agencies to meet people's needs. For example, the registered manager and staff liaised with social workers and healthcare professionals to assess people's needs and review their care.
- People's health needs were stated in their care records. For example, where people presented with mental health needs the support they required was detailed in care records. This included information about the actions staff should take in specific circumstances.
- The service maintained a relationship with healthcare specialists who could respond rapidly to people's changing needs. For example, when people experienced an increase in mental health needs, staff accessed a crisis line and mental health specialists visited.
- People were supported to access dental services and to maintain effective oral hygiene.
- Staff maintained notes from people's health appointments. These included the date and reason for the appointment as well as the outcome and any follow up requirements.

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

- The registered manager was in the process of improving the décor of the service. Within a number of areas of the care home carpet had been replaced by wood-effect linoleum to modernise the environment and make it easier to clean. Further improvements were planned. We will review these at our next inspection.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported with mental capacity assessments and their care records noted the support they required to consent.
- Where people lacked capacity to make decisions about their health needs, best interests meetings were arranged. At these meetings people had advocates representing them and decisions were made in their best interests.
- Where people who lacked capacity had their liberty restricted to keep them safe, the details of the restrictions were set forth in the DoLS authorisations granted by the local authority. These authorisations also stated the date by which they would expire and therefore require the registered manager to apply to

have renewed if appropriate. Records showed the registered manager had done so.

- Where DoLS applications were not granted the details were shared with people and the decision recorded in care records along with the alternative support strategies to keep people safe without restricting their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring and nice.
- We observed the interaction between people who did not use speech and staff. People appeared to be comfortable when approached by staff. Staff knew how to offer people choices and people were seen to make choices throughout our inspection. For example, people chose the activities they engaged in with staff.
- Staff knew people well and the support they required around their mental health and emotional well-being was recorded in care records.
- Where people were anxious, staff followed the guidance of healthcare professionals. This guidance was recorded in care records and was used by staff to reassure and support people.
- The provider obtained counselling services for people who became particularly distressed and anxious during the lockdowns necessitated by the COVID-19 pandemic.
- People's care records contained information about their life histories and cultures. This information enabled staff to learn more about people, their experiences and their preferences.
- Care records included assessments around the support people required around their sexuality.

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

- Staff supported people to make decisions. These included the activities they engaged in, what they wore and how their personal care needs should be met.
- Care records noted the support people required to make decisions when their mental health needs increased.
- Where people required support to make choices the provider accessed advocacy services to help people do this

Respecting and promoting people's privacy, dignity and independence.

- Staff supported people's independence in line with their care plans. For example, the support people required to mobilise was stated. This included details of the distance over which people could comfortably and confidently walk, as well as how people should be supported to transfer.
- Care records noted where an increase in mental health need could lead to a decrease in areas of independence. For example, some people required greater support around personal care and communication when they were unwell. How this support should be provided was agreed with people and noted when they were well.

- Areas where people were independent was noted in care records and known to staff. This reduced the risk of staff doing tasks for people which they could do for themselves. Which in turn reduced the risk of people losing their skills.
- Where people wanted to reacquire daily living skills staff supported this. For example, one person who used to cook for their family was supported with one to one cooking sessions with staff to relearn these skills.
- Staff respected people's privacy. Staff knocked before entering people's bedrooms and maintained confidential information securely.
- Care records noted where people did not want relatives informed about sensitive matters.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care to meet their individual needs.
- People's assessments and care plans were reviewed and updated periodically and as their needs changed
- Staff supported people in line with their assessments and preferences to manage their anxieties. For example, one person, by agreement, was only informed about appointments shortly before attending them. This was because to have this information too far in advance was known to cause anxiety to rise to a point where they could not attend the appointment. In another example, a person needed to be informed well in advance of appointments and to be reassured about them several times a day in the days and weeks leading up to appointments. This meant the service was responsive and personalised in its support of people's anxieties.
- Some people had personalised bedrooms with mementos, literature and artwork displayed. Other people were being supported to choose how to personalise their bedrooms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Due to the combined impact of COVID-19 restrictions, which included lockdowns, and the departure from the service of several staff, the level of activities people engaged in had reduced. One person told us, "It would be nice if there were a few more activities." The registered manager had a plan in place to increase staff numbers and the range of activities.
- Previously, when fully staffed, the service operated a keyworking system. A keyworker is a person with specific responsibilities for individual people such as planning activities and arranging appointments. The registered manager had a plan in place to increase staff numbers and the range of activities.
- The activities people were noted to have enjoyed over time were stated in care records. This meant staff knew the activities people might like to participate in.

We recommend the service gathers more information about activities and re-introduces its keyworking system to facilitate people's participation in them.

- People were supported to maintain contact with those they chose to. This included family and friends. One person told us, "I like to keep in contact with friends."
- Staff knew how to support people to maintain important relationships and this reflected what was stated in care records. For example, one person needed staff to assist them to make phone calls whilst another person preferred assistance to use social media.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed. People had communication passports which were documents detailing how people expressed themselves and where best understood.
- The provider had an easy to read complaints process. This contained pictures and large print.
- Where required, flash cards and gestures were used to support communication, choice and decision making.

### Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were dissatisfied with their care and support and were confident it would be appropriately addressed.
- There was a copy of the provider's complaints process in each room.

### End of life care and support

- Whilst no-one at the service was identified as requiring end of life care, the service had experience of supporting people who required palliative support. This involved working with healthcare professionals to ensure people were able to pass away without experiencing pain or anxiety.
- The service had end of life care plan templates to be developed with people and their relatives if required. This meant the service was in a position to support people to live with dignity as they approached the end of life.
- When it had been required, the registered manager arranged people's funerals.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership did not always support the delivery of high-quality, person-centred care.

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

- At the time of our inspection the registered manager was the only member of the service's management team. The positions of senior care worker and team leader were vacant. This meant that all leadership roles rested on the registered manager. The registered manager recognised this situation was not sustainable over time and had started a recruitment process to fill both roles.
- The shortage of senior staff resulted in leadership shortfalls. For example, whilst the registered manager undertook a range of audits, these did not always lead to action being taken when issues were found. Audits identified that not all staff had appropriate references in place and staff were not receiving one to one supervision at an appropriate frequency. However, these findings did not lead to corrective action. This meant oversight at the service was not sufficiently robust as to drive improvement.

The failure to assess, monitor and improve the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we found evidence of quality audits leading to improvements. For example, an environmental audit identified that good hygiene could not be maintained for one person's carpet. The registered manager took action and following consultation with the person replaced the carpet with easier-to-clean flooring. This enabled improved hygiene and infection control
- The registered manager told us the shortage of managers and care staff at the service arose from the Government's mandatory vaccine requirement which came into effect in November 2021. The registered manager maintained staffing continuity for people by deploying the same small pool of agency staff whom people were familiar with.
- Staff understood their roles and responsibilities. The staff we spoke with were enthusiastic and motivated. One member of staff said, "There's good team work here."

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

- People and staff spoke favourably about the registered manager. One member of staff said, "He comes to work with us on the floor. He explains to us what you need to do. I can talk to him any time."
- There was an open culture at the service. Relatives and external professionals were welcome, and the views of people and staff were sought.
- The registered manager arranged regular meetings for staff to attend. Team meetings were used to

discuss the delivery of care and support. We reviewed the records of team meetings and saw that discussions took place around issues such as visits, environmental hygiene, care plans, people's medicines, staff rotas and dealing with emergencies. The registered manager planned to increase the frequency of team meetings as the team grew back to full complement.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and kept people, relatives, the local authority and regulator up to date about important events at the service.

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

- The registered manager sought and reviewed feedback from people. This was done through service user feedback forms and through one to one meetings with members of staff.
- People were supported to meet and share their views in residents' meetings. The notes of resident's meetings showed these were used for people to share their views about the care and support they received and to plan for the future.
- People also used residents' meetings to celebrate their successes and highlight the progress they wanted others to know about.

Continuous learning and improving care; working in partnership with others

- The registered manager told us they were developing a learning culture at the service. The service attended forums arranged by health and social care professionals as well as provider's forums where good practice was discussed.
- The registered manager and staff worked collaboratively with others. This included the providers of other services, special education providers, social workers, healthcare professionals and commissioners.

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  The provider failed to assess, monitor and improve the quality of the service.  Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to operate effective recruitment procedures.  Regulation 19 of the Health and Social Care Act 2008 Regulations 2014. Fit and proper persons employed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider failed to provide staff with supervision.  Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.