

SNSB Limited

# Roop Cottage Nursing and Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Roop Cottage is a care home providing residential care for up to 35 people in one adapted building, across two floors. At the time of our inspection there were 22 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right support

Staffing levels were adequate, although staff were not always effectively deployed. For example, night shifts did not always have medicines trained staff. Staff were not always recruited safely and did not have enough training and support for them to carry out their work safely. People were not always kept safe from the risk of infection and the home was not always clean enough. Accidents and incidents were recorded, although it was not always clear what had been done to mitigate risks and reduce incidents.

Staff were not always recruited safely to care for people, and there were not always enough staff with the right skills to meet people's needs. Medicines were not always managed safely.

People had some involvement in planning their care and future goals, but this was not consistent. Staff facilitated people to attend activities locally. Staff were kind and patient and said they supported people in the least restrictive way possible and in their best interests. People were supported to maintain family relationships.

Medicines were not safely managed. Competency checks were not consistently or thoroughly completed. Some people did not have enough support when they needed creams for their skin. There were gaps in medicine records and controlled drugs were not robustly signed for. There was freely accessible storage of medicines to be returned to the pharmacy.

Staff had appropriate knowledge of safeguarding people from abuse and how to raise concerns with management or the local authority safeguarding team.

People and their relatives said they felt safe living at the home. People were mostly 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.

### Right Care

Care promoted people's dignity, privacy and human rights. People were supported when they wanted to eat and helped to make some choices in their day. Staff spoke with people in a caring way. Care plans and risk assessments were not always detailed enough. People were mostly well safeguarded from the risk of abuse and staff understood the procedures to follow if they had any concerns. Risk assessments were in place, but not always reflective of people's needs or followed by staff. Daily care was not consistently recorded. Fire safety procedures were in place, up to date and known by staff, although some aspects of the fire policy were not implemented. Staff knew their roles and responsibilities in relation to emergency evacuation.

Risk assessments and guidance for staff was not always clear or detailed. Infection prevention and control systems were not robust. For example, some equipment needed through cleaning; there was no evidence of shower heads disinfecting, bathroom bins had no lids. Some aspects of the premises were not sufficiently well maintained and there were some bad odours. Safety checks for the passenger lift were not completed.

Care plans were in the progress of being updated and there were inconsistencies in the quality. Documentation to support people's daily care needs was poor and did not evidence how people's care needs were met. Record keeping, such as food and fluid recording was not maintained sufficiently, and did not enable concerns to people's health to be identified or actioned.

### Right culture

Quality checks were not robust enough to maintain and improve the quality and safety of the service. There were missed opportunities to identify lessons learnt when things went wrong. The management team did not provide enough support for staff or encourage their views to be considered.

Management of the home was not robust. There had been a new manager appointed since the last inspection, but they left the service before the inspection was complete. Some staff felt supported by the management team to be able to provide care safely. Quality assurance systems were weak and although some checks were done, these were not effective and did not result in enough changes where needed. Actions identified through audits were not addressed from one audit to the next. Record keeping was not sufficiently organised and at times illegible, to show how risks were being managed. Accidents and incidents were not always evaluated by management to ensure any lessons learned or referrals to other professionals were made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 17 August 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements which were beginning to be seen were not sufficiently continued and the provider was in breach of regulations.

### 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and Recommendations

We have identified breaches in relation to people's safety, staff recruitment and training and management of the home at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### 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 well-led?**

The service was not well-led.

Details are in our well-led findings below.

**Inadequate** ●

# Roop Cottage Nursing and 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. 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

This inspection was carried out over 2 days by 1 inspector. On the first day, an Expert by Experience also supported the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Roop Cottage Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Roop Cottage is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. There was a newly appointed

manager, although they left the service before the inspection was concluded.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some 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 this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who lived in the home and 4 relatives about their experience of the care provided. We also spoke with 8 members of staff including, the area manager, the home manager, a senior carer, care assistants and ancillary staff.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. There was a delay in CQC receiving the information we requested, because there had been an unexpected change to the management team during the inspection process. We looked at quality assurance records and documentation to show how the service is run.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating has changed to 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

- Medicines were not managed safely. Storage and recording were poor.
- Medicines to be returned to the pharmacy were stored in an open box within a freely accessible room which had the door propped open. The manager removed these to safe storage at our request, although there was a lack of understanding about the risks.
- There were gaps in medicines records which meant it was not possible to show each person had been supported properly with the medicines they needed. Some people's medicine records did not have their photograph. Where controlled drugs were given, these were not always robustly signed for. Opening dates were not consistently noted on medicines.
- Where medicine was needed 'as required' (PRN), there was missing guidance for individuals to help staff understand when or why this might be required.
- Topical medicines, such as creams, were not always applied as prescribed and recording was not consistent. People who required frequent daily applications of creams, had large supplies of cream which should have been used up, and there was poor recording of administration.
- There were overstocks of thickener where people needed this adding to their drinks. The manager told us they would check to make sure these were being used and revise the ordering of these products if necessary. Stock balances of dietary supplements showed people were not always having these as prescribed, where they were at risk of weight loss or malnutrition.

The provider did not ensure the safe and proper use of medicines. This was a breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risks to people's safety were not sufficiently assessed and managed.
- People's risk assessments were inconsistently recorded, and some lacked sufficient detail for staff to support their care safely. Records which were meant to show how individual risks were managed, were not completed and/or illegible.
- Where people needed help with moving, such as hoisting, risk assessments did not always detail the type of sling or how staff should support them. Equipment, such as wheelchairs and slings were not always available in the right quantities to meet people's needs.
- People's weight was not closely monitored and assessed according to their individual risks. There was no evidence anyone had been weighed for 4 weeks prior to the inspection visit, even though some people were

at high risk of weight loss and had lost weight at the last check.

- Staff did not safely manage people's risk of choking. One person needed a soft consistency diet and to be supervised when eating, however, they were left alone on 2 occasions and once with a bowl of chewy sweets. We discussed this with the management team who agreed to address this and confirmed they had increased staff support for this person.
- Personal Emergency Evacuation Plans were stored in the entrance for use in the event of an emergency, although these were not accurate on the first day of inspection and were amended. The fire policy and procedure stated individual evacuation plans were available in each person's room, including in braille where people may be partially sighted. However these were not in place.

We found no evidence people had been harmed, however, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they were evaluating risks and taking action where necessary to ensure people received safe care.

- Staff understood fire safety risks and told us they had completed training.

#### Staffing and recruitment

- Recruitment procedures were not robustly implemented to ensure new staff were suitable for the role and had thorough induction to the service.
- Suitability checks had not been completed thoroughly before staff started work. There was little information to show the manager and deputy manager had been safely recruited. For example, references and DBS checks were not all completed.

Robust recruitment procedures were not followed to ensure staff were suitable to work in the service. We found no evidence people had been harmed, although this placed people at risk. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they were addressing the shortfalls in recruitment processes, so as to ensure lessons learned were not repeated.

- Staff rotas showed staffing levels were in line with the provider's assessment of people's needs, and staff felt there were enough of them on duty at each shift. However, staff were not always appropriately deployed.
- People and their relatives said there were not always enough staff. One relative told us a member of staff said they could not assist their relative back to bed as they were the only member of staff on duty on that floor. Another relative said "No, [not enough staff], we sometimes come and see one in the whole hour and sometimes there's not one to be found". One person said the time it took staff to respond to a buzzer depended upon what staff were doing at the time.
- Staff deployment was not always effective; some staff working the night shift had not all had training to support people with medicines. The manager told us in the event someone needed medicine, such as pain relief, the on-call system would be used and a medicine trained staff would be contacted to come to the home. They said they were reviewing staff deployment, as well as staff personnel files.

#### Preventing and controlling infection

- Risks associated with infection prevention and control were not effectively managed.
- Some areas of the home smelled malodorous and some equipment, including a commode, needed

cleaning. Some window-ledges were sticky.

- Bathroom areas, such as some taps, sinks and shower heads were visibly dirty and there was no evidence of regular cleaning or disinfecting of these. Waste bins in bathroom areas did not all have lids, and some bins were broken.
- People's personal items such as toiletries, hairbrushes and toothbrushes were not kept in clean storage. For example, dirty hairbrushes were stored on top of toothbrushes in unclean cabinets.
- Some carpets were stained, although the manager told us there was an ongoing refurbishment programme in place. People and relatives gave mixed views about the cleanliness. One relative said, "Yes, it's very clean" when referring to the communal sitting room upstairs. However, they said their relative's room was "Quite grotty, it could be made better, especially as [they] spend 24 hours a day in it". One person said their room was not clean and told us, "It's tired [décor], it's really tired."

Systems were not effectively implemented to assess, prevent and control the spread of infections, and although there was no evidence people had been harmed, this placed them at risk of harm. This was a breach of regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they were working to improve the IPC systems and processes in the home.

#### Visiting in care homes

- Visitors were welcomed at any time into the home, and people had visits with family and friends.

#### Systems and processes to safeguard people from the risk of abuse

- Accidents and incidents were not always thoroughly reviewed to identify where matters may need referring to the local safeguarding team, or where opportunities for learning could be identified.
- One person had injuries to their arms, which had been attended to by the district nurse. There were no accident or incident records for the injuries or any attempt to establish what had happened, although documentation showed it had occurred through a poor wheelchair manoeuvre. We discussed this with the manager and the regional manager who agreed to investigate and make any necessary referrals. They told us they were in the process of reviewing all accidents and incidents in more detail to establish where there may be training needs.
- Staff were aware of how to identify and report some safeguarding concerns, including whistleblowing concerns regarding practice in the service.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

- Records did not demonstrate staff had completed sufficient training to support them to care for people safely and effectively. The training matrix lacked detail, and staff supervision records stated 'training to commence' but there were no dates or plans evident for this. One person told us they didn't trust staff to assist them with moving and handling and said, "They're not competent. I don't believe staff are competent enough to do what they're doing". Relatives of 2 people told us staff 'look as if they know what they're doing'.
- Staff had not received sufficient induction or support for their role. The recruitment policy stated new staff would be given a training plan for the job position, but there were no individual training plans.
- There was little evidence of checks of staff competency in practice areas such as medicines, moving and handling or IPC. Staff were confident to support people with their medicines, although their competency was not regularly checked. The service improvement plan dated February 2023 stated all staff were to have a competency check for applying topical creams, but there was no evidence this had been done.
- Staff could not all recall when they had last attended a supervision meeting to discuss their work and development needs. The manager showed us some supervision records, but only for a small number of staff.

The provider had failed to ensure staff had the appropriate support, training, professional development and supervision for their role. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was minimal evidence of people having been given drinks first thing in the morning and there were no drinks accessible in communal areas. We noticed some people's drinks jugs in their room were dated the week before. The manager told us this was something they were monitoring.
- The way in which meals were served meant some people had to wait almost 40 minutes for their lunch and began to get impatient, asking where their lunch was. Where people needed support from staff or specialist equipment, this was provided, although one person was given a spoon too large for them to eat comfortably.
- Food was not always of the correct consistency for people's assessed needs. One person was given mashed potatoes and gravy as their dentures no longer fitted them; the member of staff said this was due to them losing weight.
- Menus and show plates were not used to assist people to choose, although they were asked their preference at the time of the meal being served. Staff knew people's individual likes and dislikes; for

example, one person preferred jam sandwiches and staff provided their choice.

- There was mixed feedback about people's enjoyment of the food and drinks available. One person said, "It's 50/50 [when asked about the quality of food], there's a choice of two things. They make their own chips and that's a bonus. They're [staff] always happy to make a cup of tea." Another person said, "It's nice food, it's right nice on Sunday" and another person said, "It's nice, it all is [food], I like a quiche, there's always a pudding".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law. Adapting service, design, decoration to meet people's needs

- Some assessments of people's needs lacked sufficient detail for staff to support them. Where people were new to the home, care plans had not been developed to ensure their needs, choices and preferences were understood. The manager said these were still being developed.
- People who were physically able said they had choices in everyday decisions, such as the daily routine. One person said, "When you go to bed and when you get up it's not a problem." However, there was limited choice for some people, particularly if they were not mobile, with regard to where they spent their time. Some people remained in bed or in their rooms. There were not enough tables and chairs in the service to enable people to sit together for meals. The manager told us this was something they were reviewing to ensure more choice was available.
- Resources, such as items of interest to engage people living with dementia were limited. The lounge area on the ground floor was sparse in furnishings and did not promote social interaction. A refurbished sitting room area had been developed on the first floor for some people to access. The provider was continuing to refurbish the home to make improvements to the décor and furniture.

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

- Staff worked closely with other professionals where referrals were made, such as to GPs and community healthcare teams.
- Where visiting health professionals worked with staff, they told us staff followed advice.
- One person was supported to visit a local day centre to support their social and emotional needs.
- The manager told us they had a good working relationship with the pharmacy and GP services and knew who to contact for support.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- Since the last inspection, the previous manager had left the service. At the start of this inspection, there was a manager in post and a senior staff member whose role was unclear, both of whom were on leave. They were present for the second day of inspection, although they had left their employment before the inspection concluded.
- The manager was supported by the regional manager and a registered manager from the provider's other service. However, it was not clear who was responsible for which aspects of managing the service and there was a lack of accountability, understanding of risks and oversight.
- There were some quality assurance processes but these were not embedded or consistently completed and did not ensure service improvement. Where audits were completed, such as falls, medicines and IPC, these did not always identify actions or follow up to ensure improvements were made. The improving trajectory seen at the last inspection had not continued and there were breaches in the regulations.
- At the last inspection, hot water temperatures exceeded safe limits in one person's bedroom tap. The registered manager had assured us the daily checks would be more rigorous, however this remained a hazard at this inspection. An external legionella risk assessment dated October 2022 stated 'regular descaling and disinfecting of shower heads is required' but no action was taken.
- At the last inspection, the provider was taking action to improve the safety of the premises and fixtures and fittings, such as floor coverings. Although some improvements had been made, there were still aspects of the premises in need of attention, such as bathroom fittings and floor coverings in some areas. There was no evidence the passenger lift had been thoroughly checked in line with health and safety legislation.
- Record keeping was poor and at times, illegible, and did not evidence the safe delivery of care. Records were inconsistently completed for people's repositioning, personal care and dietary/fluid intake. There was no robust management oversight of this or effective action to ensure completion of documentation. This had been an issue at the last inspection, and had been discussed repeatedly at staff meetings, without effect. The manager told us they relied on staff to do this, but there was no system to check or to trigger action where there may be concerns.

The provider had failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us they were in the process of implementing a new governance model following the

findings of the inspection.

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;

- The manager understood what needed to be reported, although there were weaknesses in their evaluation of accidents and incidents with which to identify safeguarding or training concerns. There were limited systems in place to identify lessons to be learned.
- Staff were kind and supportive in their interaction with people on the whole. We saw some caring and sensitive communication between staff and people. The activities co-ordinator had a good rapport with people and was able to communicate well with one person who was distressed. One person told us "Staff seem quite happy with themselves and they'll say hello when walking past, there's no ignorance".
- However, there were occasions when interaction from staff was not person-centred and one member of staff expressed impatience. Another member of staff made an inappropriate remark about a person's thickened drink. The management team agreed to monitor staff interaction.
- The manager said there was an open door policy and we saw staff approached them to share or check information.
- The provider had an understanding of their responsibilities under the duty of candour.

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

- We received mixed comments from people and relatives about how their views were sought. One person told us the manager spoke over them and it was difficult to express their views. They said, "Just think how [manager] is talking to the others in here who can't stand up for themselves."
- Relatives said they had not been asked for their views formally, although during the inspection, one relative was completing a survey. They said, "I haven't done one of these before. I usually tell staff what I want them to know."
- Relatives told us they were kept informed if there were any concerns or incidents involving their family members, although not all people and relatives knew who was in charge of running the home.
- Policies and procedures did not always contain current information, and these were not readily available.
- The service referred to health professionals in support of people's care. Local authority partners told us the service was receptive to feedback given when they completed their quality checks, although actions had not always been quickly addressed.
- Staff attended regular meetings and they said they worked well with the manager. Some staff described the manager as 'more like a friend'. The manager told us they had been friendly with staff and trusted them to do their work, without ensuring adequate monitoring or boundaries were in place. We discussed with the manager the need to establish more professional boundaries with staff, so as to keep a clear line of responsibility and quality oversight.

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 provider did not ensure the safe and proper use of medicines. The provider had failed to robustly assess the risks relating to the health safety and welfare of people. Systems had not been effectively implemented to assess, prevent and control the spread of infections.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems and processes were established and operated effectively to assess, monitor and improve the safety of the service.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust recruitment procedures were not</p>

followed to ensure staff were suitable to work in the service.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure staff had the appropriate support, training, professional development and supervision for their role.