

Mrs C Cummings

# Newton House 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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Newton House Care Home is a residential care home which provides accommodation for up to 12 people who require nursing or personal care in one adapted building. At the time of the inspection there were 12 people living at the service, some of whom were living with a dementia.

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

The service was not well led. The provider failed to have sufficient oversight of the home and on-going breaches of regulations were identified. The action plan devised by the provider in response to the findings at our last inspection had not driven improvement.

Risk assessments and care plans varied in the amount of detail they contained. Action had not always been taken to mitigate known risks to people. A legionella risk assessment was not in place at the time of the inspection. Infection control procedures did not always follow best practice guidance and placed people at risk of avoidable harm.

People did not receive consistently safe care and medicines were not always managed safely. Staff had not taken appropriate action in response to incidents of a safeguarding nature. Incidents had not been reported to the relevant authorities and had not been notified to the Care Quality Commission (CQC). Accident and incidents had not been analysed to determine if there were any trends or if measures could be put in place to reduce the risk of repeat incidents.

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. Consent to care and treatment was not always sought in line with the principles of the MCA.

Some aspects of the environment did not always meet best practice guidance for people living with dementia. We have made a recommendation about this.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Safe recruitment procedures were not followed. This placed people at risk of harm as the provider had not carried out a robust assessment of each individual employee prior to them commencing employment. We observed staff to treat people in a dignified manner and people and their relatives told us staff were caring, supportive and kind.

People had access to a range of health and social care professionals to support them. An activity co-ordinator was in post. However, there was a lack of meaningful activities for people who were nursed in bed.

Staff told us they felt supported by the provider and deputy manager. However, supervision records did not demonstrate staff competency was assessed by the management team. Training records did not demonstrate staff had completed all the relevant training deemed mandatory by the provider and training for conditions specific to individuals had not been provided.

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 the last inspection and update

The service was rated as requires improvement (the report was published in May 2018) and there were breaches of regulation. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well led sections of this full report.

#### Enforcement

At this inspection we identified seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to staffing, the need for consent, safe care and treatment, safeguarding, good governance, fit and proper persons employed and failure to display performance ratings. Please see the action we have told the provider to take at the end of this report. We also identified one breach of the Care Quality Commission (Registration) Regulations 2009. Notification of other incident. We are following this up outside of the inspection process and will report on any action once it is complete.

#### Follow up

We will meet with the provider following the publication of this report to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# Newton House 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. This inspection was planned to check 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 team consisted of one inspector.

#### Service and service type

The service is a 'care home.' People in care homes receive accommodation and nursing or personal care. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider is registered with CQC as a sole individual. Therefore, there is no requirement to have a registered manager. Registered persons are legally responsible for how the service is run and for the quality and safety of the care provided. A deputy manager was operating the service on a daily basis on behalf of the provider.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection, we checked all the information we had received about the service. We used the information the provider sent us in the provider information return (PIR). 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 contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services. We also contacted the fire service

and environmental health department.

#### During the inspection

We carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes observing how staff interacted with people and supported them.

We spoke with two people who used the service and three relatives. We spoke with five members of staff including the provider and deputy manager and received feedback from five health and social care professionals.

We reviewed the care records for seven people. We looked at two staff personnel files, in addition to a range of records in relation to the safety and management of the service.

#### After the inspection

We reviewed further information which we had requested from the management team to validate the evidence we found.

# 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 requires improvement. At this inspection this key question has remained 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 always managed safely.
- Detailed guidance for the use of 'as required' medicines were not in place to ensure consistent administration. Records were not kept of the outcome of the administration of 'as required' medicines to show if their use had the desired effect.
- The required checks had not been completed to monitor the temperature of the medicine's fridge. This is required to ensure medicines which require refrigeration are stored at the correct temperature. At the time of our inspection no one living at the service was prescribed a medicine which required refrigeration.
- Checks were not in place to ensure topical medicines were disposed of in line with the manufacturer's guidelines. Eye drops for one person had been administered to them after the date by which they should have been disposed.

Whilst we found no impact on people's health, unsafe management of medicines places people at risk of serious risk of harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

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

- Appropriate action had not been taken in response to incidents of a safeguarding nature. Whilst we found no incidences where people were placed at serious risk of harm, a lack of an appropriate response in dealing with safeguarding matters placed people in the provider's care at risk of abuse and improper treatment.
- Incidents of a safeguarding nature had not been reported to the local authority safeguarding adults' team for analysis and potential investigation.
- Records demonstrated staff had not taken appropriate action to safeguard people from harm or abuse.

People were not protected from the risks of abuse. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safeguarding.

### Assessing risk, safety monitoring and management

- Evidence was not available at the time of the inspection to show all the necessary premises checks had been completed. A risk assessment was not in place in relation to the management of legionella bacteria within the home. This is necessary to comply with the requirement of the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and the Health and Safety at Work Act 1974. Following the inspection, the provider wrote to us to advise the completion of a risk assessment had taken place.
- Risk assessments were not in place for all the identified risks people faced. For example, one person was

assessed as being nutritionally at risk however, their care plan recorded they would not tolerate being weighed. There was no evidence this information had been shared with health care professionals. Records did not detail the action staff should take in the event of a change in their condition.

- The provider had not taken reasonable steps to ensure all risks that people were exposed to had been documented.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

#### Preventing and controlling infection

- Commodes used to support people were not appropriately cleaned and disinfected in line with best practice guidance. The home did not have separate sluice facilities. People and staff were placed at risk from cross contamination and infection due to this.
- Timely action had not been taken to address some of the concerns raised by the local clinical commissioning group. An audit by the infection prevention and control team (IPC) in June 2018 identified the home as a moderate risk of harm.
- Moving and handling slings were shared and not laundered between use. This is an infection control risk. People who require this equipment should be provided with their own individual sling. Domestic washing machines were in use, which did not have a suitable sluice cycle for cleaning soiled clothing and linen.
- Soft furnishings were old and difficult to clean. Some furnishings and areas of the home were malodorous.

People were not protected against the risk of infection. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

#### Staffing and recruitment

- Safe recruitment procedures were not followed. Gaps in the employment history of potential employees had not been assessed. Appropriate pre-employment checks had not always been completed for example, checking references.
- Records of interviews with potential employees had not been completed to assess their suitability for the role in which they were applying.
- Risk assessments were in place for staff who required these. However, there was no evidence the measures identified by the provider to supervise staff were being completed.

Robust recruitment procedures had not been followed. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

- There were enough staff deployed to meet the needs of people. However, the provider did not use a dependency tool to assess this. The deputy manager said, "We just see how we are [for staffing] and if any issues arise we can call on another person and [name of provider] is usually always on site."

#### Learning lessons when things go wrong

- Accident and incidents were recorded. However, there was no detailed analysis of the reason why an incident had occurred, or consideration given to different ways of working to prevent repeated incidents.
- Staff did not reflect on their practice to consider better ways of working.

The above concerns demonstrate a lack of effective systems to ensure the safety of people using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



# 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had not always followed the principles and guidance related to MCA.
- Capacity assessments had not been completed for decisions made on behalf of people who lacked capacity. For example, there were no best interests' decisions for unrelated people who were sharing bedrooms or for people who were nursed in bed.
- Some records contained contradictory information regarding people's decision-making ability.
- DoLS applications had been made by the deputy manager. Feedback from one visiting professional was that mental capacity assessments were not detailed enough. They said, "The recording in the care plans is not detailed enough, particularly regarding mental capacity assessments."

The principles of the MCA had not always been followed. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent.

Staff support: induction, training, skills and experience

- It was unclear if all training deemed mandatory by the provider was delivered to staff. The staff training matrix did not show the dates on which staff had attended training. The deputy manager told us medicines training for staff was out of date due to a change of pharmacy. The deputy manager was liaising with the pharmacy to arrange this training.
- Certificates were given to staff on the completion of training courses. However, in the absence of a

comprehensive training matrix each individual staff records would need to be checked to ensure they had attended the necessary training.

- Staff told us they felt supported by the provider and deputy manager and received regular supervision. Supervision records did not demonstrate staff knowledge and competency were assessed.
- There was no training available for staff to meet the needs of people with specific health conditions. For example, staff had not received training in catheter care, despite people living at the service require support to manage this. Staff told us they had not received training in positive behaviour support and that this would be appreciated.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

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

- There was some use of signage throughout the building to help orientate people to their surroundings. However, the environment did not meet best practice guidance relating to supportive environments for people living with dementia.
- Some areas of the home were worn and tired looking and were in need of decoration.

We recommend the provider follows best practice guidelines with regards to the décor of the premises to ensure it meets the needs of people with a dementia related condition.

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

- An assessment of people's needs had been completed. Records varied in the amount of detail they contained.
- Care plans had not always been reviewed at the frequency identified by the provider.
- Relatives told us they were involved in the assessment process. One relative said, "[Name of deputy manager] went through care plans with me, we sat down and went through [name of person's] likes and dislikes and things."

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

- Staff were knowledgeable about people's dietary needs and preferences and food looked appetising.
- Pictorial menus were not available to help people make their choice of food. People were asked what they wanted to eat in the morning. Staff served food to people who were unable to make their choice known as staff knew their dietary likes and dislikes.
- Alternative options were available to people who did not want the choice on offer.

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

- People were supported to have access to a range of healthcare professionals.

# 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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Records did not always evidence how people were involved in decisions about their care.
- Communication needs were recorded in care plans. Records varied in the amount of detail they contained about the level of support people required. Staff communicated effectively with people.

These findings contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

- Information was shared with relatives. Relatives told us they felt involved in the planning of care. One relative said, "I am involved in care plan reviews and if anything happens or [name of person] is not well they will give me a ring."
- Advocacy services had been used to support people. An advocate helps people to access information and to be involved in decisions about their lives. Staff knew how to refer people to advocacy services if this was required.

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

- The provider failed to take timely action to address infection control risks. This exposed people to an increased risk of harm.
- There were periods when staff did not engage with people. For example, all staff took their lunch break together in the dining room which left some people unsupported in other communal area.
- Throughout the inspection we observed staff to treat people with warmth, compassion and kindness. One person said, "I think it's wonderful, all the staff are wonderful too." Relatives confirmed they thought staff were caring.
- Visiting professionals gave positive feedback regarding the attitude and caring nature of staff. One professional told us, "Staff are definitely caring. It's like going to a person's home rather than going to a facility. I think that's its strength."

Respecting and promoting people's privacy, dignity and independence

- Staff told us they encouraged people to be independent where they could be.
- People's confidential information was stored securely and could be located when required. This meant people's confidentiality was maintained as only people authorised to view records could look at them.
- Staff described ways in which they worked to protect the dignity and privacy of people.

# 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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People did not always receive personalised care and support. Some care plans contained contradictory information and lacked person-centred detail of how individuals were affected by their physical health conditions.
- People's religious beliefs and language were recorded in care plans. However, no further person-centred information was recorded which specified how people's religious or cultural needs should be met.

These findings contributed to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

- There was some use of technology to meet people's needs. For example, call alarms were used for people to summon assistance from staff when they required assistance. During the inspection we observed call alarms were responded to promptly.

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

- There was a lack of meaningful activities available to people who were nursed in bed. Records showed for one person, they had not been offered any activities during the month of April. The deputy manager said, "There are no sensory activities currently available for people. We were talking about this last week and it is something we are going to do for people who need it."
- The home employed an activity co-ordinator. They were also responsible for preparing meals for people. Therefore, this affected the amount of time they were able to allocate in supporting people with activities.
- The activity co-ordinator planned activities which people enjoyed and were stimulating. On occasion the meal preparation was incorporated into an activity. For example, on the day of the inspection people were preparing rhubarb which was then used to bake a crumble for the meal time dessert.
- Relatives and friends were welcomed into the home. Staff supported people to maintain relationships with their loved ones.

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.

- Some information was available in accessible formats. For example, some easy read documents had been

produced to support people who could not understand written words.

Improving care quality in response to complaints or concerns

- A policy was in place which detailed the actions staff should take for any concerns, complaints, or compliments to be acknowledged, investigated and responded to.
- No complaints were raised with us during this inspection.

End of life care and support

- End of life care plans were in place. They varied in the amount of person-centred information they contained regarding the person's wishes for their end of life care.
- At the time of our inspection, no one was receiving end of life care.

# 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 now deteriorated 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

At our last inspection the provider did not have robust systems in place to effectively monitor and improve the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found insufficient improvement had been made and the provider remained in breach of Regulation 17.

- Multiple breaches of regulation were identified during our inspection. Auditing and management oversight of the service were poor. This was demonstrated by the providers inability to meet the requirements of the regulations.
- Quality assurance processes were not effective and did not drive improvement. Audits and checks on the safety and quality of the service were completed, however action plans were not addressed in a timely manner.
- The provider visited the home daily to meet with the deputy manager and support staff. They told us they did not work into the service on a full-time basis. As a consequence, they did not have robust oversight of the running of the home. This led to failures in the safety of the service and as a result, people experienced poor outcomes in their care.
- The provider employed a deputy manager to run the home on a day to day basis. The deputy manager supported the inspection and told us they were responsible for the 'care side' of the service. They said, "[Name of provider] oversees the building, finance side and checks my work but they don't complete the audits."

This failure to ensure effective systems were in place and have an active input into the service as an individual provider has led to a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had not ensured effective systems were in place to ensure all notifiable events were reported to CQC. This was a breach of regulation 18 of the Care Quality Commission Registration Regulations 2009: Notification of other incidents.

- The provider had failed to ensure CQC were notified of all safeguarding allegations. This meant that the CQC did not have oversight of all safeguarding allegations to make sure appropriate action had been taken.

Failure to submit the required notifications meant the provider was still in breach of Regulation 18. This is being dealt with outside of the inspection process and we will report on any action once it is complete.

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 provider was unable to describe what their responsibilities were in relation to the duty of candour regulation.
- The provider was displaying the incorrect rating for the service on their website. They had recorded the service was 'overall good.' This was misleading to the public as the correct rating was 'requires improvement.'

Failure to display performance assessments is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Requirement as to display of performance assessments. This is being dealt with outside of the inspection process and we will report on any action once it is complete.

Continuous learning and improving care; Working in partnership with others

- Timely action had not been taken to address issues raised by the local authority at their quality assurance visit in February. The deputy manager told us no action plan had been developed to address their concerns.
- The provider failed to take timely action to address all of the health and safety concerns which had been identified by the IPC team in regard to infection control and manual sluicing of soiled clothing and linen.

These findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

- We received mixed feedback from visiting health and social care professionals regarding the management. Comments included, "I've only met [name of deputy manager]. I've never met the manager and never had cause for concern to request to speak with the manager. I don't know how much of a profile the manager has. I wouldn't know who they were." A second professional said, "The service is not improving. They [registered provider] is not improving the environment, it's irrelevant what we say to them."

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

- The deputy manager engaged with people, relatives and visiting professionals. Surveys were used to gather their views. Survey's did not always document what action was being taken in response to the feedback received.
- Staff did not understand policies and procedures that impacted on their practice including the actions to be taken to safeguard people.
- Staff told us they felt supported by the provider and deputy manager. One staff said, "100% we are well supported. Everyone is fantastic and very supportive."

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  Consent to care and treatment was not always sought in line with the Mental Capacity Act 2005. Regulation 11 (1)(2)(3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Not all risks had been assessed or action taken to reduce the risk of harm. Action to ensure the premises were safe was not taken in a timely manner. Medicines were not managed safely. Infection control procedures placed people at the risk of harm. Regulation 12 (1)(2)(a)(b)(d).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Effective systems were not fully in place to protect people from the risk of abuse. Regulation 13 (1)(2)(3)(6)(b)(c)(d).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service nor to monitor



and mitigate the risks to the health, safety and welfare of people who used the service.  
Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).

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>Recruitment procedures were not operated effectively to ensure only suitable staff were employed who had the necessary competence, skills and experience. Regulation 19 (1)(a)(b)(2)(a)(3)(a).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>An effective system was not fully in place to ensure that staff received appropriate training, support and appraisal to enable them to carry out their duties they were employed to perform. Regulation 18 (1)(a).</p>