

St. Anthony's Residential Home Limited

St Anthony's Residential Home Limited

Inspection report

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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 

Overall summary

St Anthony's residential home provides care for primarily older people, some of whom have a form of dementia. The service can accommodate up to a maximum of 16 people. On the day of the inspection 12 people were living at the service. Some of the people at the time of our inspection had physical health needs and some mental frailty due to a diagnosis of dementia.

We carried out this unannounced inspection of St Anthony's on the 19 October 2015. Our findings were that people were being cared for by competent and experienced staff, people had choices in their daily lives and that their care needs were supported appropriately.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who

Summary of findings

has registered with the CQC 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 and associated Regulations about how the service is run. The registered manager was not present on this inspection but we met with the registered provider and senior carer

Recruitment records identified that people had commenced employment without appropriate recruitment checks being made. Disclosure and Barring check (DBS) to confirm if they were safe to work with vulnerable people were not in place, nor were sufficient references. We therefore found that the registered person was not following recruitment procedures to ensure that people were suitable and safe to work in a care environment.

We found that care records were kept up to date and accurately reflected the persons care needs. The registered provider acknowledged that not all records in relation to the day to day running of the service were kept up to date. For example fire records, whilst they had occurred, were not recorded, nor were staff supervision records. The provider showed that he was currently reviewing the services policies and procedures. The provider reassured us that records in respect of the day to day management of the service would be kept up to date.

People felt safe living in the service, commenting "I feel safe here, very safe." One person commented "This is my home now and I'm happy here." Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken.

People told us they were completely satisfied with the care provided and the manner in which it was given. People's care and health needs were assessed prior to admission to the service. Staff ensured they found out as much information about the person as possible so that they could get to know the persons wishes and preferences. This gave staff a very good understanding of the person and how they could care for them.

People chose how to spend their day and a wide range of activities were provided. Activities were provided by the service individually and in a group format, such as for arts and crafts and through outside entertainers coming into the service. People told us their visitors were always made welcome and were able to visit at any time.

Staff were observed by their line managers to ensure they could carry out certain tasks, for example personal care or medicines, competently. We saw a matrix which showed when these sessions had occurred. We did not see records of the findings of these observations.

Staff said they attended appropriate training and future courses were displayed on the staff noticeboard. The registered provider acknowledged that staff needed to attend some updated training, for example the mental capacity act and deprivation of liberties.

The registered provider and senior carer had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service involved family and relevant professionals to ensure decisions were made in the person's best interests.

People told us they received their medicines on time. People's care plans identified the person's care and health needs in depth and how the person wished to be supported by the service. They were written in a manner that informed, guided and directed staff in how to approach and care for a person's physical and emotional needs. Records showed staff had made referrals to relevant healthcare services quickly when changes to people's health or wellbeing had been identified. Staff felt the care plans allowed a consistent approach when providing care so the person received effective care from all the staff.

People were complimentary about the staff, stating they were "lovely," "It's quiet here just how I like it" and "I worked in care, never thought I'd be in care, they are friendly it's ok in here." A health care professional told us staff were "competent and professional." We saw staff providing care to people in a calm and sensitive manner and at the person's pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner. Staff demonstrated a really good knowledge of the people they supported. Peoples' privacy, dignity and independence were respected by staff. We saw many examples of kindness, patience and empathy from staff to people who lived at the service.

Summary of findings

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. People said that staff respond to their calls for assistance promptly, which we observed. Staff felt there were sufficient staff on duty.

We saw the service's complaints procedure which provided people with information on how to make a complaint. People told us they had no concerns at the time of the inspection and if they had any issues they felt able to address them with the management team.

The provider and registered manager promoted a culture that was well led and centred on people's needs. People told us how they were involved in decisions about their care and how the service was run.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was a clear ethos at the home which was understood by all the staff. It was very important to all the staff and management at the service that people who lived there were supported to be as independent as possible and to live their life as they chose.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe in that recruitment procedures were not robust.

People felt safe living in the home. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Requires improvement



Is the service effective?

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training to so they had the skills and knowledge to provide effective care to people.

The registered provider and staff had a general understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Good



Is the service caring?

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with their wishes.

Positive relationships had been formed between people and supportive staff.

Good



Is the service responsive?

The service was responsive. People's care needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

People had access to activities that met their individual social and emotional needs.

Visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns

Good



Summary of findings

Is the service well-led?

The service was well-led. Staff said they were supported by management and worked together as a team, putting the needs of the people who used the service first.

The registered provider had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions. The provider led by example and expected all the staff to carry out their role to the same standard.

Care records were up to date and accurate so that peoples care needs were understood by staff. Not all records in relation to the day to day running of the service were kept up to date. This meant that the provider could not evidence that some essential tasks had been completed.

Good



St Anthony's Residential Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 19 October 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of one inspector.

Before visiting the service we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with ten people who were able to express their views of living in the service. We looked around the premises and observed care practices. We observed people who were seated in the communal lounge throughout the day to help us understand the experience of people who could not talk with us.

We also spoke with four care staff, and catering staff, senior care and the registered provider. The registered manager was not available at this inspection. We spoke with a health care professional during the inspection to gain their views on the service. We looked at three records relating to the care of individuals, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Is the service safe?

Our findings

Two staff members commenced employment at the service in August 2015. The registered provider confirmed they were currently working within the service and were providing personal care to people. We reviewed their recruitment files. We found that both people had commenced employment without appropriate recruitment checks being made. One person had submitted a Disclosure and Barring check (DBS) to confirm if they were safe to work with vulnerable people. The DBS had not been returned to confirm the person's status. The second person had not submitted a DBS application. Two references should be sought to check the candidate's skills. In one file one reference had been returned and in the second file no references were present. The registered provider stated that the registered manager had phoned referees to inform them a reference would be sent but this conversation was not recorded. At the previous inspection in November 2013 concerns regarding recruitment process not being followed were also raised.

The registered person was not following recruitment procedures to ensure that people were suitable and safe to work in a care environment. This was in breach of Regulation 18 of the Health and Social Care Act.

People told us they felt safe living in the service. They told us "I feel safe here" and "I'm looked after so well." Everyone we spoke too were complimentary about how staff approached them in a thoughtful and caring manner. We saw throughout our visit people approaching staff freely without hesitation and that positive relationships between people and staff had been developed.

Staff were aware of the service's safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practices. Staff said they felt able to use the policy, had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The registered provider was aware of and had followed the Local Authority reporting procedure in line with local reporting arrangements. This showed the service worked

openly with other professionals to ensure that safeguarding concerns were recognised, addressed and actions taken to improve future safety and care of people living at the home.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the service.

Staff supported people with mobility difficulties. We observed staff support people as they mobilised around the service. As they supported the person staff spoke to them telling them what they were going to do and ensured the person felt comfortable and safe at all times. Staff had received training in this area of care.

People told us staff were supportive and felt there were sufficient staff on duty. A person told us "Staff are quick to come if I need them." Staff were prompt to respond to people when they called for assistance.

There were sufficient staff on duty at all times. On the day of inspection there were two carers, a cook, domestic and senior carer on duty. A waking night carer was on duty plus the registered provider, who lived on site, and could be called for additional assistance if needed. Staffing rotas showed this level of staffing was on duty throughout the week. Staff said they felt there were sufficient staffing levels at the service. They did comment that as there were four vacancies at the service this meant staff had additional time to spend with people on a one to one basis and wished this could happen more regularly. The senior carer told us when the service was full care staff levels would increase to three to ensure that all peoples needs would be met.

The senior carer told us that agency staff had not been employed at the service for "years." If there was a shortfall on the rota then staff would cover the additional shifts. This occurred during the inspection when at short notice a staff member had an emergency situation and was not able to

Is the service safe?

complete their evening shift. The carers said “That’s what we do, we are a good team and help each other.” This also meant that people received consistent care from a staff team who knew them well.

People told us they received their medicines on time. We observed a medicines round and saw staff encouraging people to take their medicines. One person was reluctant to take their medicines. Staff had an agreed response in how to approach this with the person. Staff were sensitive, encouraging and were patient in their approach, including singing along with the person. This resulted in the person taking their medicines with no distress.

The Medicines Administration Records (MAR), showed that medicines had been administered as per the dispensing instructions. The blister pack medicines in stock tallied with those recorded on the MAR. However loose medicines

did not tally as the previous month’s surplus of medicines had not been carried over. The senior carer acknowledged this and reassured us this would be rectified immediately. If this process was not followed it could pose a risk of medication errors.

The provider told us they did not hold money for any person at the home. If a person wished to spend money, for example on hair dressing, newspapers or chiropody the family representative was invoiced for the cost and this was then reimbursed.

We toured the building and found the service was clean, tidy and no health and safety risks were apparent. The registered provider had an on-going maintenance programme and was in the process of redecorating and refurbishing a bedroom. New carpets had been recently purchased.

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. Comments included “I am well looked after and the food is good.” People felt staff responded to their needs promptly and were “marvellous.”

People were complimentary about the staff, stating they were “lovely.” A health care professional told us staff were “competent and professional.” Relatives were involved in the admission of their family member to the service and staff ensured they found out as much information about their family member so that they could get to know them, their likes, dislikes, interests they wanted to know all about their life. This gave staff a better understanding of people new to the service and how they could care for them.

New staff had completed an induction when they started to work at the service. An induction checklist was filled out by the staff member and their supervisor which covered, for example, daily tasks to be undertaken at the service. The registered provider was aware of the new induction guidelines which commenced on the 1 April 2015 with new staff but had not commenced this. A member of staff told us when they had started work at the service they worked with a more experienced member of staff for the first few shifts. This enabled them to get to know people and helped ensure that staff met people’s needs in a consistent manner.

Staff were observed by their line managers to ensure they could carry out certain tasks, for example personal care or medicines, competently. We saw a matrix which showed when these sessions had occurred in the last seven months. We did not see records of the findings of these observations. Staff told us they could approach the senior care or registered manager if they had any issues, which could include how they provided support to people to ensure they met people’s needs and identify any training needs.

Staff said they attended appropriate training which included safeguarding, dementia, infection control and fire courses. Courses that were planned were displayed on the staff noticeboard, for example food hygiene, so that staff could attend. Staff confirmed they had recently attended

first aid training. The registered provider acknowledged that staff needed to attend some updated training, for example the mental capacity act and deprivation of liberties.

The registered provider and senior carer had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Some people living in the service had a diagnosis of dementia or a mental health condition that meant their ability to make daily decisions could fluctuate. Staff had a good understanding of people’s needs and used this knowledge to help people make their own decisions about their daily lives wherever possible.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. Where decisions had been made on a person’s behalf; the decision had been made in their ‘best interest’. Best interest meetings were held to discuss how they would support a person who wanted to leave the service and it was considered this was not safe. These meetings were discussed with the person and appropriate health professionals.

The registered provider and senior carer considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act 2005 (MCA) and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. Records confirmed that the manager had made appropriate applications to the DoLS team.

People were aware of the menu for the day. They told us if they did not like the menu they could request an alternative and this would be provided. People were able to choose where they wanted to eat their meals and ate in the dining room or in their bedroom. Staff offered people regular drinks.

People told us they had discussed with the registered manager and the catering staff their likes and dislikes so they were provided with meals they liked. People told us the food was “lovely” and “I am well fed.” The cook said the menus were discussed with people on the day so that they chose their main meal and also what they would like for

Is the service effective?

tea. The catering staff had a good knowledge of people's dietary needs and catered for them appropriately, for example soft, and diabetic diets. The cook prepared all foods, brought stock locally, and had an appropriate budget to buy all foods needed. Catering staff had attended relevant training.

Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified, such as GP's dentists and opticians. A healthcare

professional told us they found staff to be pro-active in their approach, they listened and acted on advice given so that people's treatment needs were being consistently followed. Specific care plans, for example, diet and nutrition, informed directed and guided staff in how to provide care to a person. These had been reviewed to ensure they remained up to date and reflected peoples current care needs.

Is the service caring?

Our findings

We received positive comments from people who lived at St Anthony's. Comments included "Staff are friendly, quick to respond," "It's quiet here just how I like it" and "I worked in care, never thought I'd be in care, they are friendly it's ok in here." People told us "The staff are very kind and very understanding, they treat me with respect and they do listen to me and act on what I say." People told us they were completely satisfied with the care provided and the manner in which it was given.

People told us their visitors were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

The registered provider valued their staff and believed they provided good care. The registered provider and staff shared the view that they needed to remember the people they cared for were dependent on them, therefore vulnerable and it was essential they provided care for the person in a way they wanted them to. Care plans identified how a person wished to be supported. We saw staff before starting any intervention with the person explain the process and gain consent from them.

Staff commented; "I like to treat people as if they are my mum" and "It does affect you when people pass away, you get to know them and it is sad. We make sure we represent the home by attending the funeral, its respectful and our chance to say goodbye too." Staff had worked at the home for many years, and told us "It's home from home", "The

people are lovely here I left and came back and wouldn't want to work anywhere else." Staff interacted with people respectfully. All staff showed a genuine interest in their work and a desire to offer a good service to people.

Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way.

People's privacy was respected. Staff told us how they maintained people's privacy and dignity. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. Staff told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the premises we noted where people had requested, their bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care.

There were opportunities for staff to have one to one time with people and we saw this occur throughout our inspection. Where possible people were involved in decisions about their daily living. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided.

The senior carer told us where a person did not have a family member to represent them they had contacted advocacy services to ensure the person's voice was heard.

Is the service responsive?

Our findings

Staff responded to people's calls for assistance promptly. People told us staff were skilled to meet their needs. People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. A person told us they moved to the service due to an emergency situation at their own home. They told us that staff consulted them and their relative to gain as much information about how they needed support before they moved to St Anthony's they told us "Staff were very kind, I was anxious but staff were friendly and I feel ok now." The person was satisfied with how staff supported them since admission.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from the person, their families and friends.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were reviewed monthly or as people's needs changed. Care plans were informative, easy to follow and accurately reflected the needs of people. People who were able, were involved in planning and reviewing their own care plans. For example one care plan identified that a person needed support with their mobility and was to use the stair lift with staff support. However as the person's confidence grew they wanted to become more independent and therefore the care plan was amended to state the person could now operate the stair lift unassisted. Staff said "The last thing we want to do is take away (person's name) independence."

Where people lacked the capacity to make a decision for themselves, staff involved family members in the review of care. People and their family members were given the opportunity to sign in agreement with the content of care plans.

Care plans provided specific guidance and direction about how to meet a person's health needs. For example following discussion with a doctor the care plan stated that staff 'were not to push fluids but to provide normal drinks at normal times.' All staff were aware of the rationale behind this and we saw staff monitoring how many drinks

the person had throughout our visit. This demonstrated that information from relevant health professionals had been sought to ensure the staff had relevant information to meet the person's health needs. An external health professional told us "The standards of care have improved. I have no concerns about how staff are meeting people's care needs." Staff told us they felt the care plans were individualised and provided them with clear instructions in how to provide care consistently for the person.

Detailed records from care staff recorded all contact with health professionals, family and commissioners. Any changes to how the person should be supported were recorded and the care plan amended accordingly. This meant that the person received care that met their current health and social needs.

Care records reflected people's needs and wishes in relation to their social and emotional needs. People told us there were sufficient activities provided. One person said they like to spend time on their own and not participate in the planned activities and this was respected. A weekly entertainer visited the service and the local vicar visited monthly. Staff provided hand and nail care, massages and games such as skittles. We saw people reading newspapers, listening to music and watching TV. The registered provider said they had tried to encourage people to use the garden area but the response had been limited. We saw staff, socialising and talking about events that were in the news with people. An activities poster displayed what events are available for the month.

When people participated in an activity care staff recorded this. They recorded how the person responded to the activity. Staff felt this provided an insight into what future activities the person, or people would like to be provided.

The service's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished.

We asked people who lived at the service, if they would be comfortable making a complaint. People told us they

Is the service responsive?

would have no hesitation in raising issues with the manager or staff. All told us they felt the manager and senior carer were available and felt able to approach them, or staff with any concerns.

Staff felt able to raise any concerns. They told us the management team were approachable and would be able to express any concerns or views to them. Staff told us they had plenty of opportunity to raise any issues or suggestions.

Is the service well-led?

Our findings

The registered provider promoted a culture that was well led and was centred on meeting people's needs. People told us how they were involved in decisions about their care and how the service was run. For example people made decisions about their activities and meal choices as well as having meetings between each person and their named staff member.

There was a clear ethos at the service which was communicated to all staff. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. We saw this being carried out in the delivery of care that was personalised and specific to each individual.

The registered provider and registered manager lived on the premises. They therefore worked in the service every day providing care and supporting staff. There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service, supported by the provider and monitored the service. The senior carer took on the main responsibility of ensuring people's care needs were met and that care records were kept up to date. The senior carer also took on the day to day responsibilities of the service when the registered provider or registered manager were not present. The provider and registered manager were accessible to staff at all times which included them always being available on call to support the service.

Discussions took place between the registered manager and staff about any issues that affected the running of the service. There was effective communication between staff and the service's management. Staff said they were able to contribute to decision making and were kept informed of people's changing needs. Staff felt they had opportunities to raise any issues about the service.

We found that care records were kept up to date and accurately reflected the persons care needs. The registered provider acknowledged that not all records in relation to the day to day running of the service were kept up to date. For example as detailed in the safe section recruitment procedures had not been followed. The registered provider acknowledged that some records such as fire records,

whilst they had occurred, where not recorded, nor were staff supervision records. The provider showed that he was currently reviewing the services policies and procedures. The provider reassured us that records in respect of the day to day management of the service would be kept up to date.

The registered manager had developed positive links with health care professionals. We asked a health care professional if they felt the service was safe, effective, caring, responsive and well led. They replied they felt they met all the questions asked.

Staff had a good understanding of the people they cared for and they felt able to raise any issues with their managers if the person's care needed further interventions. Daily staff handovers provided each new shift with a clear picture of each person at the service and supported good two way communication between care staff. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. Staff had high standards for their own personal behaviour and how they interacted with people

The registered provider and senior carer made sure they were aware of any worries or concerns people or their relatives might have and sought out their views of the service. The registered provider and manager spoke daily with people, visitors and the staff to gain their views as this supported constant development and improvement of the service provided to people. The registered provider stated they did not undertake an annual review of the service by for example sending out questionnaires as they met with people and visitors to the service on a daily basis. The registered provider said "We like to sort things out as they arise, we are a small home and we can do this." Staff told us they liked working at the service and found the registered provider and manager to be very approachable. An external health care professional commented that the registered provider and manager were approachable and they would have no hesitation to raise issues or suggestions in how the service could be developed.

The registered manager investigated and reviewed incidents and accidents in the service. This included incidents regarding the number of falls a person had. We saw that care plans were reviewed to reflect any changes in the way people were supported and supervised.

Is the service well-led?

The home was clean and there was no odour anywhere in the home on the day of our inspection. Equipment such as moving and handling aids, air mattresses, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

Services that provided health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider and manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person was not following recruitment procedures to ensure that people were suitable and safe to work in a care environment