

Mrs Margaret Skinner

Marjon Home Support Agency

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

The inspection took place on 29 April, 5 May and 6 May and was announced. We gave '48 hours' notice of the inspection, as this is our methodology for inspecting domiciliary care agencies.

This was the first inspection of the service since it was registered with us on 30 September 2014.

Marjon Home Support Agency provides personal care and support to adults in their own homes. It provides

personal care in two separate geographical areas. These are Whitstable and surrounding areas and Bromley and surrounding areas. The service provides care and support for older people and people with a physical disability. At the time of the inspection it provided a personal care service to 12 people.

The service has a registered manager who was available and supported us during the inspection. A registered

Summary of findings

manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

Comprehensive checks had not been carried out on all staff at the service, to ensure that they were suitable for their role. The agency relied on criminal record/barring checks that had been undertaken by the staff's previous employer and therefore did not contain up to date information. People's employment histories were not dated, so it was not clear if there were any gaps in their employment which required further investigation. The provider had received verbal references for staff's previous employment in a health or social care setting, but had not recorded the reasons as to their suitability for employment at the agency.

Assessments of potential risks had been undertaken in relation to the environment. Staff knew how to minimise individual risks, such as risks of people falling, but these assessments, together with the steps that the agency was taking to minimise their occurrence, had not been formally undertaken.

People told us they received their medicines as they were prescribed. Staff had received training in the administration of medicines and clear procedures were in place which defined staff's roles and responsibilities. We have made a recommendation about the management of some medicines.

People said they trusted staff and that they gave them confidence and they felt safe at all times in their care. Staff had received training in how to safeguard people and demonstrated a good understanding of what constituted abuse and how to report any concerns swiftly so that people could be kept safe. We have made a recommendation about the agency obtaining the local authority safeguarding protocols.

The agency had sufficient numbers of staff available to provide each person with a main carer and to cover any leave such as illness and annual leave. The provider was aware of how many additional hours the agency could provide, before the need to recruit additional staff. New staff were all trained in National Vocational Qualification or Qualification Credit Framework level two. These are

nationally recognised qualifications which demonstrate staff's competence in health and social care. They underwent an in-house induction programme which included assessing their knowledge in key areas and shadowing experienced staff. People felt that staff had the right skills and experience to meet their needs. Staff's performance was monitored during unannounced checks on their practice by the management team. Staff were supported through regular supervision, staff meetings and informal conversations.

Staff were aware of people's health needs and the agency liaised with health professionals and family members when appropriate. Staff had received training in the Mental Capacity Act 2005 and supported people to make their own decisions and choices. The MCA 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The registered manager knew that when people were assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

People said they were supported by regular staff who knew them well. They said that all staff and members of the management team were kind, caring and compassionate. People said they were always treated with dignity and their privacy was respected. The agency was a small family business and had received a number of compliments about their caring nature.

People felt fully involved in the initial assessment and the planning of their care and support. They told us they were put first in the process and that they were at the heart of how their care was planned. As people had one main staff member to support them, staff were very knowledgeable about their likes, dislikes, choices and preferred routines. People were visited each month by a member of the management team to review their care plan and discuss any changes required.

People were informed of their right to raise any concerns about the service, but said that they did not have any concerns or complaints. The agency was proactive in responding to people's requests before they escalated into a complaint.

Summary of findings

Effective systems were in place to assess and monitor the quality of the service. This included feedback from people who used the service and from staff. Everyone said that they would recommend the service and that their views were listened to.

Staff understood the aims of the service and put them into practice by providing personalised care. Staff had confidence in the management of the service which they said was supportive and friendly. There was good communication throughout the whole staff team.

We found two breaches of the Health and Social Care Act 2008 (Regulated activities 2014). You can see what action we told the provider to take at the back 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.

Enough staff were employed to meet people's needs, but comprehensive checks were not carried out on staff before they worked independently.

People could not be assured that they were protected from potential risks as assessments did not include risks to the individual as well as environmental risks.

The provider had taken steps to protect people from abuse.

Staff were trained to support people with their medicines but guidance was not always in place to ensure that staff administered non-prescription creams safely.

Requires improvement



Is the service effective?

The service was effective.

People received care and support from staff who were trained and whose competency had been assessed to make sure they had the knowledge and skills for their roles.

Staff asked people about their decisions and choices when providing care.

Staff understood their responsibilities in ensuring that if there were any concerns about a person's health that a family member or health professional should be informed.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect at all times.

People said that one main member of staff was allocated to support them and therefore they knew them well. People said that staff were kind, caring, and compassionate.

Staff listened to people and supported them to make day to day decisions and choices.

Good



Is the service responsive?

The service was responsive.

People were at the centre of assessing and planning their care.

Staff were knowledgeable about how to provide care for people taking into consideration their likes, dislikes and preferences.

Good



Summary of findings

People knew how to make a complaint, but did not have any complaints about the service.

Is the service well-led?

The service was well-led.

Staff said they received excellent support from the management team as they were always there to support them. There was good communication within the staff team and staff understood their responsibilities and the aims of the agency to provide the highest quality of care.

People were regularly asked for their views about the service, and they were acted upon.

Quality assurance and monitoring systems were effective in identifying what the service was doing well and some areas in which it needed to improve.

Good



Marjon Home Support Agency

Detailed findings

Background to this inspection

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

This inspection took place on 29 April, 5 May and 6 May, and was announced with 48 hours' notice being given. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR within the set time scale. Before the inspection, we looked at information

about the registration of the agency and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law. We also obtained feedback from questionnaires sent to people who use services.

We visited the staff and people who used the service in both the Whitstable and Bromley areas. We visited three people in their own homes. We spoke to the registered manager, provider/owner of the agency, area manager and three staff, including a senior carer.

During the inspection we viewed a number of records including three care plans and daily notes, three staff recruitment records, the staff training and induction programme, staff meeting and supervision notes, safeguarding, recruitment and medication policy, compliments and complaints logs, staff spot checks and quality assurance questionnaires.

Is the service safe?

Our findings

People told us that they trusted staff and they made them feel safe and secure. Comments included, “I feel more confident when she is here”; and “I have had a fall and worry about falling. When I have a shower it makes me feel safe that she is here”. Everyone who returned a questionnaire to us responded that they felt safe when staff supported them.

We asked to see the recruitment and selection records for the last three staff who had been employed by the service. Two of these staff had been recruited recently and a third member of staff had been employed at the service for a number of years. Staff had completed an application form and attended an interview where they were asked questions about their experience and their values in relation to giving care. Application forms contained information about the applicants’ qualifications, skills and experience. However, the dates of a person’s employment were not included. Therefore, it could not be established if applicants had been in continuous employment, or if there were any gaps in their employment history, or the reasons for these gaps.

The agency did not have current and up to date information about whether people had a criminal record. They relied on checks undertaken by the applicant’s past employer, some of which had taken place a number of years ago. Therefore, the agency was not able to establish whether prospective staff had recently had a criminal record or had recently been barred from working with children or vulnerable people. The agency’s recruitment policy stated that satisfactory references were obtained before an applicant started employment at the agency. The provider told us that two references were requested for each applicant, including a reference from the applicant’s last employment in a health or social care setting. For the two newly employed members of staff, one staff member had two verbal references and the other had one verbal reference from their last employer. However, there was no written record of the date or job title of the person spoken to, or their comments as to the staff member’s suitability for employment at the agency.

The lack of effective and safe recruitment processes is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people’s safety in their home environment were assessed before the service commenced. This included a person’s risks of slipping on uneven flooring and that there was safe access and security to the person’s home. If any risks were found, appropriate action was taken to minimise the risk, such as removing loose matting.

Recommendations were also made about any specialist equipment that would help minimise risks to people’s safety. For example, it was suggested that one person should have a hand rail installed in the toilet to assist them to use it more easily and so reduce the risk of them slipping or falling.

The agency mainly provided care in helping people to bath and shower, but this did not include moving and handling people through the use of any equipment, such as a hoist. Staff were aware of the individual risks to people’s safety. For example, they knew that some people were at risk of falling or were unsteady on their feet. Staff understood that some people needed to use equipment to move around their home and other people just needed staff present to ensure their safety. Records showed what people were able to do for themselves and any equipment that they required. However, this information had not been pulled together into a risk assessment to show how the agency had assessed potential risks to people’s individual safety, and what steps and actions staff were responsible for, to minimise these potential risks.

The lack of assessment and records about how to keep people safe from individual risks is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The agency had a medicines policy which set out the different levels of assistance that people may require with their medicines. It clearly set out the responsibilities of the registered manager and care staff. The agreed level of assistance that a person required with their medicines was set out in their plan of care. All staff had received training in how to administer medicines safely, and the policy set out that only staff who had received this training were able to administer medicines. Staff’s competency to give medicines was monitored at regular observations of their practice.

Each person’s care plan contained a list of medicines that the person was prescribed. When staff assisted people with their medicines they recorded what assistance they had given, such as reminding the person to take their medicines

Is the service safe?

or administering the medicines. Staff knew how to record if the person had refused their medicines and the appropriate action to take, such as informing the registered manager and their doctor. People confirmed that staff checked to make sure they had taken their medicines as prescribed.

Although staff knew how to support people to apply any topical creams, this guidance was not always contained in people's plans of care. One person's daily notes recorded that staff had applied a named cream to the person's legs. However, neither the name of the cream, nor the directions of where to apply it were contained in their care plan. For another person the word 'cream' was used in their care plan without recording what it was, what it was for, or where it should be applied. Therefore, it could not be assured that creams were applied consistently by the staff team.

The agency had a safeguarding policy which set out the definitions of abuse, staff's responsibility to report any concerns to their line manager and the registered manager's responsibility to contact the local authority as appropriate. Staff had signed the policy to acknowledge that they had read it. All staff had received training in how to recognise and respond to the signs of abuse. Staff were very clear about the importance of looking for changes in people's well-being, mannerisms and/or behaviour as an indication that they may be unwell or as a sign of potential abuse. Each person had one main care staff and staff demonstrated that they knew people well and so would be able to observe any small changes in their behaviour. Staff felt confident to report any concerns to the provider or registered manager and that their concerns would be listened to. However, if their concerns were not taken seriously, they said that they would refer them to the local

authority or CQC. Staff also knew how to 'blow the whistle'. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

The registered manager and provider had the contact details for the two local authorities where people who used the service lived so that swift action could be taken to report any concerns to them.

Staff recorded information about any accident, incident or near miss. Blank forms were kept at the home of each person who used the service, so staff could immediately record the event. Staff then passed the information to the registered manager or provider. The provider reviewed the cause and action taken as a result of the incident, to see if any lessons could be learnt to minimise the incident reoccurring. Contingency plans were in place in the event of bad weather to make sure that people who required personal care would be visited and kept safe.

The agency had assessed how many staffing hours were required to meet the care needs of the people for whom they were responsible. Each person who used the agency was assigned one main member of staff and the staff team shared weekend calls and covered any sickness or annual leave. The agency had assessed how many additional care hours the agency could support before it needed to recruit additional staff. The agency had partnered a recruitment agency so had a constant supply of potential applicants to fill any vacancies. There was an on-call system if assistance was required outside office hours. Staff reported that they felt safe knowing that there was support available to them if they needed it, outside of office hours.

We recommend that the service consider current guidance on giving non-prescription creams to people and take action to update their practice accordingly.

Is the service effective?

Our findings

People told us that staff had received training in a number of areas. They said that this gave them confidence that staff knew how to support them. Comments included, “Staff know me well”; and “Staff know my routine”. Everyone who returned a questionnaire to us agreed that staff had the skills and knowledge to give them the care and support that they needed.

The agency only employed staff who had completed a National Vocational Qualification or Qualification and Credit Framework (QCF) levels two or above in Health and Social Care. These are nationally recognised qualifications which demonstrate staff’s competence in health and social care. New staff received an in-house induction where staff’s knowledge and understanding of the agency’s policies and procedures was checked through the use of scenarios. Staff were given a staff handbook which contained information to help them in their new role. They shadowed a senior member of staff before they worked independently. Staff said the induction programme and support was very effective in providing them with the knowledge and skills that they required.

Staff received yearly face to face training from an external trainer in required subjects to ensure that their practice was kept up to date. These topics included moving and handling, emergency first aid, infection control, safeguarding and food hygiene. This meant that staff had the training and knowledge that they needed to support people effectively. The area manager had obtained information about the new ‘Care Certificate’ which came into effect in April 2015 and was working towards ensuring that this was put into practice at the agency.

Senior staff carried out observations of staff performance every three months to check their skills and competence. These unannounced spot checks included checking staff skills in communicating with people, maintaining people’s confidentiality, record keeping and to ensure that staff were following the agency’s dress code.

Staff said they received excellent support from the management team. They said they could ring a member of the management at any time for support. There was also a formal support structure in place which included individual supervision sessions, spot checks and an annual appraisal. After a spot check staff were given constructive feedback.

Staff said feedback was valuable in identifying what they were doing well and any areas in which they needed to improve. One member of staff told us, “It feels good to be told what you are doing well and it makes a big difference”. At annual appraisals areas of staff strength and areas to improve were identified, and targets set to achieve throughout the year.

Staff had received training in the Mental Capacity Act 2005. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff’s knowledge of the principles of the Act varied, but all staff demonstrated that they would only support people when they had gained their consent and according to their wishes and choices. The area manager understood a principle of the Act that everyone is assumed to have capacity to make their own decisions, unless they have been assessed as not having the capacity to make a particular decision. It had been assessed that everyone using the agency had the capacity to make their own decisions and choices. The area manager said that if someone had been assessed as not having capacity, that a family member would be involved and a best interest meeting held. A best interest meeting is where relevant professionals and relatives are invited and decisions taken on a person’s behalf.

People’s need in relation to whether they required staff to prepare food and drinks was discussed as part of their initial assessment. No one had been assessed as at risk of poor nutrition or hydration. People said that staff asked them what they would like to eat. A record was made of food that had been prepared. Staff said that some people had a lack of appetite. They explained that if a person did not feel like a large meal, they offered them a sandwich and also left them snacks of crackers or cake. This meant people had something to eat throughout the day, if they felt hungry.

Care plans included information about people’s health needs and staff were aware of how people’s health affected the care that they required. Staff were not directly responsible for providing health care for the people they supported. However, staff were aware of their responsibility to report any concerns about a person’s health to the registered manager or provider. This was so that swift and appropriate action could be taken, such as informing the

Is the service effective?

person's relative or doctor. The agency had also liaised with district nurses and a physiotherapist when people using the service were receiving support from these professionals.

Is the service caring?

Our findings

People told us that they had positive, caring and compassionate relationships with the staff who supported them and with the members of the management team. They said that these caring relationships had developed because they had one regular carer, whom they had got to know well. Also, as the agency was a small, family business, they felt that the agency really cared about their well-being. Comments included, “With the other agency I was just a number. With Marjon I have hope. They have a caring heart”. “The staff are all different but they are all caring, kind and thoughtful”; and “She knows me well. We have a laugh and a joke together, but she (staff) does her job and is professional”.

Everyone who returned a questionnaire or whom we spoke to agreed that they were always treated with dignity and respect. One person told us that when staff arrived to support them they were usually upstairs in bed. They said that staff always called their name and asked if they were ready, before going upstairs to provide them with personal care. Staff said that when supporting people with their personal care, they thought of how they themselves would feel, and acted accordingly. Staff demonstrated how when they supported people, they encouraged them to be as independent as possible. For example, when supporting people to take a bath or shower, they enabled people to wash themselves as much as they were able.

People said that staff knew their needs and preferences. Staff explained how they involved people in making their own decisions such as if they wanted a bath or a shower and what they wanted to eat. Everyone who returned a questionnaire to us agreed that they were involved in decision-making about their care and support needs. Staff knew how to effectively communicate with people who had

specialist communication needs, so they could fully understand their day to day choices. Staff said it was important to listen to what people had to tell them as sometimes people were upset by what they could no longer do for themselves or because of bereavement. They said that in these situations they provided emotional support by listening and gently responding to what people had to say. “They always listen to me”, one person told us.

Staff talked about people in a caring, meaningful and positive way and described how they genuinely enjoyed supporting people. One staff member explained how they felt honoured to be fully let into the life of the person that they were supporting. The agency also specifically provided companionship for people whereby staff developed supportive and friendly relationships with people over time. One staff member told us about a person for whom they provided personal care and companionship. They stated that this person was withdrawn and was reluctant to communicate or leave their house when they first met them. However, after a period of time a relationship had developed between the person and staff member. Now both regularly visited a local café to engage in conversation in topics that the person was interested in.

The agency had received a number of compliments about their caring approach which had been posted on their website. These included, “Thank you most of all for the love that you showed my mother”; and “Their extra additional thoughtful touches like making some good homemade food at regular times has helped my father’s recovery hugely”. The agency had received another compliment at the time of our inspection: “If you want good care and you want one to one because you like the same person to do your care call Marjon. I like them because they do communicate with me and they do their best to give me the best service they can”.

Is the service responsive?

Our findings

People told us that a member of the management team came to visit them before they received a service from the agency. During this meeting people said they explained and discussed what their needs were and how the agency could meet them. They said this assessment of their needs was comprehensive and they felt staff from the agency were genuinely interested in them as a person. One person told us, “It was not like an assessment. It was all about me”. The assessment of people’s needs included information about each person’s health, social and personal care needs such as their mobility, medication, communication and likes and dislikes.

People said that they had a plan of care that set out how they wanted to be supported. Although care plans varied in the amount of detail they contained, people said that as they had one main staff member to support them, that staff were very knowledgeable about their likes, dislikes and preferences. Staff said that this also made the service that they provided more personal. People said that if an alternative staff member supported them, that they also knew how to support them. People were visited each month to discuss if their needs had changed. “They know me well and know my routine”, one person told us. “I like that they visit me once a month to see how I am”, another person commented.

People said that staff always arrived on time and stayed for the required amount of time. “They are like clockwork”, one person told us. The agency provided some calls that were fifteen minutes long. These calls were to check a person’s well-being, or to prompt them to take their medicines and were not to provide personal care. The provider told us that people were always contacted by phone if a member of staff was running late. Staff said that they were allocated

sufficient time to travel from one person to another when providing support. The agency had not missed any calls that they were required to make to people who used the service.

People told us that they did not have any concerns or complaints about the service. “I can’t fault them. They do whatever I ask them”, one person told us. As people were visited once a month by a representative from the agency, the agency could check if people had any niggles or concerns that needed to be addressed.

People were given a copy of the complaints procedure when they first started to use the service. This contained information about how to make a complaint and the timescale for the agency to complete an investigation into the complaint. Staff responded that if a person raised a concern with them, they would address it immediately if they were able and make a record of the conversation. However, if it was something not within their remit to address or a serious concern, they would pass this on to the provider or registered manager. The provider said the agency had not received any complaints. They gave examples of how they had effectively responded to requests from people, such as changing the time of their call. As the agency responded quickly and effectively to people’s requests, this minimised the need for people to raise a formal concern or complaint about the service.

The office was open between usual working hours and outside this time an on-call service was available. Some staff told us that when they had rang the on-call service they had been effectively supported. One staff member told us that they had never needed to ring the on-call service. However, they said that the on-call person had rung them to ensure that they were safe when making an evening visit to a person for the first time.

Is the service well-led?

Our findings

Everyone told us the management of the service was excellent and they would recommend the agency to others. Comments included, “I would recommend it as it is a small agency and they get to know you well”; and “Fantastic carers. I would recommend them”. People said they were regularly asked for their views about the service and their care and felt that staff “Genuinely cared” and listened to them.

Although the agency office was located in Whitstable, the registered manager spent their time in the Bromley area as this was where most people who used the agency lived. She was supported by a senior staff member, who undertook spot checks and also provided advice and support for the staff team. The registered manager regularly supported people with their care. She said that this was an enjoyable aspect of her role and that she had supported everyone who used the service in the Bromley area. It showed that she led by example and ensured that she had a good understanding of the role of the care staff.

The registered manager was in daily phone contact with the area manager and/or provider. The provider was involved in the daily running of the service. The management team also met on a regular basis. This ensured that there was good communication between the management team and that everyone was kept up to date with current issues and the needs of all the people who used the service.

Staff told us that the service was well led and that they felt well supported. “Not for one second do I feel I am out there on my own”, one staff member told us, “They genuinely do care and are compassionate and considerate”. Staff said that the management team listened to them and there was always someone senior available who they could talk to. Staff said that communication was central to supporting them and providing a good service to people who used the agency. They said that communication in the agency was good. They were given advance notice of any changes with the people who they supported. If they supported a new person they were always given comprehensive information about their needs as well as practical information, such as how to access the property and where their medication was kept.

Staff were provided with a staff handbook which contained policies and procedures and other information necessary to their role. Staff meetings had been increased from every six months to every four months, to keep in contact with staff and to keep them up to date with how the service was operating, although these meetings were not always recorded. These meetings included discussions about the needs of people who used the service, feedback from staff about the way the agency was run and an opportunity to discuss any concerns. “If I thought that things could be done better, I could approach them (member of the management team) with a suggestion”, one staff member told us. Everyone who returned a questionnaire to us agreed that the management team asked what they thought about the service and took their views into account.

The aims and objects of the agency were included on the company website. This included, “It is Marjon's policy to ensure that all employees are interviewed personally by a senior manager, this ensures that all our staff are compassionate, reliable and professional individuals who strive to provide the highest quality of care expected within our organisation”. Staff clearly understood the aims of the agency to communicate with people, make them comfortable, enable them to be independent, to stay in their own home, and to give compassionate care to people.

The views of people who used the service were sought every month at home visits by a member of the management team. A quality assurance questionnaire was also sent to people who used the service each year. The last time this survey was undertaken was in September 2014 when the agency first registered with CQC. Therefore, although the responses were mainly from people who received domestic help and companionship, rather than personal care, it reflected people's views about the staff team, who remained the same. People were asked about the tasks that staff carried out, whether staff were reliable and if they were treated with dignity and respect. People responded positively to the support that they received and any negative comments were acted upon. Comments included, “I consider the carers my friends and am pleased to see them. They are always willing to chat and are interested in things that I do”; and, “The regularity of the care assistant (same person) to visit me each week, has given an order to each week, which I am sure has been helpful in the acceptance of my situation from the beginning”.

Is the service well-led?

The agency had an effective system that assessed and monitored the quality of service that it provided. As well as regularly seeking the views of people who used the service and staff, it also monitored aspects of the service to ensure that it was operating effectively. This included checking that staff training, staff appraisals, staff spot checks and

home visits were undertaken in line with the agency's procedures. However, it had not identified the shortfalls in staff recruitment. The agency had identified areas in which it aimed to improve, such as increasing the timescale of staff meetings and providing dementia and end of life training to staff.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People were not protected by robust recruitment procedures. People did not have a current criminal record check, gaps in their employment history were not checked and satisfactory verification of the reason for a person leaving their last employment in health or social care was not evidenced.</p> <p>Regulation 19 (3) (a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that comprehensive risk assessments had been made to protect people against the risks of unsafe care and treatment.</p> <p>Regulation 12 (2) (a)</p>