

Virtue Care Ltd

# Virtue Care

## 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

- Virtue Care is a domiciliary care agency that was providing personal care to nine people at the time of the inspection. Although the provider's office is based in Aldershot, they provide care to people living in Chiswick and Hounslow.
- For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

- The provider had strengthened their recruitment procedures since the last inspection, but they were still not fully robust.
- People provided mixed feedback about the timing of their care calls.
- People received their medicines and topical creams from trained staff. The provider had not ensured people's medicine needs had been fully assessed nor were people's medicine records complete.
- People's daily records were not always either complete or accurate. Electronic care plans were not fully person centred.
- Processes to monitor the quality of the service and drive improvements were not fully effective.
- People's feedback indicated some aspects of staff's practice in relation to infection control required improvement.
- The provider's management of verbal complaints needed to be documented.
- People overall reported they experienced positive, kind and caring relationships with staff. One person said, "The majority are smiley, chatty and create a positive vibe."
- People overall told us they had been consulted about the provision of their care.
- People told us their privacy and dignity was upheld during the provision of their care.
- Risks to people had been assessed and mitigated.
- People received their care from staff who had received appropriate training.

Rating at last inspection:

- At the last inspection the service was rated requires improvement (07 July 2018).

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our prior inspection.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement

- We found three breaches of Regulations. Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

## 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Virtue Care

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was completed by one adult social care inspector.

Service and service type:

- This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides care to both older and younger people.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager and the provider were the same person.

Notice of inspection:

- We gave the service 24 hours' notice of the inspection activity because it is small. We needed to be sure that they would be in.
- Inspection activity started on 4 April 2019 with telephone calls to people who used the service and staff. It ended on 8 April 2019. We visited the office location on 8 April 2019 to speak with the registered manager; and to review care records and policies and procedures.

What we did:

- Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

- We emailed three professionals to seek their feedback on the service but did not receive any responses.
- Prior to the site visit we spoke with seven people and three staff.
- During the site visit we spoke to the registered manager.
- We reviewed care plans, daily records, medicine records and rosters for five people and records for three staff.

# Is the service safe?

## Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- At the last inspection we asked the provider to make improvements to their recruitment process, this action had been partially completed.
- The provider had ensured they sought employment references for staff employed. Records reviewed showed staff had a disclosure and barring (DBS) service check in place as required, to check their suitability. The provider also had photographic proof of staff's identity and right to work.
- A staff member's file reviewed lacked both the date they completed full-time education and a full employment history dating back to when they had completed full time education as legally required. They were also missing a health declaration. Records for a second staff member lacked both a full employment history and a health declaration. The provider had strengthened their recruitment procedures since the last inspection, to include checks on staff's previous conduct, but they were still not fully robust.

The failure to establish fully robust recruitment procedures to ensure the suitability of staff employed was a continuing breach of Regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People provided mixed feedback about the timing of calls. Three people told us calls could be late or took place during a large time window. Four people felt they had consistency of staff to provide their care and two did not.
- There were sufficient staff employed, to provide people's care. On the day of the inspection there were seven staff. One staff member told us they wanted more work, and another rang up during the inspection to ask about more work.
- Records showed people had allocated call times, but people's feedback and records indicated care calls did not always take place at the times scheduled. A relative told us lunch and tea visits often took place too close together, records confirmed they were on occasions only three hours apart. People's care is better spaced across the course of the day. They also told us the person's bedtime call sometimes took place earlier than scheduled, which records confirmed. Their loved one did not then want to go to bed, which records confirmed. This person did not receive their care at the time they wanted and had recently asked another provider to cover two of their calls.
- People were not sent a rota, although they could all access this on their electronic records. Most people spoken with did not do this, so were not sure who was due to arrive or when. Although most people did not mind, it is good practice to ensure people know who is due to visit.

### Using medicines safely

- People told us staff applied their topical creams as required and that staff prompted a person with their

medicines.

- The provider had arranged medicines training for staff as per the recommendation in the last inspection report. People received their medicines from trained staff.
- Staff were not currently administering any medicines to people. They applied topical creams for people and prompted one person with their medicine.
- The provider had not completed a full assessment of people's medicine support needs as required by national guidance and their medicines policy. To ensure they considered people's needs in relation to all aspects of their medicines management. They had not gained people's written consent for support with their medicines. People's records did not contain an up to date list of their current medicines or topical creams, to ensure staff knew what people were prescribed.
- There was no guidance for staff about the application of people's topical creams. There was no information such as the name of the topical cream, where it was to be applied and how thickly. This created a risk people's topical creams might not be applied correctly.
- The provider told us, where people were either prompted by staff with their medicines or had topical creams applied. Staff were not required to complete a medicine administration record (MAR), as per good practice guidance. Staff recorded in the person's notes they had applied creams, but not what creams or where.
- The provider then told us staff may have completed a MAR for a person they prompted, as they had left one blank MAR in the person's care file in their home. This record was still in the person's home, so we could not review it on the day of the inspection. There was a lack of clear guidance for staff.
- The provider sent us a copy of this person's MAR after the inspection. It was not completed in accordance with good practice guidance. It was handwritten, information was incomplete, medication details were not double signed for accuracy and there were gaps in staff's initials for when they had prompted the person. February and April 2019 were documented on the same MAR. This person had received their medicines, but the records of their medicine support were inadequate.
- The provider had identified in their 12 January 2019 audit staff were not completing MAR's properly. Record keeping was due to be addressed with staff by 26 April 2019. However, the provider was not aware a MAR needed to be completed for all medicines support staff provided.

The failure to ensure the proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- A relative told us, "The issue is the notes. They don't write them as they should. Some carers make notes, and some don't."
- Staff had since the beginning of the year documented people's records electronically. Records could then be accessed by the person or their family.
- We found staff had entered a record of a person's care call on another person's notes. This was a breach of data security as the other person or their family could have accessed the record. This was immediately brought to the registered manager's attention for them to action.
- Two people's daily records did not have entries recorded as required for every visit completed.
- One person's care plans referenced the opposite gender and another person's records referenced another person. These records were not accurate.
- A person's environmental risk assessment had not been reviewed since November 2017, to ensure it remained up to date. The same person had risk assessments which were undated, so we could not tell when they had been written or if they had been reviewed.
- The provider had identified in their January 2019 audit the need for staff training on record keeping and this was due for completion by 26 April 2019. At the time of the inspection this training had not yet been

booked.

The failure to maintain securely an accurate, complete, up to date and contemporaneous record for each person was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us their care was provided by the correct number of staff, to manage risks to them. For example, if two were required then two were always provided.
- Risks to people had been assessed both in relation to them as individuals and in relation to their home environment. Where risks had been identified measures were in place to mitigate them for the person. There was written guidance for staff which referenced the provider's policies. Staff could access people's risk assessments in their care file in their home.
- Staff had undertaken relevant training in relation to managing potential risks to people. Staff had completed conflict resolution and lone worker training. The registered manager was trained to teach practical moving and handling and staff were up to date with this training.

Systems and processes to safeguard people from the risk of abuse

- Most people spoken with felt safe in the care of staff.
- Two people told us the lack of a rota meant they did not know who was coming to the door. However, the registered manager told us staff were always introduced first and never visited people 'cold.'
- Two people told us staff did not wear uniforms or identity badges. The provider told us these were provided, and we saw the uniforms.
- There was evidence staff had undertaken both safeguarding adults and children's training. Staff understood their duty to report any concerns to the office and had access to relevant guidance.
- The registered manager had made one safeguarding alert to the local authority and had co-operated with the investigation. To support their learning and development, they had since booked themselves to attend a safeguarding course for managers to develop their understanding of the process and reporting requirements.

Preventing and controlling infection

- People told us staff wore gloves to provide their care. Not everyone told us staff wore aprons to provide their care although these were provided for their use. Two people told us staff washed their hands after they had removed their gloves but not before they put them on. The provider had identified this issue in their audit of 12 January 2019 and staff were due to undergo infection control refresher training by 26 April 2019. There was no evidence this had yet been arranged.
- Two people told us staff did not use shoe covers when they entered their home although they had asked if they could. The provider advised staff would wear these if people supplied them.
- Staff had attended infection control and food hygiene training. They had access to relevant infection control and hand hygiene guidance. However, people's feedback indicated some aspects of their practice required improvement, to ensure they followed best practice guidance.

Learning lessons when things go wrong

- There was a process for recording accidents and incidents. There had been none at the time of inspection. There were processes in place to share any identified learning from incidents with staff.



# 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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- People told us they had been asked to sign their consent to their care. However, there was a lack of written evidence to demonstrate people had signed them. The provider had identified this issue in their audit of 12 January 2019. This was due to be addressed by 26 April 2019.
- 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.
- The provider informed us everyone currently cared for had capacity to consent to their care. The provider had identified in their audit of 12 January 2019 the need for themselves and staff to undertake MCA training by 26 April 2019. There was a lack of evidence to demonstrate this required training had yet been arranged. In the meantime, staff had access to the provider's policy which provided relevant guidance. Staff required appropriate training in this area to ensure legal requirements were met in the event a person lacked capacity to consent to their care.

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

- Most people recalled having been involved in their care planning. A relative commented, "We had an initial assessment before the care started and [name of loved one's] social worker was involved."
- Most people's care was commissioned by health or social care agencies. The provider ensured they obtained a copy of the referrer's assessment of the person's needs to inform their care planning.

Staff support: induction, training, skills and experience

- People told us staff were sufficiently skilled to meet their needs. Feedback included, "Generally staff have the required skills" and "The carers are skilled."
- The provider told us staff completed their required training during their four days induction. Staff then aimed to complete the Care Certificate which is the industry standard induction. Staff completed specific training relevant to the care needs of the people cared for. The provider had since the last inspection ensured staff undertook training in medicines management and dementia care as highlighted as a need in the last inspection report.
- The provider had since December 2018 commenced one to one staff supervisions and observations of staff's practice. This was highlighted as a need in the last inspection report. This process was still new and needed to be fully embedded and completed three monthly in accordance with their own supervision policy.

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

- Where staff prepared food or drink for people, they told us they were happy with what was provided. Staff had sufficient guidance in people's care plans to instruct them about people's food and drink needs and how these were to be met. Records showed staff provided people with food and drinks as required.

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

- The registered manager told us they were commissioned to provide care by both social services and clinical commissioning groups. Therefore, they liaised with them as required about the provision of people's care.

- Staff had access to communication sheets in people's homes and used electronic communications to share relevant information between themselves as required.

- Most people staff cared for had relatives who arranged health care appointments on their behalf. However, the registered manager provided examples of where they had liaised with GPs, district nurses and pharmacists on people's behalf. They knew how to access healthcare services for people as required. There was also a note on people's records of the professionals involved in their care for staff's reference. Staff understood what to report and to whom.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People overall were very happy with the care staff provided and their approach to people. They thought they were kind and caring. Their feedback included, "Delightful people." "Carers are great they engage well." "I like the carers." "The reason I have made a good recovery is due to the carers. They make me feel cared for."
- Staff were able to access the background information about people provided by referring agencies. This ensured they had access to relevant information about people to get to know them as individuals. Staff built positive relationships with people. A person told us, "They [staff] aren't just box ticking. We have good communications and conversations." A relative said, "They know [name of loved one]" and "When one of the carers was away he still sent [name of loved one] messages by text to keep in touch." People overall felt cared about and cared for by staff.
- A relative told us their loved one's communication needs were understood and met by staff. They told us staff understood what the person's gestures meant. The person's care plan provided information for staff about their communication needs and methods.
- Staff had completed equality and diversity training. This ensured they understood the differences between people and the need to treat people's values, beliefs, cultures and lifestyles with respect.

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

- People overall told us they had been consulted about their care and that staff understood their preferences about the provision of their care. Their feedback included, "Staff understand [name of loved one] needs and preferences." "Staff always ask what [loved one] wants." "They consult me about my care."
- People's care records instructed staff to involve people in decisions about their care such as what clothes they wanted to wear.
- People were provided with a service user guide when they commenced the service. This included a charter of rights and provided essential information about the service for people, such as out of office contact details.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was upheld during the provision of their care. Their feedback included, "Staff generally are polite and respectful."
- Staff had access to relevant guidance on privacy, dignity, human rights. Staff were instructed within people's care plans to uphold their dignity and privacy. People told us staff ensured doors were shut during the provision of their care. Staff explained how they upheld people's dignity. They understood the need to respect people's privacy.

## Is the service responsive?

### Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Most people told us they had been involved in drawing up their care plan. Feedback included, "We were involved in drawing up the care plan." "There is a care plan file and I have seen staff reading it."
- If people had signed to demonstrate their involvement with their care planning, this would have provided written confirmation of their involvement.
- No-one we spoke with recalled having had a review of their care. A relative told us, "We haven't had any formal reviews but [name of provider] visits occasionally and asks how it is going." The provider told us reviews of care took place, their policy stated care should be reviewed monthly. However, no records were provided to demonstrate reviews had taken place. We saw evidence reviews of two people's care were planned for May 2019.
- The provider at the start of 2019 introduced an electronic care planning system. This was to enable staff to access people's care plans and records instantly. People who commenced the service prior to this date, still had a copy of their old care plan in their home, which staff could access. The new care plans did not contain the same level of information and detail when compared to the old care plans. A relative commented on the new care plans, "There is a care plan, but it is basic." The registered manager was aware of this issue, which was identified in their 12 January 2019 audit of the service. Further work was required to ensure all information was transferred over to the electronic system or documented for people.
- People's electronic care plans were not always fully person centred or individualised. Records showed three people enjoyed identical activities. Two people had identical support needs for washing and dressing, which included the same spelling mistake. It appeared some information had been cut and pasted onto these people's care plans.
- People told us the service was responsive to changes in their care needs. A relative said, "Staff appreciate if [name of loved one] has a hospital appointment the timing of the care call has to be earlier." Another relative told us, "The care was arranged quickly."
- There was evidence staff had been very responsive to a person's needs, providing practical support and assistance above that detailed in their care plan. They had also managed the person's challenging behaviours.
- People's religious needs and beliefs had been documented and the provider was clear people would be offered support to ensure these were met where required.
- People's communication needs were identified, recorded and highlighted in care plans. The provider understood the need to provide people with information in a format they understood. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

- People felt able to make complaints. However, they provided mixed feedback on the consistency of

complaints handling. Two people felt their complaints had been listened to and relevant action taken. Whilst two other people felt their complaints had not been managed to their satisfaction.

- People were provided with a copy of the provider's complaints policy as part of their information pack. The provider had completed appropriate actions for the two written complaints they had received. Some people told us they had made verbal complaints about their care. A person said, "I rang this morning and complained about the carer being late" another told us, "I had to raise one issue and it was dealt with." Overall people's verbal complaints appeared to have been listened to and addressed. However, the provider was not able to demonstrate there was an effective process for documenting people's verbal complaints and the actions taken. Therefore, it was not possible to see if there were any trends in the complaints made and how actions taken had improved the service for people.

#### End of life care and support

- Six of the seven staff had undertaken end of life care training. Two people were on end of life care and received support from relevant health care professionals. The new electronic planning system provided an option of producing a care plan for a person requiring end of life care, however, this had not been utilised. Both people receiving end of life care felt well cared for and said their needs were understood and well met. However, their care needs in relation to their end of life care had not been documented for staff's reference.

# 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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Continuous learning and improving care

- Since the last inspection the provider had made some improvements to the service in response to the feedback provided in the last inspection report. They had made improvements in relation to staff supervision, training, including medicines training and made partial improvements to the recruitment process. They had completed an audit of the service on 12 January 2019 based on the CQC key lines of enquiry and had identified the issues raised elsewhere in this report. For example, in relation to infection control, the Mental Capacity Act and record keeping. They knew what the issues and challenges were for the service.
- All the required actions in the audit had a completion date of 26 April 2019. On the day of the inspection none of the 20 identified actions on the audit had been signed off as complete. We saw action had been taken in relation to equality and diversity training, end of life training, and staff supervisions, but not signed off. The provider was not able to demonstrate they would be able to complete all the remaining outstanding actions within the timeframe, to show their processes were fully effective in driving improvements and ensuring all regulations were met.
- The provider's electronic call monitoring system highlighted late calls. We saw on the 07 April 2019 there had been 16 late call alerts. There were five late calls by 11:10 on 8 April 2019. People received their care but not always at the time scheduled. There was a lack of a robust system to audit the numbers of late calls, the reason and the actions taken.
- The provider had not audited staff's recruitment files following the last inspection to identify any gaps that needed to be addressed.
- There was a lack of a robust and effective process as required to audit people's electronic records, medicine administration records or people's care plans, to identify issues and drive improvements.
- The provider had made some improvements to the effectiveness of the auditing process. We still identified one continuing breach of regulations and two new breaches as detailed in this report.

The failure to operate effective systems to ensure compliance with Regulations was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People provided mixed feedback about the running of the service, three felt it was well-run, one thought it was alright and two felt it was not well run.
- Staff were mixed in their feedback. One said "Yes, it is a good place to work" whilst another felt

communication needed to be improved, which had been noted in the provider's audit.

- The provider had aims and objectives for the service and a charter of client's rights. They cared about the service provided and endeavoured to provide a good quality service. They had tried to address issues identified in the last inspection report. The electronic records system was brought in to improve the service for people. The provider had completed their health and social care level five diploma since the last inspection and had booked themselves on manager's safeguarding training.
- The provider did not always have sufficient knowledge in all areas to achieve the aims they strived to achieve. For example, in relation to medicines. They also had not fully understood the requirements of Regulation 19 in relation to the requirement for staff to have a full employment history and a health declaration.

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

- The service had a manager registered with the Care Quality Commission. The registered manager of the service was also the provider. They were supported by an administrator.
- Prior to the inspection we checked the provider's website and found their rating from their previous inspection was not displayed as legally required. We noted on arrival at the office site it was not displayed there either. Following the inspection, the provider informed us the rating had been added to their website, which we confirmed. There was still a lack of evidence to demonstrate it had been displayed in their office as legally required.
- The provider had ensured CQC were notified of significant events as required.

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

- People overall felt able to speak with the provider. However, people had not been sent surveys to illicit their views on the service. People told us, overall their views were acted upon. However, there was a lack of processes to seek them, as identified at the last inspection. The provider had identified this in their audit of 12 January 2019 and feedback forms were due to be sent out by 26 April 2019.
- Processes were in place to seek staff's views and we saw evidence of staff meetings held.

Working in partnership with others

- The service worked with the local authority and the clinical commissioning group to support the provision of people's care. The provider ensured appropriate information was shared with partner organisations.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to ensure the proper and safe management of medicines was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.</p> <p>People who use services were not protected against the risks associated with medicines, due to inadequate record keeping. Regulation 12(2)(g).</p>

### The enforcement action we took:

We required the provider to send us an action plan stating how they intended to address the breaches identified and to update us monthly upon progress.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to maintain securely an accurate, complete and contemporaneous record for each person or to operate effective processes to ensure compliance with Regulations was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.</p> <p>People were not protected against the risks associated with incomplete or inaccurate records Regulation 17 (1)(2)(a)(b)(c)(d).</p>

### The enforcement action we took:

We required the provider to send us an action plan stating how they intended to address the breaches identified and to update us monthly upon progress.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p>



The failure to operate effective recruitment procedures was a continuing breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

People who use services were not protected against the risks of being cared for by inappropriate and unfit staff Regulation 19 (1)(2)(3).

**The enforcement action we took:**

We required the provider to send us an action plan stating how they intended to address the breaches identified and to update us monthly upon progress.