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St Davids Residential Care 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
St David's Residential Care Home is a residential care home providing personal care to 13 people aged 65 and over at the time of the inspection. The service can support up to 15 people. The home accommodates people in one adapted building.

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

Concerns were identified at this inspection relating to the management of risks and people's care records. Effective governance procedures were not in place and the registered manager was not provided with sufficient support to perform their role effectively. This resulted in some people being placed at risk of harm in aspects of their lives.

Certain individual and environmental risks were not effectively managed. Individual risks had not been consistently reviewed, assessed and mitigated and there was no formal process in place to analyse accidents and incidents or learn when things went wrong. The recruitment processes did not provide assurance that suitable staff would always be appointed.

Governance and oversight of the service was poor and this hindered service development. Some of the audits in place to monitor the service were ineffective. Regulatory and legislative requirements were not routinely met.

We could not be assured from the care records and from speaking with staff, that people were always supported to have maximum choice and control of their lives or that staff supported them in the least restrictive way possible and in their best interests.

Staff received regular training on relevant areas of care and people's nutritional and health care needs were met. The registered manager had developed a caring and committed culture within the service. People and staff were happy and felt valued. People who used the service told us they liked the staff and that they were kind to them; our observations confirmed this.

Most people we spoke with were happy with the care provided however improvements are required in a number of areas to meet regulations and legislation and to fully protect people from risk of harm.

Rating at last inspection
The last rating for this service was Good (published 23 November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified four breaches of regulations in relation to safe care and treatment, staff recruitment, consent and the governance and management of the service.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

St Davids Residential Care 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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The assistant inspector and Expert by Experience attended on the first day only and the second inspector attended on the second day only.

Service and service type
St David's Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. 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.

Notice of inspection
This inspection was unannounced on the first day, announced with agreement from the registered manager on the second day of the inspection.

What we did before the inspection
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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, a senior care worker, a care worker and a cook who had also been a care worker. We also spoke with a visiting healthcare professional. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider on issues identified as requiring action during the inspection.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

● People were not fully protected from the risk of harm. Whilst the service had identified some individual risks to people, these had not been consistently and regularly assessed and certain risks had not been identified. Where risks had been assessed, the identified control measures were not always being followed.

● We found shampoo, shower gel, conditioner and nail clippers in a chest of drawers in a communal corridor. We also found that some medicine cabinets containing toiletries and a topical cream in people's bedrooms were unlocked. Most people in the home lived with some form of cognitive impairment, but access to these potentially hazardous substances had not been risk assessed. There was also no individual risk assessment in place for a person who used a specific aide despite the fact they had previously encountered some difficulties with it

● The service had an environmental risk assessment in place to manage the risks associated with hazardous domestic cleaning substances. Control measures stated that substances should be kept locked from unauthorised use. However, the door to the laundry room, designated as a 'high risk area' on the risk assessment was found to be unlocked, as was a cupboard within the room containing a number of hazardous cleaning products. The registered manager acknowledged this potential risk and secured access to these areas immediately. We also found the door to the hot water tank left unlocked on one day of the inspection and stair gates open at times.

● Emergency plans were in place to ensure people were supported in the event of a fire. One person's plan stated their mobility was good, however we observed that they had limited mobility and at times they needed the support of a care worker to prevent them from falling. Risk assessments in their files gave contradictory evidence about their level of mobility and associated falls risks.

● Care records did not contain sufficient information to ensure that a risk was mitigated. For example, fluid charts did not contain daily or target totals and bowel movement records did not indicate what the daily norm was for individuals, and therefore staff did not know when further action or medical intervention was required.

● Care records contained inaccuracies and inconsistencies. For example, one person's records incorrectly stated they had parkinsons and took a laxative medicine for constipation. Another person's 'consent to be photographed' form contained the name of someone else.

● Accidents and incidents had been recorded with actions taken in response. However, these had not been analysed to identify any trends or patterns. Such analysis is important as it may reduce the risk of these events reoccurring.

Due to the failure to routinely assess and manage risks to people's safety, there was a potential for harm. This was a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

● People and relatives told us that people using the service felt safe. They told us that staff came quickly if they rang their call bell.

Staffing and recruitment
● The service had a recruitment process in place, but this did not provide enough assurances that people employed were of good character and had the necessary competence or skills to undertake the role they applied for.
● Recruitment files did not contain references from previous employers and there were no recorded explanations for employment gaps for staff employed. There were also no recorded details of their assessment of the staff member's suitability, such as interview records.This demonstrated that the service had failed to adhere to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Staffing levels enabled people's care needs to be met. One relative told us, "There never seems to be many staff around but they never seem to be short. I think as the staff have been here for many years they work well together in a very efficient manner."

Using medicines safely
● Medicine Administration Record (MAR) charts were completed accurately. People's records relating to medicines, which were prescribed to be taken as required (PRN), lacked detail about when they should be administered. The reasons for administering these types of medicine were also not always recorded on the back of MAR charts. This meant staff were unable to accurately evaluate their effectiveness. Records for the application of topical medicines also lacked detail in that they did not show where creams should be applied. After the inspection, the registered manager confirmed that both of these recording issues had been addressed.
● People received their medicines safely and as prescribed by staff who had received training in medicines administration and had their competency to do so regularly checked. One person who used the service told us, "You could probably set your clock by them, they are never late or forgotten."
● Medicines were ordered and regularly checked by staff to ensure no errors had occurred during administration. The medicine counts we completed were accurate.
● Audits were completed on a regular basis to ensure medicines were administered and managed safely and effectively. They did not include checks on PRN medicines or on the administration of topical medicines though.

Learning lessons when things go wrong
● The registered manager demonstrated that they were keen to learn and improve the service. The findings at this inspection suggested they had not been fully effective at driving positive change though.

Preventing and controlling infection
●The home was visibly clean with no malodours.
● We saw cleaning schedules were routinely adhered to and that there were appropriate infection control checks and audits in place.
● Staff received annual training in infection prevention and control.

Systems and processes to safeguard people from the risk of abuse

● Staff were trained annually in safeguarding and they were able to describe signs of potential abuse. They knew to report any concerns to the registered manager.

● The Registered Manager was aware of their responsibilities to report potential safeguarding concerns to the local authority.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA assessments we reviewed were incomplete, unclear, undated and unsigned. Some MCA assessments were not decision – specific. We could not be assured that, as part of the assessment, efforts were made to assess whether the person's capacity to make a decision fluctuated, or whether they could make the decision with specific support.
● Files contained identical medicine risk assessments, stating the person had been deemed to lack capacity to take their own medicines due to their medical condition. However, there was no evidence that an appropriate individualised assessment had been carried out for each person.
● Consent forms were incomplete and mostly unsigned. Everyone using the service had been asked to give their consent for bed rails to be used even if they did not have or need them.
● Paperwork relating to best interests decisions did not indicate whether any consideration had been given to ensuring the least restrictive option was taken. The correct process for arriving at a best interests decision had not been consistently followed. Where a best interests decision had been taken, the form had not been dated by those making the decision.
● There were no DoLS in place and no applications had been made. However we observed one person, who due to their health conditions was under constant control and supervision and who was not free to leave. They were, therefore, potentially being unlawfully deprived of their liberty.
● The registered manager recognised that they would benefit from more indepth training than the online training package which had been arranged for staff by the provider. Staff received training on this subject from the registered manager.

Due to the failings identified, we could not be assured that staff always ensured consent to care and

treatment in line with legislation and guidance. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities).

● We observed that where appropriate, staff sought people's consent before carrying out care delivery. A person using the service told us, "They always ask before they lift you." Where a person did not have the capacity to give their consent, staff spoke to them and informed them of what they were going to do as part of their care delivery.
● Staff demonstrated an understanding of the need to support people, where appropriate, to make their own decision in their day to day care. A staff member said, "I do try and help people make their own decision."

Adapting service, design, decoration to meet people's needs
● Most people's needs were met by the design of the premises, however we identified one person whose needs meant it was not wholly suitable for them. The person told us they would like to have more access to open space which was extremely limited at the premises and they spoke about a wish to do some gardening. The registered manager arranged for them to be able to use a small potting tray in an outside yard during our inspection.
●The registered manager said they wanted to make better use of the limited space available so people could spend more time outside, whilst at the home. We observed that two small back yards were poorly maintained. These could become a comfortable area for people to access fresh air, relax and undertake activities. We noted that a very small decked area at the front of the house had been created, although the wooden bench on this area had broken legs.
● The premises contained many steep staircases which were unsuited to people with reduced mobility. There was limited decoration to help people orientate themselves which was particularly important for people living with cognitive impairment. However people's rooms were personalised and there were communal areas which people could socialise in. The environment was homely but the décor and many of the furnishings looked tired and in need of updating.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Care plans did not demonstrate that people's needs and choices were assessed holistically. They did not show that a pre-admission assessment had been undertaken in every case.
● Care was not routinely delivered in line with best practice, although this was not consistently the case.

Staff support: induction, training, skills and experience
● People and their relatives told us that staff had the knowledge and skills to care for them well. We observed staff assisting a person to transfer safely, offering reassurance and encouragement. They demonstrated confidence in the process.
● Staff were regularly trained by the registered manager on a wide range of topics, including safeguarding, supporting people with dementia, non-verbal communication and malnutrition. A staff member told us, "The registered manager had changed the way they do the training, which had really helped. We sit together in the dining room, watch a DVD and then answer questions and discuss the training." We saw evidence of completed exercises following a recent training sessions.
● Staff did not receive training in end of life care, other than as part of a nationally recognised qualification called the care certificate, which new employees were expected to undertake.
● Staff confirmed they had regular supervisions and annual appraisals which they told us were useful. Staff meetings were held frequently and staff said they found the registered manager very approachable and supportive.

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

● People's nutritional and hydration needs were met and they were supported to eat a healthy and balanced diet. We saw completed fluid charts for people whose hydration was being monitored and these demonstrated that people were receiving good levels of fluids to keep them well and healthy.

● People all told us they liked the food they were served and a relative confirmed that the meals smelt appetising when they came to the home. We noted that people were offered hot and cold drinks and snacks throughout the day.

● The cook told us they cooked to a two week menu and that people were offered a choice of meals. If they didn't want either of the meals, they would be offered something else. The cook was aware of and explained how they met people's individual dietary preferences. They knew how to cater for people who required specialist diets and referred to current dietary guidance. A relative told us, "They know that [family member] has a soft diet, we never have to worry about this and we have never seen anything served that was inappropriate."

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

● People's health and care needs were catered for well by staff who responded promptly to any emerging issues.

● People and their relatives told us that staff supported people to access healthcare. People told us how they regularly saw visiting healthcare professionals. One person told us, "I have not needed them but I am certain the staff here would sort it out if I need them." People also told us that they were encouraged to maintain their oral health by being given support to brush their teeth if they needed it.

● We spoke with a healthcare professional who visited the service weekly. They spoke highly of the staff, saying, "I have no concerns about how staff manage health needs here." In particular they noted staff's effective pressure care management, falls prevention and management of dehydration risks. They told us that staff readily contacted the surgery if they had any concerns and always acted on any recommendations.

● The service held information about people which could be used if they transferred to another service. They were taking part in a 'red grab bag' pilot with the local hospital trust. The grab bag would be used for people's medicine, paperwork and key personal items if they needed to go into hospital. they move

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion by staff who they knew and liked.
- One person told us, "You couldn't ask for more kind and caring people, they do anything for you." Another person said, "It's the staff that makes this place a joy to live in." A relative told us that the staff were the strength of the care home.
- We observed staff interacting with people in a warm and calm manner. People were at ease with staff and enjoyed their company. We saw tender, meaningful and humorous interactions and it was clear that staff respected and genuinely cared for people.
- Staff also delivered thoughtful care. For example, a staff member told us, "One person likes to have a certain tissues from a certain shop. I always go out and get these for them every month. It's a little thing but it's massive to them." The cook told us they liked to make one person different flavoured cakes during lent, when for religious reasons, they chose not to eat chocolate. A relative also told us that staff were particularly attentive and supportive to their family member when they (family member) learnt that a close friend had passed away.

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

- Staff were able to support people to express their views. This was because they had a good knowledge of people's personalities, health conditions and communication styles. They also gave people time to express themselves and they put people at ease.
- A relative told us they were involved in the planning of their family member's care.

Respecting and promoting people's privacy, dignity and independence

- People were respected and had their dignity maintained. They were actively encouraged by staff to live as indendently as possible.
- We observed staff closing people's doors when providing personal care and discreetly ensuring people remained safe and comfortable in communal areas. We saw staff encouraging and assisting people to mobilise independently and staff promoted a person's independance in respect of an aspect of their personal care.
- A relative who we asked about this subject, confirmed that staff always ensured their family member received care in a dignified manner. Another relative told us, "When [Family member] came to the home they couldn't walk, but in a few months the staff got them used to a frame to move about the home, so they became more independent."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant that people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences ; End of life care and support

● There was a consistent team of staff members, who knew people well. Staff provided verbal and written handovers and ensured good continuity of care. We observed staff supporting people to receive their care as they wished and it was obvious staff were familiar with their care needs, preferences and routines. For example, we observed staff demonstrating very good support to a person with a visual impairment. They explained what was on the person's plate and the location of the various different items of food. They then guided the person with their fork to where the food was so they could feed themselves. Another member of staff took care to help the person sit in their preferred seat and guided the person's hand to their drink. They told us, "We always place drinks in the same place so the person knows exactly where they are."

●People and relatives were happy with the care they received and everybody praised the staff for their attentiveness. One person said, "Even if the staff are busy, they are always quick to see you." People told us that staff met their care needs and preferences. One person said, "They know what we all like."

● The service promoted choice. People told us they were able to decide when they got up and went to bed and they could choose when and whether to have a shower or a bath.

● Relatives were welcomed in the home and encouraged to participate in activities and to stay in contact. This helped people to maintain relationships with people who were important to them.

● People were supported to take part in activities in the home and the wider community.

Most people told us they enjoyed the outings that had been organised such as going to the circus and the park. Some people told us that certain group activities in the home were not tailored to meet their individual interests, however staff sought to ensure that everyone could undertake an activity they enjoyed.

● Care plans did not always provide current, accurate, or consistent information and they did not contain sufficiently detailed information to support personalised care. Whilst the service did not use agency staff, the poor care records created a potential risk of people not receiving appropriate care should that need arise, through, for example an infectious disease outbreak.

● We saw recent correspondence from a person whose family member passed away recently which complimented the staff on the care provided. However, end of life care wishes were not routinely discussed with people and their relatives. Some end of life care plans referred to people's funeral arrangements but they did not give any detail about people's wishes for their end of life care. This meant that people's preferences may not be met when they approached the end of their life.

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.

● We observed good provision of care for a person who was registered blind. However, their care records did not make it clear whether they preferred information in a written format to be read to them or whether, with certain support, they could read some or all of the material.

Improving care quality in response to complaints or concerns

●The service had not received any recent complaints although people and relatives felt able to raise these if they needed to. We heard that if people raised concerns informally, these were acted upon promptly and appropriately by staff.

● There was a complaints policy in place and a copy of the complaints procedure was visible to all visitors in the entrance to the home. It was also included in a welcome pack given to people when they moved in.

Requires Improvement

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Monitoring activity by the registered manager failed to identify shorfalls in respect of the management of risks, certain medicines and care records. This meant that these areas of care practice were unlikely to improve.
- Service audits did not identify that certain individual and environmental risks had not been assessed or mitigated. They also failed to highlight that actions required to mitigate the risk of people accessing a potentially unsafe area of the home risk had not been taken. Despite being regularly reviewed, care files contained inaccuracies and inconsistencies. Records were often undated and unsigned. Medicine audits failed to identify areas of concern found during the inspection.
- The registered manager demonstrated that they were keen to learn and improve the service. However, they had not been fully effective at driving positive change. For example, staff meeting minutes from January 2019 revealed that staff had been reminded to sign and date all their records, however we found many undated and unsigned care records in people's care files.
- There was no formal oversight of accidents and incidents which meant that emerging patterns of behaviour and risks may be overlooked.
- Although the provider visited the service, there was no formal auditing of the service during these visits. There was little oversight in place above the registered manager level.
- The registered manager was committed to making improvement but their ability to do so was limited by resources available to them. They recognised that they needed support from the provider, to develop their understanding to ensure compliance with all care related legislation. However, they were not supported to attend classroom training. They were also not enabled to attend peer support or care provider groups where they could benefit from contact with other registered managers.
- Whilst the registered manager understood their responsibilities to report specified incidents to the CQC, they omitted to send a notification in respect of a serious injury sustained by a person.
- Accurate, complete and contemporaneous care records were not consistently maintained for the people who used the service, as required by law. There was a lack of streamlined, organised and efficient administrative systems and practices in place
- There was no clear business improvement plan in place to organise identified issues, effectively oversee the quality of the service and the improvements required or plan resources and timeframes.

Due to the poor governance of the service, people were placed at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people ; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics ; Working in partnership with others
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 told us they felt safe and comfortable with the staff and that the registered manager was visible and approachable. One person told us, "Yes, I do see [registered manager] nearly every day and I talk to them, if I am worried, I can talk to them or the staff with confidence." Relatives told us they could speak openly with the registered manager and that any issues or concerns raised would be promptly addressed. The registered manager understood the need for transparency if things went wrong.

● People and their relatives were encouraged to participate in discussions about individual care delivery.

● We saw positive feedback from resident surveys and resident meetings were also held to discuss the service. There were no formal or dated records of these activities though.

● Staff told us they felt valued and supported. They received regular supervisions and attended meetings where they felt able to voice their opinions without concern. They spoke positively about the registered manager, who had clearly fostered a positive working culture. A member of staff told us, "[Registered manager] is always helpful with everything asked for and they will stay behind and come in on their day off." Staff were committed and enthusiastic about their roles and were provided with opportunities to develop professionally. For example, senior carers were starting to undertake supervisions of care assistants under the guidance of the registered manager.

● There was evidence of close and positive working relationships between staff and the health care professionals who regularly visited the service.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Processes in place did not ensure that staff ensured consent to care and treatment in line with legislation and guidance

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Due to the failure to routinely assess and manage people's risks to safety, there was a potential for harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance of the service was weak.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust processes for the recruitment of suitable people were not in place.