

Palm Care Limited

# Palm Care

## Inspection report

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20 May 2016

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on the 19 and 20 May 2016 and was unannounced. Palm Care provides accommodation and support for up to six people who may have a learning disability, autistic spectrum disorder or physical disabilities. At the time of the inspection four people were living at the service. Palm Care was last inspected on 14 October 2014 where no concerns were identified. All people had access to a communal lounge, dining room, kitchen, shared bathrooms, a laundry room and garden.

This service requires that a registered manager be in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had resigned and had been de-registered from the service in October 2015. The provider had appointed a manager to manage the home. They were in the process of registering with the Care Quality Commission (CQC) at the time of our inspection. The new manager was present throughout both days of the inspection.

People had not received their one to one hours to enable them to pursue activities outside of the service because there was not enough staff on duty. The provider had taken steps to improve this and new staff were being recruited. People were not protected from robust recruitment procedures. The provider had not ensured newly employed staff were of good character and suitable for the role. People's dignity was not always met.

Not all risk assessments had been kept up to date which meant staff did not have current guidance to follow to support people safely.

People had not always received their prescribed medicines, and the overall management of people's medicines was not robust. There had been two recent incidents where people had not received their medicine due to staff errors.

Not all staff had completed or kept the essential training necessary to complete their role effectively up to date. People were not being supported by staff with the most current knowledge or understanding of good practice.

Capacity assessments and best interest decisions for less complex decisions had not been assessed or documented when restrictions were placed on people. When people had been deprived of their liberty the authorisations required had not been applied for. This was not meeting the requirements of The Mental Capacity Act 2005.

Some documentation was conflicting and out of date. The new manager had taken steps to start improving and updating some of the paperwork.

People were supported well to monitor their health care requirements. People were supported to access outside health professionals when needed. Not all staff had current training to support a person with their epilepsy although they had good knowledge of the protocols they should follow if the person had a seizure.

Staff had a good understanding of how to raise any concerns they may have about people's safety and wellbeing. Appropriate guidance was available for staff to refer to.

Staff demonstrated caring attitudes towards people and showed concern for people's welfare. When people required to be supported with their anxieties staff did this in a patient and compassionate manner.

The service lacked oversight and a robust system of auditing to improve outcomes for people. The new manager understood the key challenges of the service and had started to make changes to improve the service people received. Staff felt they were offered enough supervision and support by the new manager.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

There were not enough staff to support people with their individual needs.

Recruitment processes did not ensure staff were of good character or suitable for the role.

The provider had not always done everything reasonably possible to mitigate the risk of harm to people.

Staff had a good understanding of how to report any concerns they had over people's safety.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Some staff training had lapsed or had not been completed.

The provider was not fully complying with The Mental Capacity Act 2005.

Peoples health needs were responded to and referrals were made for people who needed further input from outside health professionals.

People could choose what meals they liked and were encouraged to make healthy food choices.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Peoples dignity was not always maintained.

Staff spoke to people in a kind, patient and engaging way. Staff took the time to listen to what people were telling them and were interested in what they were told.

People were involved in decorating their rooms how they wished.

### Is the service responsive?

The service was not always responsive.

Some documentation in care plans had not been updated to reflect people's current needs and was conflicting.

People's activities had been restricted because there was not always enough staff on shift.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

**Requires Improvement** 

### Is the service well-led?

The service was not always well-led.

Records did not reflect the current needs of people. Some paperwork was missing, conflicting and out of date.

Staff felt they could go to the new manager for guidance and support.

People were asked for their feedback to improve the service they received.

**Requires Improvement** 

# Palm Care

## **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 the 19 and 20 May 2016 and was unannounced. The inspection was conducted by one inspector. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The provider had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection.

During the inspection we spoke with two people, two staff, the new manager, the locality manager and two visitors. After the inspection we spoke with two additional staff members. Some people were not able to express their views clearly due to their limited communication, others could. We observed interactions between staff and people. We looked at a variety of documents including four peoples support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

# Is the service safe?

## Our findings

A visitor said, "Generally staffing is better, but the person I visit doesn't always get to go out to do activities. I could tell they were short staffed before as they didn't always answer the door or phone quickly". People's outside activities were restricted due to the number of staff on duty. During the first day of the inspection a staff member had called in sick which left the service short staffed to support people to attend activities or deliver the one to one hours they should have received. Additional cover was not allocated and the new manager covered the shift as well as completing office work.

Three people were allocated a number of one to one hours to allow them the opportunity to pursue outside interests and social engagement. People were not receiving their allocated hours which had an impact on them leaving the service when they wished. One person's care plan stated that a good day would consist of them being able to go out every day and a bad day would be being stuck in doors all day. Their care plan also stated: I am not allowed to go out by myself, please ensure I have enough staff to enable me to do activities I want to do. This person should have received 66 hours of one to one hours a week or 9.4 hours a day. Recorded logs of this showed that the person did not receive the support hours they should have in March and April 2016 which meant the opportunity to leave the service was limited. On the first day of the inspection this person could not leave the service during the day as there were not enough staff on shift. They did receive some of their one to one hours in the evening to attend a disco at the day centre. A staff member commented, "It's been hard to get people out for activities. They are not neglected whilst in the home, I make sure of that but it can be hard to get everyone out every day for their one to one hours". The new manager said they had employed more staff and were waiting for them to begin employment which would improve the one to one hours people received.

The provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to fully meet people's needs. This is a breach of Regulation 18 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected from robust recruitment procedures. From the three staff recruitment files viewed, three were missing reference checks and employment gap explorations. Two were missing health checks to ensure staff were suitable for their role. Disclosure and Barring Service checks had been made before staff had commenced employment. These checks identified if prospective staff had a criminal record or were barred from working with adults.

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.

Storage where cleaning materials were located was unlocked and accessible to anyone. This was pointed out to the new manager who said this would usually be kept locked. This posed a danger to people, particularly one person who frequently swallowed inedible objects. The new manager said one person was at risk of self-harming but no guidance had been implemented to support the person to manage this. People had individual risk assessments which identified times when the person may be at risk, what would

happen, what staff needed to do, level of risk and control measures implemented. Not all risk assessments had been kept up to date, for example one person's assessment for going out stated they must 'where possible' go out with a staff member. This person could no longer go out alone and needed to have staff member with them at all times when leaving the service. Another person's assessment stated they should be supervised at all times when pouring hot drinks from their flask. The risk assessments also stated they should not be left alone in the kitchen as they were at risk of injury and had been known to swallow inedible objects which could make them seriously ill. We observed a number of occasions when they were left alone in the kitchen pouring themselves drinks. We raised this as a concern with the new manager who said the risk assessment was outdated and the person had been re-assessed and could do this independently. Risk management guidance was not clear which meant there would be an increased risk to people when new staff commenced employment at the service.

The provider had failed to do all that was reasonable practicable to mitigate risks. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had not always received their prescribed medicines, and the overall management of people's medicines was not robust. There had been a recent medicine error and two people had not received all of their prescribed medicines. This had resulted in a safeguarding referral being made which had been investigated by the local authority. One person had not received all of their medicine on the 16 and 17 May 2016 as it had run out. The senior support worker said there had been miscommunication with another staff member when the new cycle of medicine had been re-ordered. The senior said to prevent this from happening again only the new manager and senior would re-order medicines. The senior conducted audits on medicines, when they were not present this was not completed meaning there were long gaps between checks. The senior support worker said, "I think it would be better to do checks more regularly".

Safe medicine practices were not being followed which is a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, there were safe processes for storing, administering and returning medicines. Each person had a medicine profile which listed what medicine they were prescribed. The profile also included recordings of temperatures to ensure medicine were safely stored, staff signature lists to identify who was administering medicine, medicine decisions which described if people had capacity to take their medicine without support and occasional medicine (PRN) protocols. We observed one person receiving their prescribed medicine; staff communicated with the person throughout in a caring manner asking them if they were okay and explaining what was happening.

One person's bedroom smelt strongly of urine, although there was a waterproof mattress the bed base was made of wood which could not be cleaned effectively. The locality manager ordered a new bed base during the inspection and flooring throughout the service was in the process of being replaced. All other areas of the service were clean and well kept.

Records were made when people had accidents or near misses. Some people could display behaviour which could challenge others; recordings of incidents were made which highlighted if occasional medicine (PRN) had been administered to help the person manage their anxieties. Recording the use of PRN meant people were receiving this consistently and in line with the documented guidance. By keeping records of incidents staff were able to monitor people's behaviour and take further action if required to support the person minimise these incidents. Accidents and incidents were kept on the computer system which an external organisation employed by the provider monitored and provided support if further action was necessary to mitigate risk.



Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment. This included checks of portable electrical appliances, first aid boxes, fire equipment and quarterly checks of the premises. People had individual personal emergency evacuation plans (PEEPs) that staff could use to support people to leave the service safely in an emergency situation such as a fire. Fire evacuation drills were conducted to practice how peoples PEEPs would be put into practice.

Staff were aware of their responsibilities in relation to keeping people safe. They knew how to whistle blow and report any concerns to their manager and also to external agencies such as the local safeguarding team or The Commission. One staff said, "I would report to the manager or other managers. I have access to the safeguarding policy which I could look up".

## Is the service effective?

### Our findings

A staff member said, "I think I have enough training and supervision". Another staff member commented, "I've started to get more supervision, more regularly. We get a lot of training; I put myself forward to do more training". Not all staff had completed or kept the essential training necessary to complete their role effectively up to date. This included first aid, epilepsy awareness including the use of rescue remedies, infection control, moving and handling, Mental Capacity, safeguarding, equality and diversity, and health and safety. One staff member, who had previously worked at the service had returned in the middle of May 2016 after taking a break to work elsewhere. They had not completed any of their essential training before working shifts unsupervised and had not been competency checked. This meant people were not being supported by staff who had the most up to date knowledge of current guidance and safe practice. This meant that people were being left at risk of receiving inappropriate care and treatment. The new manager said training had been identified in the internal audits as an area which needed to improve.

The failure to ensure staff received sufficient training and competency checks is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had awareness of the MCA but required further training to fully understand how to comply with the Act. Capacity assessments and best interest decisions for less complex decisions were missing from people's files which meant decisions to place restrictions on people were done without consideration of complying with the Act. The new manager said this was an area they were improving. All people required continuous supervision and support outside of the service due to their complex needs. All people had been restricted from leaving the service freely but only two people were currently subject to a DoLS authorisation.

The provider had failed to comply with the requirements of the Mental Capacity Act 2005. This is a breach of Regulation 11 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Induction for new staff included four days of various training and shadowing other staff. A workbook was given to staff to complete throughout their induction, this covered the service's essential training requirements. Observations of shadowing and competency checks were made throughout the induction by the new manager. A staff member who had joined the service in February 2016 had missed part of their face to face induction but had been checked for competency on the 10, 12 and 26 February 2016. Most staff had received a recent supervision which is a one to one meeting with a manager. Supervision meetings allowed staff the opportunity to discuss any areas of concerns or further support they may require in a formal setting.

People were supported well to monitor their health care requirements. One person had recently been placed on the psychology waiting list; another person had been taken to their GP and referred to the falls clinic as they had recently had reoccurring falls which were unexplained. One person had frequent seizures due to their epilepsy and staff were able to describe the correct protocol to follow to manage this safely. Although staff were able to describe this well, not all staff had up to date training in epilepsy or the use of rescue remedies.

A staff member said, "On Sunday we ask people what they want to have for their meals. We then write the menu and make a shopping list. Sometimes everyone will come with us shopping and they can pick other things they see when they are out like different cereals, chocolates or crisps of their own choice". People were given information about how to eat healthily. One person had recently attended a workshop session about healthy eating to help them understand why healthy food choices would benefit them. They said, "Before I used to spend all my money on takeaways. It's important to eat healthily. I like spaghetti Bolognese, pizza and lasagne. We do a weekly menu, I like everything, there's no food I don't like". Another person had visited the dietician in January 2016 and had been advised to follow a lactose free diet for three months. Staff were aware of this and supported the person to follow the guidance made by the dietician. People were offered various drinks throughout day.

## Is the service caring?

### Our findings

A visitor said, "I think it's a nice home, the staff care about the service users. You feel confident when you come as staff know what they are doing".

Staff said one person would sometimes prefer to wear only their underwear or remove their clothes around the home. During the inspection the person was wearing only their undergarments around other people and visitors which were transparent and stained. This was pointed out to the new manager who said more appropriate underwear would be purchased. This was not maintaining the person's dignity and is an area that needs to improve.

People enjoyed the company of staff and each other and staff were mindful of giving people the space to interact independently with one another. Two people would often choose to eat breakfast together in the morning in one person's room. One person said, "We like to have breakfast together and chat". Staff were close by should either person require any support but were discreet to allow the two people to engage in conversation in their own way without interference.

People were provided with information and support to make contact with advocacy services if they should need this. During the inspection a person was visited by their advocate, staff gave the person and their advocate time to talk privately but were on hand should any assistance be needed.

Some people were unable to tell us directly of their experiences, we were able to observe that staff demonstrated the right attitudes of care and compassion and placed people at the centre of the care they provided. Staff had noticed one person was becoming increasingly agitated and anxious by the body language they were displaying. Before the person's anxieties escalated further staff intervened and offered the person a sensory bath to help them to relax. Staff spoke to the person in an understanding and kind way and demonstrated they knew the person well and how they could help them in this situation. Another person would sometimes become anxious at a particular time of day and could display behaviour which could challenge others. Staff responded to this person calmly and supported other people to remain safe by moving them to a safe area with minimal fuss, out of the person's way until they had become calmer.

The staff we spoke to clearly demonstrated they had a good knowledge of people's individual needs and could describe what they liked, disliked and how they preferred to be supported. When people returned from outings staff were interested in how their day had been and spent time talking with people about where they had been and what they had been doing. Staff sought people's consent before acting and people were encouraged to make their own choices and decisions. People were free to move around the service as they wished, one person often came to the office and was greeted warmly each time they did.

People's rooms were decorated in a way personal to them with various personal objects and pictures. One person enjoyed playing computer games in their bedroom and had their own games console with many games which they had chosen. Another person had their own vehicle which they were proud of; staff understood how important this was to the person and was washing it whilst the person supervised.

## Is the service responsive?

### Our findings

A person said, "I like it here, it would be better if I could go out more but it's staffing, there's not enough". One person said, "The Folkestone Centre is good. They do sports like throwing the ball into the net and hitting lights on the wall. I have a keyworker who helps me. I was involved in writing my care plan".

Care plans were conflicting in information and had not been updated when people's needs had changed. This meant newer staff would be reliant on other staff to inform them of how to respond to people's current support needs. Staff said one person would remove their cloths at times whilst in communal parts of the service; this behaviour had not been recorded clearly in their care plan. A document in their plan contradicted what staff had said and stated. Another person's care plan had documentation which made reference to their previous service, was outdated and did not reflect their current needs. This placed people at risk of receiving care and support that did not meet their needs. People had not always received their allocated one to one hours according to their recorded daily recording sheets. This had an impact on people as they had been restricted in the outside activities they could attend.

The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the first day of the inspection some people were able to go out to attend activities. One person had chosen to go to a local animal park; another person went to a disco during the evening at the day centre. On the second day all people went out to attend activities including attending a day centre, going to the zoo and two people went clothes shopping and for lunch.

Other parts of people's care files were written in an easy read format which included pictures to help people understand its content. Information included: what was important to the person, a one page profile, how to support the person at home, my history, my life now, the persons morning and evening routine, my community map, places where the person liked to go and places where the person could make new connections. People had communication passports which explained how the person preferred to communicate and gave a description of the body language they would display if they were unable to verbalise how they felt. People had my keeping health plans which were used to record specific health needs. The plans contained hospital passports, weight records, and health appointments. This ensured staff had good oversight of the persons health needs.

Each person was allocated two key workers who would produce monthly reports about what had been happening for the person, what was going well and any appointments they had or were due to have. This meant people's needs were being more closely monitored and allocated staff would take responsibility in ensuring people received specific support in the areas they required it.

A person said, "I would tell the staff if I was unhappy". People had access to an easy read complaints policy which included pictures to help them understand the content of the policy. The policy gave simple

explanations of why a person may wish to complain, what happens if a complaint was made, the stages a complaint goes through, and a list of numbers and names people may wish to contact if they were unhappy with how their complaint had been resolved. The policy had last been review in January 2014 and made references to The Commission's old regulations which were outdated; this is an area that needs to improve. There were no current complaints at the time of the inspection and previous complaints had been dealt with and responded to following the providers own process.

## Is the service well-led?

### Our findings

The locality manager said, "The service started to slide. We need to update documents to be more person-centred. There's been changes in the staff team. We have been short whilst we've been recruiting; there's been various reasons why staff left". The new manager said, "Staffing is the biggest problem at present, by the end of the month we should be okay with staffing as we have recruited more now". The new manager had identified that there were areas to improve in the service but said progress had been slow as they were often needed to cover staff shifts where there was a shortfall. This meant their time had been restricted in updating the records and improving other parts of the service.

Some records were not easy to locate and there was duplication of the same information in several documents. It was not always clear which document should be used in people's care plans and some records gave conflicting information. For example, one person had several documents that referred to their previous place of residence. Two people's risk assessments did not reflect their current needs. When people lacked capacity to make their own decisions and restrictions had been placed on them in their best interest capacity assessments for less complex decisions had not been made. DoLS authorisations had not been applied for in accordance with the requirements of the Act.

The service lacked oversight. Although there was a system in place to monitor the quality of care people received in areas such as medicines, care plans, and training this had not been effective. The provider had not identified some of the areas identified at this inspection to improve the service people received. Reviews were conducted by the compliance team and a service improvement plan was made following their visits. The locality manager visited the service monthly to review the service development plan with the new manager and action plans were documented with timescales for completion. During the inspection the locality manager and new manager were improving people's care plans to become more person centred.

The provider had failed to assess, monitor and improve the quality and safety of the service provided. Records were incomplete, conflicting and had not been kept up to date. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not issued questionnaires or surveys to relatives or visitors to the service although feedback had been obtained when people had completed the 'Comments, complaints and compliments' forms. Some of the feedback included 'I've been visiting Palm Care to see the service users over the past 12 months and have seen a steady improvement in staffing efficiency and in cleanliness. A caring and happy environment'. Another compliment said, 'always a good welcome when I arrive and always asked to sign in. Building always clean, tidy and presentable, always good staff interacting with service users. Always find a good harmony within and between staff'.

Staff felt more positive about the direction of the service and felt supported by the new manager. Staff meetings were arranged for staff to discuss all aspects of the service. At a recent meeting staff tasks, policies and procedures, the way staff recorded people's one to one hours and updated paperwork had been discussed so improvements could be made. The new manager had been proactive in requesting

maintenance work when the premises and equipment had faults or were in need of attention.

The new manager demonstrated they understood the key challenges to the service and explained how they would be taking steps to improve the service people received. They had identified that staff were not always completing paperwork consistently. To improve this they had introduced a document called 'staff end of shift paperwork check sheet'. This document was completed by staff to ensure that all necessary documentation had been completed before they finished their shift. Staff completed daily handover sheets to ensure people's daily needs had been met. Included on the sheets were handover of medicine keys, visitors in the service, phone calls received, appointments to be attended, any changes to medicines, maintenance issues, safety checks which had been completed and a general overview of each person. The handover of this information ensured staff coming on shift would be well informed of any important information they needed to know to ensure their shift ran smoothly.

People were offered 'talk time' which gave them the opportunity to discuss with staff what they wished to do in the future, what was working well or what they were unhappy with. Outcomes of the issues raised by people in their talk time meetings were documented and action was taken to meet these requests. For example, one person had requested a trip to the garden centre on the 16 May 2016 and they had been supported by staff to do this on the 17 May 2016.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. Regulation 9(1)(3)(a)(b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to comply with the requirements of the Mental Capacity Act 2005. Regulation 11(1)(3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Safe medicine practices were not being followed. The provider had failed to do all that was reasonable practicable to mitigate risks Regulation 12(1)(2)(a)(b)(g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality and safety of the service provided. Records were incomplete, conflicting and had

not been kept up to date. Regulation 17(1)(2)(a)(b)(c).

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care	
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Regulated activity	Regulation
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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
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	There was a lack of effective and safe recruitment processes Regulation 19.
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Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care	
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Regulated activity	Regulation
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	Regulation 18 HSCA RA Regulations 2014 Staffing
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	The provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff to fully meet people's needs. Regulation 18(1)(2)(a).
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