

Achieve Together Limited

16 Kings Road

Inspection report

16 Kings Road
Lee-on-the-solent
PO13 9NU

Tel: 02392553068
Website: www.achievetogether.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

16 Kings Road is a residential care home providing personal care to up to 6 people. The service provides support to autistic people and younger adults who may have a learning disability, sensory impairment, or a mental health condition. At the time of our inspection there were 6 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people, respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our review of key questions safe, effective, caring, responsive, and well-led, the provider was unable to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Care: People were at risk of harm because medicines were not always managed safely. Staff were not always recruited safely and did not always have the correct training. People's support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. People took part in activities and pursued interests that were tailored to them, however, the lack of drivers at the service meant people were not always supported to access their local amenities as often as they would like. People had privacy for themselves and their visitors in their bedrooms.

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Some staffs understanding of the Mental Capacity Act was limited, we made a recommendation about this.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service led confident, inclusive, and empowered lives. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect, and inclusivity.

Quality assurance systems did not always identify concerns we found on inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 1 December 2020, and this is the first inspection.

The last rating for the service under the previous provider was good, published on 1 November 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Enforcement and Recommendations

Staff did not always understand the MCA, we made a recommendation about this.

We have identified breaches in relation to safe care and treatment, recruitment, and staff training at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

16 Kings Road

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

16 Kings Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. 16 Kings Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 3 months and was planning to apply to register.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 April 2023 and ended on 12 May 2023. We visited the location's service on 18, 25 and 26 April 2023 and 5 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and received feedback from 4 relatives about their experience of the care provided. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke with 5 members of staff including the area manager, the manager, and 3 care workers.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant 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.

Using medicines safely

- Not all medicines were managed safely, and 1 person was at risk of harm.
- Records showed 1 person was prescribed insulin which staff were administering. There were no training records available to show who was trained and competency checked to administer this medicine. We asked the manager how they knew if the staff were trained, and they told us, "They told me they are trained."
- The manager had emailed the diabetes nurse to try and establish who was trained. During the inspection, a response was received from the diabetes nurse team to say only 2 current staff members were. This meant staff who had no evidence of training or competency checks were administering this medicine. The manager arranged training to take place on 16 May 2023 and has arranged for only the staff with evidence of training to administer this medicine until then.
- Not all 'as required' (PRN) medicines had protocols in place to guide staff how to administer them safely. Where they were not in place the manager told us they would implement them. This meant staff did not always have the guidance required to ensure 'as required' medicines were given in the correct way.
- The correct number of medicines were in stock, however; this was not always accurately reflected in stock records.

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.

- Medicines fridge and cupboard temperatures were recorded daily.

Staffing and recruitment

- There were not always enough staff on duty to meet commissioned hours although safe staffing levels were maintained. The manager told us staffing and recruitment was difficult, but they had some new staff members starting soon.
- Recruitment records were not always available in the service. Following the inspection, the manager was able to provide us with most of the missing documents to review. For 1 staff member there was no record of a Disclosure and Barring Service (DBS) check available. The manager told us they would ask the staff member to bring their certificate in when they returned from leave.
- We reviewed all the information provided to us. References for 2 staff members were not positive, there was no evidence this had been followed up with the referee and where 1 staff member had relevant information on their DBS there was no risk assessment in place. The manager told us they would put a risk assessment in place. Disclosure and Barring Service (DBS) checks provide information including details

about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This meant people were at risk of being supported by people who may not be of good character.

The failure to have effective recruitment and selection procedures in place was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse, however, these were not always effective. For example, we identified 2 safeguarding concerns which had not been referred to the local authority. This meant the local authority was unable to monitor and assess if safeguarding situations were being dealt with appropriately. Although this was not referred to safeguarding appropriate action had been taken to keep people safe.
- Not all staff had completed safeguarding training. The manager told us they were working to ensure all staff were trained.
- During the inspection the manager implemented a new system to reduce the risk of this occurring again.
- Most family members thought their relative was safe from the risk of abuse at 16 Kings Road, however, 1 relative told us they had concerns. The manager told us they had arranged to meet with the relative and the local authority to discuss these concerns in full.
- There was a robust safeguarding policy in place which was up to date.

Assessing risk, safety monitoring and management

- Risk assessments were in place and were personalised. Information specific to people's individual health needs was included. We identified a couple of discrepancies in risk assessments. For example, 1 person had a speech and language therapy team (SALT) assessment in place stating their food should be cut in to 1.5 cm square pieces. Their health action plan stated 1 cm pieces. This did not impact negatively on the person and the manager rectified this during the inspection.
- We also identified 1 person's epilepsy care plan did not include enough detail. For example, there was no information to detail when an ambulance would need to be called, the manager updated this during the inspection.
- Where required, positive behaviour support plans were in place to guide staff how to support people who may present with behaviour which may harm themselves and/or others.
- People had personal emergency evacuation plans which guided staff to support them safely in case of emergency.

Preventing and controlling infection

- Infection prevention and control was managed safely. We were assured practice in the service was in line with their policy, and people were protected from risks of infection.
- We were assured the provider had good food hygiene practices in place. Fridge and freezer temperatures were checked regularly and were within safe parameters.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting visits to people living at the home in accordance with current infection prevention and control guidance. Family members told us they were welcomed into the service at any time.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored on a monthly audit, with actions taken to reduce the risk of recurrence.
- Staff reflection following incidents was encouraged via a debrief session.
- The manager told us lessons learnt were shared on their portal app so the whole company could benefit from this knowledge.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills, and experience

- Staff were not up to date with their training. The manager was aware of this and working towards improving the training attendance. This included mandatory training for example, 4 staff did not have in date training for Basic Life Support, 6 staff did not have current MCA and DoLS training or safeguarding training.
- For a significant amount of other training available, staff had not completed it or their certificate had expired, for example, Dignity and Respect, Fire Awareness, Epilepsy Awareness and Diabetes Awareness.
- There was a risk people would not receive the correct support in line with guidance, best practice and the law which could put them at risk of harm.
- Staff supervision had not been taking place regularly in line with the providers policy, however, the new manager started 3 months ago and had undertaken a supervision with each staff member.

The failure to ensure persons providing care to service users have the qualifications, competence, skills, and experience to do so safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were inducted into the service and shadowed experienced staff prior to providing care on their own.
- New starters completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Not all staff had received MCA training. Not all staff understood the MCA, for example, 1 member of staff said, "The MCA is about putting things into a simpler way and trying not to confuse them." We asked the staff member if a person wanted to do something, and they thought the person did not understand the risks what they would do. They told us, "I would get another member of staff to go through it with them as a change of face and if they still didn't understand, explain why they can't do it." This meant there was a risk that staff might not identify when a person's mental capacity would need to be formally assessed, and a best interest decision made.

We recommend the provider ensures staff update their MCA knowledge in line with best practice guidelines and the law.

- The manager demonstrated their understanding of when to make a DoLS application. There were authorised DoLS in place at the time of the inspection.
- People were supported to make decisions about their own care, we observed staff consistently asking people if it was ok before they offered support, people's opinions were sought, and they were engaged.

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

- People's needs were assessed prior to them moving into the service. Current information about people's needs was available.
- The assessment formed the basis of the person's care plan, and the care plan was added to as staff got to know people. A relative told us, "[Staff member] is amazing with [person's name] and knows exactly what he needs and the interactions he needs."
- Relatives told us they were involved in people's assessments.

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

- People were provided with adequate food and drink. We were told 1 person had SALT guidelines in place at the time of the inspection. People had food in line with their specific dietary requirements. For example, 1 person was diabetic, the menu was adapted to suit their needs.
- We received positive reviews about the food. People told us the food was "good" and another person gave us the thumbs up sign to show their approval of the food.
- Support and choices in relation to people's food and drink were recorded in their care plans and staff knew people's needs well.
- Each person had a day where they were supported to cook the meal for every1. The menus were decided at the beginning of each month with the input of the people living there.
- People were offered drinks with their meals and throughout the day.

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

- Staff worked together as a team as well as with health care professionals to ensure people's health needs were being met.
- Peoples records evidenced they had access to GP's, dentists, opticians, SALT, and other professionals as required. For 1 person who was booked to have surgery, records showed this had been discussed with healthcare professionals and plans were in place to ensure this goes a smoothly as possible for this person.
- Relatives told us their family member was supported to see healthcare professionals when required.

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

- The service needed some decoration and updating. For example, furniture in the lounge was old and tatty. The kitchen required updating and walls needed painting.
- The manager had identified these things herself and the kitchen was due to be replaced. There was an action plan in place to ensure further decorations and furniture replacement takes place throughout the year.
- People's bedrooms were personalised to their own taste and contained items chosen by them.
- The service was clean and had access to a garden which was in the process of being improved.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion, and sexual orientation are met. The care planning process recorded information about people with regards to some of the protected characteristics, for example their marital status, disability, and religion.
- The manager told us 1 person may have some needs in relation to their sexuality, however, the person had not been given the opportunity to explore this further. The manager told us, "I am not sure if my team here are prepared to have these conversations." This meant this person did not have access to the support they may require. Following our conversation, the manager told us they would investigate ways of ensuring this person had the right support available.
- Other people had been supported appropriately, for example, some people attended church and work was being planned to support someone to investigate their cultural background.
- Care plans demonstrated people were treated with respect and were able to make choices in a variety of ways, and some of their diverse needs were understood and met.
- People were happy, and most relatives spoke positively about the support people received from staff. A relative told us, "They [staff] are kind and caring, [person's name] likes it if he goes out for a coffee."
- We observed staff interactions with people which showed they were treated with kindness, compassion, dignity, and respect. Staff knew people well and understood their likes, dislikes, and preferences.

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

- Care plans demonstrated people were supported to make decisions around their care.
- Staff told us they included people in decisions, and relatives told us people were supported to make decisions about their care. A staff member told us one person, "Loves coffee, listening to music and dancing and jungle book." They told us how they supported this person to purchase their favourite coffee twice a day.
- We observed people being given choices throughout the inspection. We observed staff interacting with people and responding to their body language and vocal sounds as well as using people's individual communication systems.

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

- Staff showed people dignity and respect. We observed staff knocking on doors before entering, and discreet support when people needed a little help to use the bathroom.
- Staff respected and promoted people's independence. For example, we observed a staff member offering verbal support and encouragement to a person that needed it. Most relatives told us people were treated

with dignity and respect.

- A staff member told us, "We encourage them to do what they can for themselves."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were being reviewed and updated. The manager told us they were improving the process to review them regularly, and when people's needs changed. The care plans which had been updated were detailed and contained person centred information.
- Staff had good knowledge and awareness of people's needs and could explain how they supported them in line with this knowledge. 1 staff member told us, "[Person's name] goes to church every Sunday, it is a really important thing for him to do."
- A relative told us, "He gets more opportunities in there [16 Kings Road]; he goes to football matches and occasionally they go to shows and to the pub for dinner, arcades and shops."
- We observed people making their own choices throughout the inspection, and staff supported them to do this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they must do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager had good knowledge about the AIS, and we saw information was provided in an accessible way for people. For example, some documents were available in an easy read format and photographs were used in the service.
- We saw people being supported using their preferred method of communication and staff demonstrated an awareness and understanding of people's needs. We saw positive communication interactions between people and staff. Staff demonstrated their knowledge and skill to effectively communicate with people using both verbal and non-verbal communication.

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

- People were provided with a range of activities, both within their home and externally. Activities available to people included bingo, cafes, church, football, baking, and day trips. However, lack of staff had impacted on people's ability to go out as much as they would have liked, on occasions. This was because agency staff were not always drivers or did not have the specific training required to go out with people.
- The manager told us people were using public transport more now which was helping. A relative told us, "He listens to music and dances." Another relative told us, "I think activities are improving now."

- We observed people going out during the inspection. People were involved in deciding where to go. Families were welcomed into the service and people were supported to visit their relatives.

Improving care quality in response to complaints or concerns

- Relatives told us they did not have cause to complain but felt confident that the manager would deal with any complaints received quickly and efficiently.
- There was a robust complaints policy in place, and this was accessible to people, their relatives, and staff. The staff members we spoke with knew their responsibilities when receiving complaints or concerns.
- The manager could detail the complaints process and told us complaints would be documented, monitored, and any learning from complaints shared.

End of life care and support

- No one was receiving end of life care at the time of our inspection. People were supported to make decisions about their preferences for end-of-life care. Care records demonstrated that discussions had taken place where possible with people and their relatives and their wishes recorded. Some people had chosen not to have this conversation, and this was documented in their care plans.
- The manager told us they would seek the relevant support and guidance should this be required. There was an end-of-life policy in place.

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.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care

- Governance arrangements did not always ensure the safety and quality of the service. Quality assurance systems and processes did not identify, or address some of the issues found at inspection. For example, shortfalls in medicines management, safeguarding referrals, and safe recruitment of staff.
- The provider failed to follow their own governance policy to ensure quality and safety. Several audits were carried out, but these were not done in line with their policy because they were not always effective and did not always drive improvement. For example, although a poor level of staff training had been picked up during quality assurance audits, training statistics remained a concern at the time of the inspection.

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

- The manager had been in post for 3 months and the area manager had been in post for 2 months at the time of the inspection. They were aware of shortfalls in the service and had begun work to make improvements.
- The manager had an action plan in place to record improvements as they were being made.
- The manager and area manager were open and transparent and responsive to our feedback and began making improvements during the inspection.

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

- The culture of the service did not always reflect the principles and values of our Right support, Right care, Right culture guidance. This was reported on in the summary section of this report under right care.
- However, people lived in a homely communal environment. People had been empowered to have as much control over their lives as possible. People's records demonstrated this.
- Systems evidenced how people were supported to express and review how they wanted their care to be provided and how the home was run. The manager told us people were involved in developing their care plans at their monthly keyworker review meeting and documents confirmed this. Family members told us they had been involved.
- The manager and staff we spoke with, demonstrated a commitment to providing person-centred, high-quality care. They placed people using the service at the centre of everything they did.
- People were positive about 16 Kings Road, 1 person told us, "[Manager] is nice, she's got flowers on her

car, she would help me [if required]."

- Care plans did not always include people's goals or longer-term aspirations. The manager was in the process of updating all care plans to include this and other information.
- Some staff told us they felt supported by the management team, however, some staff told us they felt the manager was not always accessible because they kept the office door shut a lot.
- The manager told us they try to keep the door open as much as possible and told us they have an open-door policy for staff to come to them whenever they need support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged and involved. Care plans identified, where people lacked capacity, how they had been involved in decisions about their care.
- Relatives told us they did not receive feedback surveys; however, they did tell us they were able to give feedback to the manager when they needed to and were included in supporting decisions for their relative as appropriate.
- Staff received a yearly feedback survey although we were not provided with any evidence of how this was used to make improvements.
- We found the team worked closely with other professionals to ensure people received effective, joined up care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The failure to ensure persons providing care to service users have the qualifications, competence, skills, and experience to do so safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to operate effective systems to assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act. 2008 (Regulated Activities) Regulations 2014.</p>
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>The failure to have effective recruitment and selection procedures in place was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

