

Siloam Health Care Ltd

Oak Lodge Residential Home

Inspection report

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Tel: 02476448529

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20 August 2019

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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

About the service

Oak Lodge Residential Home provides accommodation and personal care for up to 15 older people, including people living with dementia. At the time of our visit 14 people lived at the home and one person was in hospital. Accommodation is provided in an adapted building. Accommodation is provided across two floors, with communal areas on the ground floor.

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

The provider's quality monitoring systems were not effective in ensuring people received safe individualised care, or in supporting continuous improvement. The provider had not checked some staff's suitability to work with vulnerable people who lived at Oak Lodge. Low staffing levels negatively affected people's experiences.

People felt safe. However, individual and environmental risks were not always assessed or well-managed. Lessons had been learnt when things went wrong.

People had enough to eat and drink but there was limited choice available. Some staff training was not up to date. Action was being taken to address this. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; the policies and systems in the home did not always support least restrictive practice.

Staff were caring in nature but did not have the time needed to consistently provide person centred care. People's privacy and dignity was respected by staff. Staff recognised the importance of promoting people's independence. However, some people's independence was compromised due to the design of the home. Action was being taken to address this. Staff supported people to maintain relationships with family and friends. Visitors were made to feel welcome. People had developed meaningful relationships with staff and other people who lived at Oak Lodge.

People's needs were assessed prior to moving into the home. However, assessments did not ensure protected characteristics, in line with the Equality Act, were considered. Care plans required improvement to ensure staff had the information needed to provide safe, personalised care. Complaints were managed in line with the provider's policy and procedure. Opportunities for people to engage in meaningful activities were very limited.

People and relatives were positive about the quality of service they received. The provider and staff worked in partnership with other professionals to improve outcomes for people. The provider was committed to addressing areas where improvement was needed.

The registered provider was in breach of Regulations 9, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

The last rating for this service, under the previous provider was Good (published 19 September 2017). Since this rating was awarded the registered provider and registered manager has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

This provider registered with us on 26/10/2018 and this is the first rating inspection.

Why we inspected: This was a scheduled inspection based on the date the service registered with us.

Enforcement: 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Oak Lodge Residential Home

Detailed findings

Background to this inspection

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

Inspection team: The inspection was conducted by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE who supported this inspection had experience of care of older people and those living with dementia.

Service and service type: Oak Lodge Residential Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. They were also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. We refer to them as the provider throughout this report.

Notice of inspection: This comprehensive inspection was unannounced and took place on 20 August 2019.

What we did: We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as alleged abuse. We sought feedback from the local authority who worked with the service. We used all this information to plan our inspection.

The provider was not asked to complete a PIR prior to this inspection. This is information we require providers to send us annually that gives us key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in the report.

During our inspection visit, we spoke with four people who lived at the home and three relatives. We spoke with the provider and four members of staff including a senior care and care staff.

We reviewed a range of records about people's care and how the service was managed. This included three people's care records, medicine and personal care records to ensure they were reflective of people's needs. We looked at three staff personnel files to ensure staff had been recruited safely. We also reviewed the records of accidents, incidents, falls, complaints, staff rotas, meeting minutes and quality assurance audits the management team and provider had completed.

Is the service safe?

Our findings

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

At this inspection this key question was rated as 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.

Staffing and recruitment

- Staff recruitment was not always safe. We found two staff files did not contain valid DBS checks. The provider confirmed they had not checked the DBS provided by one staff member from a previous employer. The DBS for another staff member had not been updated following their return to work at the home, despite a three-year break in their employment. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

We found no evidence that people had been harmed however, the provider had not met their regulatory responsibility to ensure staff were of suitable character to work with vulnerable people. This placed people at potential risk of receiving support from unsuitable staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection visit, the provider confirmed DBS checks had been requested.

- Staffing levels did not reflect people's assessed need. People and relatives told us they felt staff were available when needed during weekdays but not at weekends. One relative explained they observed people had not received the assistance they needed to go to the toilet because the two staff on duty were busy supporting another person. They said, "... the other residents didn't get a look in."
- Staff agreed staffing levels needed to be increased. One told us, "We coped before, but the new residents need more help, some need two staff to help."
- Staff rotas confirmed two care staff were on duty at weekends and after 2.30pm on weekdays. Care staff were also responsible for preparing, cooking and serving meals which took them away from their caring duties.
- The provider told us staffing levels had not been assessed based on people's needs but were based on those set by the previous provider. They added, "We have been discussing increasing staffing."
- We observed people dependent upon staff support, for example to move around the home safely, in communal areas for extended periods without a staff presence. One person told us they alerted staff if anyone in the lounge needed help. They said, "I have a bell on my chair (in lounge) it's a bell for everybody. I'm in charge of it." This meant this person was being made responsible for calling staff for the other people. This showed there was a lack of available staff to safely meet people's needs.

We found no evidence that people had been harmed however, the low staffing levels created significant potential risk to people's safety. This is a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately after our inspection visit the provider confirmed daytime staffing levels had been increased to three care staff seven days a week, with immediate effect.

Assessing risk, safety monitoring and management

- Known risks associated with people's care were not always well managed. For example, risk assessments had not been completed for two people who had moved into the home three days before our inspection visit. Information provided by the local authority prior to those admissions identified potential risks, including smoking, falls and mobility. When we raised this the provider took immediate action to complete the assessments.
- The providers 'business continuity plan' for use by staff and the emergency services if the building had to be evacuated, was not up to date. For example, the plan contained contact details for the previous provider and information about people who no longer lived at the home. The provider corrected this during our visit.
- Despite omissions in records staff demonstrated a good understanding of the risks associated with people's care and the action needed to keep people safe in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- Despite our concerns in relation to low staffing levels people felt safe. One person described feeling 'perfectly safe' because 'staff kept an eye on them'. Relatives had no concerns about people's safety.
- Staff received safeguarding training and knew how and when to report concerns. Whilst confident these would be addressed, staff understood how to escalate their concerns if they were not.
- The provider understood and had met their regulatory responsibilities to refer safeguarding concerns to the local authority and CQC as required.

Using medicines safely

- People received their medicines as prescribed from competent staff.
- Tablet and liquid form medicines were managed, stored, administered and disposed of safely.
- The management of prescribed creams and lotions was not in line with best practice guidance. For example, the use by date recorded on prescribed creams did not accurately reflect the date the item was opened. This is important to ensure creams remain in date and are effective.

We recommend the provider consider current guidance in relation to the management of prescribed creams and lotions and take actions to update their practice accordingly.

- The medicine fridge was not working. Daily checks completed by staff confirmed the fridge had been broken since 23 July 2019. No action had been taken to address this. That meant if medicines requiring refrigeration were prescribed they would not be stored correctly. Failing to store medicine at the correct temperature can make them ineffective and some can become toxic.

Preventing and controlling infection

- There were systems in place to prevent and control the risk of infection.
- Staff had completed infection control training and practiced good infection control. Staff used personal protective equipment such as disposable aprons and gloves when supporting people with personal care.
- The environment was visibly clean. Housekeeping staff followed cleaning schedules to ensure good standards of cleanliness were maintained throughout the home.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The provider analysed accidents and incidents to identify any patterns and took action to minimise the risks of a recurrence. For example, specialist advice had been sought because one person had fallen on

several occasions.

- There was an open culture in the home and learning lessons when things went wrong was encouraged. Learning, and any action needed was shared with staff at handover and group meetings.

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.

At this inspection this key question was rated Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had an initial assessment of their needs completed before they moved into the home. The provider told us this was important to ensure people's needs could be met.
- However, the provider's assessments did not create opportunities for people to share any cultural needs, preferences or life style choices. This meant it was not clear if protected characteristics under the Equality Act 2010 were considered. The provider told us they were planning to review their assessment document. However, no timescales had been set for this work to be completed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure people's needs were effectively identified and managed. This placed people at risk of harm. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were involved in assessments and information was shared with staff to help them understand and meet people's needs.

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 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. 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.

- The provider had a limited understanding of their responsibilities under the Act. They told us they were further developing their knowledge in this area.
- Staff completed MCA training. They worked within the principles of the Act by gaining people's consent before they provided assistance. For example, we heard a staff member asked a person if they would like to get up for breakfast or if they preferred a lie in. The person chose to get up.
- Care plans contained limited information about people's capacity to make specific decisions about

different aspects of their care. The provider told us they would ensure more detailed information was added so staff had the guidance needed to support people in line with their best interests.

Staff support: induction, training, skills and experience

- People and relatives were confident in the skills and knowledge of staff. A relative explained staff were 'well trained' because they understood how to support people who used equipment to move around the home.
- Permanent staff confirmed they were supported to develop their knowledge and skills through an induction and programme of on-going training. However, a staff member employed by the home to cover planned and unplanned staff absences told us, "I did training in other job's but not since I worked here." The provider confirmed training for this staff member was planned.
- The provider supported staff continuous development. They had introduced an initiative named 'topic of the month'. They said, "We want staff to have time to look at different things, so they know why they do things."

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

- People's nutrition and hydration needs were met. People were supported to eat and drink enough to maintain their health.
- However, people's views about the quality and choice of meals varied. Comments included, "The food is fine, they cater for my needs." "For lunch you have to have what they've got, there's no choice. Some is good, some is rubbish." and "The food is satisfactory but there's no choice."
- Staff demonstrated a good knowledge of people's nutritional needs. They knew who had diabetes and who needed to consume a high calorie diet because they were at risk of losing weight.

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

- People had access to a range of health and social care professionals when needed. One person told us, "The doctor comes when I need her, and the chiropodist comes here. I've had my eyes tested and the dentist comes."
- The provider and staff had developed good relationships with other professionals who supported people's health and wellbeing.
- The provider and staff monitored people's health and understood their responsibilities to obtain further advice or support if they noticed any changes or signs of illness.

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

- People had personalised their bedrooms with pictures, photographs and treasured items. A relative told us their family member had chosen to live at Oak Lodge because 'it looked homely and was a home from home'.
- The provider had taken some action to ensure the design and adaptation of the building met people's assessed needs. For example, a lift enabled people with mobility difficulties to access communal areas of the home and a ramp provided easy access to the garden area.
- Other areas of the building did not meet people's needs. For example, we saw one person had difficulty when they came out of a toilet. They told us, "It's a real struggle with my frame. The door just won't stay open." We brought this to the attention of the provider who assured us they would take action to address this issue. Another person who preferred a bath told us, "I have to have a shower, they don't have baths here." The provider told us people were informed the home did not have any baths prior to admission. However, we did not see any information to confirm this.

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.

At this inspection this key question was rated as Requires Improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We saw positive interactions between people and staff which showed staff cared about people and wanted to provide good care. However, throughout our visit staff were busy and task focused which limited the time they had to spend with people. One person commented, "We sit in the lounge every day. There's no-one around a lot of the time." A staff member told us, "Sometimes we may get five minutes to sit and talk to the residents."
- People spoke positively about staff. One person described how living at Oak Lodge made them feel 'part of a family'. They added, "I'm no longer lonely." Another person said, "I'm happy here because the girls are very good. They are respectful."
- Some care records contained limited information about people's life histories, choices, values and beliefs. This meant the provider could not demonstrate people received individualised care based on what was important to them.

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

- People made choices such as, what time they wanted to get up and go to bed. A staff member explained they described items of clothing to a person who was registered blind, to enable the person to choose what to wear.
- However, other choice was restricted. For example, the dining room was used as an office space for the provider and staff which limited where people could eat their meals. One person told us they only had the option of eating in the dining room at Christmas and New year. The provider assured us they would meet with people to review the current dining arrangements.
- People could not recall, and records did not clearly show how or if they had been involved in reviewing their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. We saw staff knocked on bedrooms doors and waited to be invited to enter people's bedrooms.
- Staff understood the importance of promoting people's independence. However, people's independence was compromised due to the design of some areas of the home. This meant people had difficulty moving around the home without support from staff.
- People's personal information was managed in line with data protection law.

Is the service responsive?

Our findings

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

At this inspection this key question was rated as Requires Improvement: This meant people's needs were not always met.

- People had limited opportunities to take part in activities. One person told us, "We do activities but there are not enough." A relative said, "We notice when we come they [people] are just sitting there. We are thinking of raising it with the manager."
- A dedicated activities organiser was not employed. Care staff told us they were responsible for organising activities. One said, "Activities don't get done unless it's an outside entertainer, they come twice a month. We just don't have time to do everything."
- No activities took place during our inspection. Staff did not have the time to support people to participate in activities or to sit and chat with them. People spent their time watching the television. The provider acknowledged activities was an area that needed to improve.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure people's social needs were met. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Low staffing levels meant staff were not always available to respond to people's requests for assistance. For example, on one occasion a person wanted a drink. There were no staff present to hear or respond to the person's request.
- Two of the three care files we reviewed did not contain sufficient information to support staff to provide personalised care. The third care file was more detailed and included information about the person's beliefs and cultural needs.
- Staff told us they did not have time to read people's care plans. One said, "[Person] moved in last week but, if I'm honest, I haven't had time to look at the file yet. It's hard when there is only two of you [staff]." They added, "But I know what [name] needs. We talked about it in handover."

Meeting people's communication needs;

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was not aware of the AIS. They told us they would 'immediately' familiarise themselves with the standard, so they could take action to ensure requirements were met.
- Despite this, discussion with staff confirmed they understood the importance of reminding people to wear

spectacles, hearing aids or dentures to support effective communication.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported to maintain relationships with those important to them. One person told us, "My family, come when they like."
- Staff greeted family members in a friendly manner. One relative said, "Your always made to feel welcome when you visit. They always make me a cup of tea."
- Some friendships had developed between people who lived at Oak Lodge. We saw people enjoyed chatting and spending time together.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and felt comfortable to do so.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.
- Three complaints had been received between October 2018 and the day of our inspection visit which had been investigated and responded to in line with the providers procedure.

End of life care and support

- At the time of our inspection no-one was in receipt of end of life care. However, staff had previously cared for people at the end stage of their life and were trained to provide this type of care.
- Care files contained ReSPECT forms (Recommended Summary Plan for Emergency Treatment and Care) where people had made decisions about their future care and treatment in a medical emergency.
- Care records contained limited information about people's wishes at the end stage of life. This meant the provider could not demonstrate some people's choices were known so they could be respected and followed.

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.

At this inspection this key question was rated as 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

- The provider's quality monitoring systems were not always effective to ensure high quality safe care was provided. For example, health and safety checks had not identified some freestanding wardrobes in people's bedrooms were not secured to the wall which presented a risk.
- Some audit processes were not sufficiently detailed to ensure effectiveness. For example, the audit tool used to monitor the management and administration of medicines did not include checking the medicine fridge was working correctly.
- The provider was not familiar with some of their regulatory responsibilities and requirements of their role, for example providing information about the service in a format people could understand.
- The provider had not followed their procedures in relation to staff recruitment and emergency contingency planning.
- The provider had not maintained the staffing levels needed to meet people's needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received support and guidance through individual and team meetings. One said, "Management communication is good. You know what's expected. The manager is always there if you need advice."

After our inspection the provider sent us an action plan to show the immediate actions they had taken and some of those planned to make the required improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives were satisfied with the service they received and the way the service was managed. One person described the provider as 'good'. A relative said, "I think they [staff] look after [name] well."
- Staff enjoyed working at Oak Lodge. One told us, "I am very happy here. I feel good because I am helping people."
- The provider was aware of their responsibilities under the duty of candour, which sets out how providers

should explain and apologise when things have gone wrong.

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

- People provided feedback about the service through daily discussion and regular meetings. One person described monthly meetings as, 'very helpful'. Another said, "I love it here. ...there is no improvement needed for me."
- Relatives felt able to discuss anything they wanted to with the provider or staff team on the telephone or when they visited.
- The provider planned to send their first quality survey to people, relatives, staff and other professionals. They said feedback received would be analysed and used to support continuous improvement. However, we were not informed of a timescale for this.
- The provider's documentation needed updating to ensure people's protected characteristics were considered in the planning and delivery of people's support needs.

Continuous learning and improving care; Working in partnership with others

- The provider had been in post since October 2018. They told us they were completing training and attending meetings with other registered managers to develop their knowledge and understanding of, regulatory requirements, as this was their first home manager role.
- The provider was responsive when we highlighted areas in need of improvement during our inspection.
- The provider and staff worked in partnership with health and social care professionals to promote people's physical health and well-being. For example, the home had implemented a 'Red Bag' initiative to ensure a person's experience of being admitted to hospital was positive. The red bag is a visible part of collaboration between care homes, hospitals and ambulance staff, known as the hospital transfer pathway.
- A pressure ulcer prevention accreditation had been awarded to the home by health and social care partners. The aim of the scheme is to support staff to recognise when people are at risk of, and to prevent pressure ulcers developing.
- Health and social care professional provided positive feedback about the provider. One told us the provider had contacted them following our inspection, to seek advice and guidance and had a 'really proactive approach to making improvements...'
- Throughout our inspection the provider was open and honest. They welcomed our inspection and feedback. They said, "This [inspection process] is new to me. I am learning a lot and with hard work, being a role model and working together we can make our service outstanding."

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 (1) (3) (b) HSCA RA Regulations 2014 Person centred care</p> <p>The provider had not ensured assessments of need took current legislation into account.</p> <p>The provider had not ensured assessments of people's care needs included people's personal care, emotional, social, cultural, religious and spiritual needs.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) HSCA RA Regulations 2014 Good governance</p> <p>The systems and processes in place to assess, monitor and improve the quality and safety of the services provided were not fully or consistently effective.</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>Regulation 19 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed</p> <p>The provider had not ensured staff suitability prior to them working with vulnerable people</p>

who lived at the home.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing

The provider had failed to ensure there were sufficient numbers of staff to keep people safe and meet their needs.