

Morleigh Limited

Tregertha Court Care Home

Inspection report

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Date of inspection visit:
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Ratings

Overall rating for this service

Requires Improvement 

| | |
|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Good  |
| Is the service caring? | Good  |
| Is the service responsive? | Good  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

Tregertha Court is a care home that provides personal care for up to 38 older people, some of whom had a diagnosis of dementia. The service is part of the Morleigh group of care homes. On the day of the inspection there were 23 people living in the service.

The service is required to have a registered manager and at the time of our inspection a manager who was registered for this service was not in post. The manager in charge of the day to day running of the service was a registered manager for another service in the Morleigh group. Shortly after this inspection we were advised that their application to be the registered manager for this service had been completed. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out this unannounced inspection of Tregertha Court Care Home on 6 April 2016. At this comprehensive inspection we checked to see if the service had made the required improvements identified at the inspection on 3 March 2015. In March 2015 we found there were not sufficient numbers of staff on duty to keep people safe and meet their needs. People did not have sufficient access to meaningful activities in line with their interests and preferences.

At this inspection we found action had been taken to make the necessary improvements to the areas of concern raised at the inspection in March 2015. There was one extra member of care staff on duty in the morning to meet the needs of a similar number of people as there were at the last inspection. People and their relatives told us they thought there were enough staff on duty and we saw staff respond to people's needs in a timely manner.

People had access to activities of their choice. Until recently the service had employed an activities co-ordinator for two hours in the afternoon from Monday until Friday but this position was now vacant. Interviews for this post had taken place and the manager hoped to fill the vacancy shortly. We saw people had taken part in craft work, quizzes and reminiscence chats. An external entertainer visited twice monthly and an aromatherapist also visited every other week.

We found concerns in relation to recruitment, the heating and hot water system, a faulty stair lift and a lack of assessments to identify any risks to people using the stair lift. There were also concerns about some care records which were not stored securely and food and fluid charts that were inconsistently completed.

Recruitment systems were carried out centrally for the Morleigh group as a whole and these were not robust. Lack of adequate communication had resulted in the manager starting staff working without knowing whether or not a Disclosure and Barring Service (DBS) was in place. This meant people sometimes received care and support from staff without the appropriate pre-employment checks in place.

Some rooms had a lack of heating and the sinks in two bathrooms had water that was too hot to be safely used by people. While some radiators had been repaired on the day of our inspection, two people told us their rooms had not been warm enough for them for several months.

The stair lift to the main staircase broke down in the morning of the day of the inspection. This prevented people in upstairs rooms, who were not independently mobile, from going up or down stairs as this was the only method available. Action was taken to repair the lift later in the day, in time for people to go to bed. However, we were aware that the lift had not been working correctly before it completely broke down and staff indicated there had been problems for some time. While some people made a joke with staff about the lift and whether or not they were going to 'get to the bottom' other people were upset by it. One person was clearly distressed by being stuck on the stair lift for 10 minutes just before it stopped working.

Another person attempted to come downstairs without using the lift, after it had stopped working. When it became clear that it was not going to be possible for the person to get downstairs they stopped halfway and be helped by staff to go back upstairs. This meant that appropriate action to ensure the lift was consistently in good working order and to assess the risk to people using the lift or the stairs had not been taken.

On the day of our inspection there was a relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. One person told us, "They [staff] are very kind" and a relative said, "[Person's name] has physically and mentally improved since moving here three months ago."

People told us they felt safe living at Tregertha Court and with the staff who supported them. People told us, "I am safe living here" and "I love it here, I chose to come and live in this home and I have not been disappointed."

Staff had good knowledge of the people they cared for and made appropriate referrals to healthcare professionals when people needed it. Staff worked with GPs and community nurses to ensure health conditions such as diabetes were well managed. Visitors told us staff always kept them informed if their relative was unwell or a doctor was called.

People were supported to maintain a balanced diet appropriate to their dietary needs and preferences. Staff asked people where they wanted to eat their lunch and provided respectful support for people who needed help eating their meal. People were provided with drinks throughout the day of the inspection and at the lunch tables. Some people were assessed as being at risk of not eating or drinking enough to meet their needs. Where people were identified as being at risk staff monitored each person's food and fluid daily intake to ensure they were appropriately nourished and hydrated.

Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their families were given information about how to complain. Staff had a positive attitude and told us they were supported by the management team.

There were systems in place carry out regular audits to check the quality of the service provided. However, these audits had not sufficiently identified the risks in relation to the stair lift, the very hot water in two

bathrooms or the gaps in the recruitment processes.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told 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?

The service was not entirely safe. Recruitment procedures were not robust enough to ensure appropriate pre-employment checks were in place before new staff started to work unsupervised with people.

Very hot water in sinks in two shared bathrooms meant people were at risk of scalding. The heating in some people's rooms was not always at an adequate temperature.

A stair lift used had broken and appropriate action to assess the risk to people using the stairs had not been taken.

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

People received their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service was effective. The environment had been adapted to assist people with dementia to orientate around the premises.

Staff had a good knowledge of each person and how to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

Management and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Good ●

Is the service caring?

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

People and their families were involved in their care and were asked about their preferences and choices.

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

Good ●

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

Staff supported people to take part in social activities of their choice.

People and their families told us if they had a complaint they would be happy to speak with the manager and were confident they would be listened to.

Is the service well-led?

Requires Improvement ●

The service was not entirely well-led. People's confidential information was not stored securely.

Systems to assess and monitor the quality of the service provided to people were not entirely effective. Risks associated with the environment and equipment had not been assessed, or sufficient action taken to mitigate risk.

The management provided staff with appropriate leadership and support

Tregertha Court Care Home

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 unannounced inspection took place on 6 April 2016. The inspection team consisted of two inspectors.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also looked at the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people living in the service, two relatives and a visiting healthcare professional. We looked around the premises and observed care practices on the day of our visit.

We also spoke with three care staff, two kitchen staff, the manager, the head of operations and the provider. We looked at two records relating to the care of individuals, medicines records, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

Recruitment systems were carried out centrally for the Morleigh group as a whole and these were not robust. On the day of the inspection one new member of staff was working unsupervised although their Disclosure and Barring Service (DBS) check had not been received. We discussed with the manager how new staff were recruited and how the application for someone who had recently attended an interview would be processed. It was clear that the manager conducted a robust interview and checked that applicants had the relevant knowledge and experience for a care role.

The DBS checks were applied for centrally by the provider's HR department and when a clear DBS was received the service was notified. However, the HR department and the service did not work together effectively to ensure that when new staff were ready to work unsupervised their DBS check had been received. We found the recruitment processes followed in the service meant that there was a risk that new staff could start to work unsupervised without the service knowing whether or not a DBS check had been received at that time. This meant people sometimes received care and support from staff without the appropriate pre-employment checks in place.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found some areas of the premises and some equipment were not suitable to meet the needs of people living in the service. The stair lift to the main staircase broke down at 10.45 am on the day of the inspection. This prevented people in upstairs rooms, who were not independently mobile, from going up or down stairs as this was the only method available.

We noticed earlier in the morning that the stair lift started very abruptly and staff had to walk down the stairs holding the arm rest to ensure the controls worked. Staff told us that the controls 'had been playing up' for some time. Service records showed that the annual service for the lift was carried out by an external contractor in September 2015. Maintenance records showed that some repair work had been carried out on 4 April 2016 after the manager reported on 1 April that the lift was not operating correctly. Records stated, "Broken wire on operating arm, stripped and re-fitted." An urgent request was made for the external contractor, who the provider had a maintenance agreement with, to visit and carry out repairs to the stair lift on the day of our inspection. The contractor had not arrived when we finished the inspection and we were advised after our visit that the lift was repaired at 5.30pm.

We found there had been on-going problems with the heating and hot water in some areas of the building. Maintenance records showed frequent visits were made to the premises to check the heating system and carry out repairs. A plumber attended on the day of our visit and they restored heat to the radiators in four rooms that had been reported as not working. However, two people told us later that their rooms had not been warm enough for some months and the manager seemed unaware of this. We also found two bathrooms had sinks with a hot water temperature recorded at 50 degrees centigrade, which was too hot to be safely used by people living at the service. Hot water at this temperature is a scalding risk.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not sufficiently assessed the risks to the health and safety of people using the service. As detailed above we observed staff using the stair lift with some difficulty prior to it eventually completely breaking down. While some people made a joke with staff about the lift and whether or not they were going to 'get to the bottom' other people were upset by it. One person was clearly distressed by being stuck on the stair lift for 10 minutes just before it stopped working. When they arrived at the bottom of the stairs they said about the experience, "That was frightening." After the lift had broken we witnessed a member of staff assisting another person to come down the stairs by means of the person sitting on each step. When it became clear that it was not going to be possible for the person to get downstairs they stopped halfway and were helped back upstairs. This meant appropriate action had not been taken to assess the risk to people using the lift when it was not working correctly or the risk to people using the stairs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In March 2015 we found there were not sufficient numbers of staff on duty to keep people safe and meet their needs. At this inspection we found staffing levels had been increased and there were enough staff on duty to meet the needs of the 23 people living in the service.

On the day of the inspection there were three care staff and a senior on duty until 2.00pm and two care staff and a senior from 2.00pm until 8.00pm. In addition the manager worked all day and there were kitchen and housekeeping staff on duty. The staffing levels had been increased by one member of care staff in the morning to meet the needs of a similar number of people as there were at the last inspection. The number of staff had not increased in the afternoon and some staff told us this could be a busy time. However, the provider advised us that plans were in place to add an additional member of staff to the afternoon shift from 5.00pm until 9.00pm. This would cover the busier time in the afternoon when people were having their teatime meal and needing help to go to bed. People and their relatives told us they thought there were enough staff on duty and we saw staff respond to people's needs in a timely manner.

People told us they felt safe living at Tregertha Court and with the staff who supported them. People told us, "I am safe living here" and "I love it here, I chose to come and live in this home and I have not been disappointed."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. For example the manager monitored incidents to check for repeated falls. If individuals had several falls appropriate healthcare professionals were involved to check if their health needs had changed or additional equipment was required.

Medicines were managed safely at Tregertha Court. All medicines were stored appropriately and Medicines Administration Record (MAR) charts were fully completed. Medicines which required stricter controls by law

were stored correctly and records kept in line with relevant legislation. Where people were prescribed pain relief by means of a skin patch 'body maps' were completed to record where and when patches were sited. This helped to ensure that patches were changed safely and the site was rotated as directed. The amount of medicines in stock tallied with the records kept.

A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. This showed medicines were stored correctly and were safe and effective for the people they were prescribed for. Staff had received appropriate training in administering and managing medicines and weekly audits were completed by the manager.

Is the service effective?

Our findings

Staff were knowledgeable about the people living in the service and had the skills to meet people's needs. People told us that staff knew them well and understood how to meet their needs.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care. There was a programme to make sure staff received relevant training and refresher training was kept up to date. Staff were provided with training specific to meet the needs of people living in the service such as dementia awareness.

Staff told us they felt supported by the management and they received regular one-to-one supervision and appraisals. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team to share information about people and the service.

Staff completed an induction when they commenced employment. New employees were required to go through an induction which included training identified as necessary for the service and familiarisation with the day-to-day operations of the service. The induction had been updated to include the new Care Certificate. This is a national qualification designed to help ensure care staff gain a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. One member of staff told us, "I shadowed another worker before I started to work on my own. There are always more experienced staff around to ask."

People had access to healthcare professionals such as a GP, community nurses, chiropodist, dentist or optician. Staff made appropriate referrals to healthcare professionals when people needed it. Records showed that staff worked with GPs and community nurses to ensure health conditions such as diabetes and wound care were well managed. A visiting healthcare professional told us, "No concerns, staff follow any advice and guidance given. There are no pressure area issues." Visitors told us staff always kept them informed if their relative was unwell or a doctor was called. People and their relatives told us they were confident that a doctor or other healthcare professional would be called if necessary.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences. We observed the support people received during the lunchtime period. Staff asked people where they wanted to eat their lunch and most people chose to eat in the dining room. There was an unrushed and relaxed atmosphere and people talked with each other, and with staff. People were given plates and cutlery suitable for their needs and to enable them to eat independently. One person told us, "I enjoyed my meal today."

People were provided with drinks throughout the day of the inspection and at the lunch tables. Some people were assessed as being at risk of not eating or drinking enough to meet their needs. Where people were identified as being at risk staff monitored each person's food and fluid daily intake to ensure they were

appropriately nourished and hydrated. Food and fluid charts were completed by staff so individual people's intake could be monitored. We found there were some inconsistencies in the way these were completed.

We observed staff asked people for their consent before providing care or treatment. People were involved in making choices about how they wanted to live their life and spend their time.

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 in care homes and hospitals 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. The manager was clear on the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The manager had made appropriate applications for a DoLS authorisation for several people. At the time of our inspection these applications were still being processed by the local authority.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity. Staff had received training in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards (DoLS).

The design, layout and decoration of the building met people's individual needs. The environment had been adapted to assist people with dementia to orientate around the premises. In line with recognised research the provider was in the process of painting doors in different colours to denote bathroom and toilet doors and different corridors in the service. There were names on people's bedrooms doors with pictures of a bed. There was a code to open the main door and we found that the code was not displayed by the door so people who had capacity could leave the building unassisted. We advised the manager of this and they had not realised that it had been removed the previous day for the wall to be painted. The code was soon replaced on the wall beside the door.

Is the service caring?

Our findings

On the day of our inspection there was a relaxed atmosphere in the service. We observed people had a good relationship with staff and staff interacted with people in a caring and respectful manner. One person told us, "They [staff] are very kind" and a relative said, "[Person's name] has physically and mentally improved since moving here three months ago."

The care we saw provided throughout the inspection was appropriate to people's needs and enhanced people's well-being. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we saw staff assisting one person to move from their tilting armchair to a standing position. Staff were patient and gentle explaining every step of the manoeuvre and talking to them throughout the procedure to prevent them from becoming anxious.

The service promoted people's independence and encouraged them to maintain their skills. We saw examples during lunchtime of staff cutting up people's food and providing plate guards to enable people to eat independently.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in one of the lounges or in their own rooms. People, who chose to spend their time in their room, told us staff regularly came in to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at Tregertha Court had a diagnosis of dementia or memory difficulties and their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to enable people to make their own decisions about their daily lives wherever possible. Care plans recorded details of people's life histories and known likes and dislikes. One care worker said, "We always ask people what they want to wear. If they don't understand we show them different clothes that they usually wear so they can pick the one they want and can make their own choices."

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the lounges or in their own room.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed, prior to moving in, to help ensure the service was able to meet their needs and expectations. The manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living at Tregertha Court.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. This included giving staff instructions about how to support people who could become anxious, especially when being helped with personal care. For example, one person's care plan stated, "Staff to take time to speak to [person's name] and explain what is going to happen."

Staff told us care plans were informative and gave them the guidance they needed to care for people. Daily records detailed the care and support provided each day and how they had spent their time. Staff were encouraged to give feedback about people's changing needs to help ensure information was available to update care plans and communicate at handovers.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Tregertha Court. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

People had access to activities of their choice. Care plans reflected people's individual choices and preferences and how they liked to spend their time. The service had a vacancy for an activities co-ordinator for two hours in the afternoon from Monday until Friday. Interviews for this post had taken place and the manager hoped to fill the vacancy shortly.

We saw people had taken part in craft work, quizzes and reminiscence chats. People talked to us about the events they had enjoyed over the Easter period. This included an Easter raffle organised by one person living in the service. An external entertainer visited twice monthly and an aromatherapist also visited every other week. There was a replica of an old style sweet stall in the dining room with fruit and snacks, including diabetic snacks, available for people to eat as they wished.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. We looked at the records of a recent complaint and saw appropriate and timely action had been taken to resolve the concerns raised. The manager had met with the person who raised the complaint and all agreed actions had been completed to the person's satisfaction.

Is the service well-led?

Our findings

The service is required to have a registered manager and at the time of our inspection a manager who was registered for this service was not in post. A manager was registered in November 2015 but moved to work at another service within the Morleigh group almost as soon as their registration was completed. The manager in charge of the day to day running of the service was a registered manager for another service in the group. However, they submitted an application to change their registration to this service when they first took over managing in November 2015. Due to some complexities in the registration process of this application it had taken some time to complete. Shortly after this inspection we were advised that their application to be the registered manager for this service had been completed.

There were systems in place carry out regular audits to check the quality of the service provided. Regular audits were completed for individual room checks, maintenance, care plans, pressure mattresses, bed rails, bath hoists, medicines, pressure sore management, falls, laundry and catering. Monthly visits to the service by the head of operations meant there were checks in place to ensure any actions from the auditing processes were completed.

However, these audits had not sufficiently identified the risks in relation to the stair lift, the very hot water in two bathrooms or the fluctuating heating system. The audits had also not identified that food and fluid charts were not being consistently recorded. We found that these charts did not always contain enough information to accurately monitor if people were receiving adequate food and drink.

The provider's centralised systems for recruitment were not robust. Information about the status of Disclosure and Barring Service (DBS) checks for new staff was not effectively communicated to the service. There was a lack of a robust protocol about when a service manager should start a new employee working on their own.

There were also concerns that some care records were not stored securely as some files had been left in an open office and people's care plans were left in an unlocked cabinet. However, after our inspection the manager advised us that the care files had been removed from the unlocked room into the manager's office, which was locked when not in use. The cabinet containing care plans had been moved into a room for staff to use when writing and checking care plans, which was also kept locked.

During the five months the manager had been in post they had built good working relationships with staff, people and their families. The manager was clearly committed and dedicated to the role and had developed a cohesive team. Staff were enthusiastic about working in the service and with the manager. Staff told us, "[Manager's name] is brilliant", "I love the residents" and "I really enjoy the work."

The manager covered least one care shift each week and this gave them the opportunity to work alongside staff to monitor the quality of the care provided. They told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not sufficiently assessed the risks to the health and safety of people using the service. Regulation 12. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 15 HSCA RA Regulations 2014 Premises and equipment Premises and equipment were not suitable to meet the needs of people using the service. Regulation 15. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively. Regulation 19. |