

We Care Solutions Manchester Limited

We Care Solutions Chorlton

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:

We Care Solutions is a domiciliary (home care) agency providing care and support to people living in their own homes. Most of the people using the service were older adults who received support with personal care. At the time of our inspection, there were 135 people using the service. The service had increased in size since our last inspection in February 2018 when they were providing support to approximately 65 people.

People's experience of using this service:

Other than some complaints about the timeliness of calls, people's feedback about the service was very positive. People told us that the staff providing their support knew them well, understood their needs and treated them with kindness and respect.

Whilst feedback was mixed, some people told us their calls were not always on time. Records also showed that calls could sometimes be earlier or later than the provider's target of carrying out calls within half an hour of the given time. In a small number of cases, staff may not have been able to attend all their scheduled calls on time as they overlapped with the previous one.

Staff received a range of relevant training and people using the service felt they were competent to meet their needs. Staff told us they received adequate support, although we found staff supervision was infrequent.

Staff assessed people's needs and involved people in developing and reviewing their planned care. However, records did not always accurately reflect the current support staff were providing. This included the measures staff were following to keep people safe from harm.

People told us staff knew their preferences and provided support the way they wanted. Care plans were written in a person-centred way that would help staff understand people's preferences.

People told us they would feel comfortable raising any concerns or complaints they had with staff or the registered manager. We found the provider identified any complaints and acted to put things right when needed. The complaints policy needed to be reviewed to help ensure people were aware how they could escalate their complaints if they were not satisfied with the outcome.

The registered manager and provider had a good understanding of the needs of the people using the service, as well as any challenges faced by the service. There was a clear vision for the future direction of the service.

The service had not consistently followed robust procedures to ensure staff recruited were of good character. We also found records were not always clear and accurate, particularly in relation to the administration of medicines, which was an ongoing issue.

The service had not notified the CQC of all incidents they were required to.

We made three recommendations. These relate to the provider's complaints procedures, and that they review and implement good practice guidance in relation to end of life care and staff support/supervision.

Rating at last inspection and update:

We last inspected the service in February 2018 when it was rated requires improvement (report published 17 May 2018). This is the third consecutive time the service has been rated requires improvement.

At our last inspection we found one breach of the regulations relating to the provider not displaying their performance rating on their website. The provider was now meeting the requirements of this regulation.

Why we inspected:

This was a routine planned inspection schedule based on the rating from our last inspection.

Enforcement:

We have identified breaches in relation to staff recruitment procedures, the keeping of complete and accurate records of care and the requirement to notify the CQC of specified incidents.

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 continue to monitor the service.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

We Care Solutions Chorlton

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of three adult social care 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.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone using We Care Solutions receives regulated activity; CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where people do receive such support, we also take into account any wider social care provided.

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:

We gave the service two days' notice of the inspection site visit. This was so we could request contact details for people using the service and start making phone calls to them to seek their feedback.

Inspection site visit activity started on 15 May 2019 and ended on 16 May 2019. The site visit was carried out by the lead inspector and the assistant inspector. We visited the office location on both days to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed information we held about the service. This included previous inspection reports, notifications of events such as safeguarding that the provider is required to send to us and any feedback we had received about the service since our last inspection.

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 asked for feedback about the service from organisations and professionals with recent involvement. The local authority quality monitoring team provided feedback from their most recent monitoring visit in September 2018. This feedback was positive overall.

During the inspection we spoke with nine people using the service and five people's relatives. We visited the homes of a further three people using the service with a member of staff where we spoke with them and reviewed the care records kept at their homes with their consent.

We spoke with 13 members of staff either in person or by phone. This included the registered manager, the nominated individual for the provider, two care co-ordinators and nine care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed records relating to the care people were receiving, including; eight care files, five people's medication administration records (MARs) and daily records of care. We looked at other records relating to the running of the service. This included four staff member's personnel files, records of training and supervision, complaints, accidents and audit/quality assurance records.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Staffing and recruitment

- Robust procedures were not always followed to ensure staff employed were of suitable character. There were no references or other evidence of satisfactory conduct in previous social care jobs for two of the four staff member's recruitment records we viewed. The provider was unable to show they had considered potential risks when recruiting a staff member where checks suggested they may not be of good character.

This was a breach of Regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not operating robust procedures to ensure persons employed were of good character.

- We found mixed evidence in relation whether enough staff were deployed to meet people's needs. Whilst most people we asked told us staff turned up on time, one quarter of people we asked (three out of 12) raised some concerns around timeliness. Comments included; "We have never experienced any late calls and non-have been missed. The carers are very reliable, and they work very hard" and "Sometimes the carer can be very late, and it is not acceptable. ... The carer is lovely and they have been given more clients to see on their rota which means it is difficult for them to get everything done. It has meant that my [relative] has been in bed some mornings for a long time."
- We reviewed daily logs and saw instances where staff had carried out calls over an hour prior to or after the scheduled times. The nominated individual told us the service worked to a 30 minute tolerance, but they felt this needed to be greater due to pressures on the service created, for example, by many people wanting to receive support to get up at the same time every day. We saw a small proportion of scheduled calls (3-4 percent) overlapped with staff member's previous calls on the rotas meaning if these people needed their full allocated support time, other people's call times would be affected.
- There had been two missed calls in the preceding 12 months. We saw the provider had investigated the circumstances leading to the missed calls and had put measures in place to help prevent similar occurrences in the future.

Assessing risk, safety monitoring and management

At our last inspection in February 2018 we recommended that care plans reflected people's needs as identified at assessment. We found that whilst there were records of people's needs and that staff knew and understood people's care needs, this information was not always accurately reflected in the assessments and care plans produced by We Care Solutions.

- Staff completed a range of risk assessments. This included risk assessments relating to medicines, moving and handling and the safety of people's home environments. When completed, these risk assessments were detailed and guided staff how they could keep people safe.
- However, we also found instances where assessments of relevant risks were not clearly recorded in people's care records. This included risks in relation to pressure ulcers, aspiration, moving and handling and use of equipment such as bedrails. One person's moving and handling risk assessment stated they did not need support with moving and handling, despite having significant needs in this area. A second person's social services assessment identified risks relating to eating/drinking that were not reflected in their care plans.
- Through our discussions with staff and review of electronic care records, we were satisfied risks were being appropriately managed despite instances where there were not clearly recorded risk assessments. In some cases, staff were informed of the support people needed, or the provider relied on third party risk assessments without carrying out their own assessment.
- Staff recorded any accidents and incidents that occurred and reported these to the office. We saw any incidents were thoroughly investigated and actions identified to help prevent a re-occurrence.
- There was a business continuity plan in place. This would help the service continue to keep people safe in the event of unforeseen circumstances such as disruption to staff availability.

Using medicines safely

- People told us they received the support they needed with their medicines. Staff identified, and recorded people's support needs with their medicines in a person-centred way. However, we also found some shortfalls in relation to the safe management of medicines.
- Staff received medicines training every other year. There was no annual refresher training or check of staff member's competence in relation to the administration of medicines as good practice guidance recommends.
- At our last inspection in February 2018 we found issues in relation to completion of accurate records in relation to the support people received with their medicines. We found this was an ongoing issue. Records of the administration or prompting of people's medicines were not always complete and accurate. We were not always able to tell from the records that people had received their medicines as prescribed.
- When records were complete, staff recorded that they had administered medicines from people's blister packs. The service kept a record of the medicines people were prescribed. However, they acknowledged that they would not always be told when people's medicines changed.

The lack of complete, accurate records relating to people's medicines and the assessment of risks identified was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe and protected from harm by the staff working with them. One person told us, "I am very safe in their care because the carers attitude is spot on and the way they deal with me and my problems can't be faulted. The other important thing is that I have had my carer for a long time, so she knows me very well and that makes me feel safe too."
- Staff were aware of their responsibilities in relation to safeguarding. They could tell us how they would identify and report any safeguarding concerns following appropriate procedures.
- We saw the provider investigated any concerns about people's welfare and took appropriate actions to help keep people safe. For example, we saw they had referred concerns to the local authority safeguarding team or police and had carried out enquiries or suspended staff when appropriate.

Preventing and controlling infection

- People told us staff always used personal protective equipment (PPE) such as gloves and aprons when needed.
- We saw good practice in relation to the prevention and control of infection was discussed with staff at a team meeting. The nominated individual told us they had done spot-checks on staff to ensure they were following good practice.

Learning lessons when things go wrong

- There was evidence that the service investigated and learned from complaints, accidents and incidents such as missed calls and medicines errors.
- The registered manager was able to tell us about changes they had made to processes and procedures to make the service safer as a result of previous incidents.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Staff assessed people's needs and preferences in relation to a range of areas. This included medicines, communication, personal care, eating and drinking, and health care needs.
- Care plans were presented in a way that prompted the assessor to consider that person's needs, how staff would meet those needs and any desired outcomes/goals of the person receiving the support.
- Although staff were informed of people's care needs and any changes in their needs, this information was not always clearly reflected in people's care plans and assessments. For example, notes recorded one person no longer required care in relation to a stoma (a surgically created opening in the person's stomach). Another person's social services care plan recorded intervention and support that person needed in relation to their mental health. This information was not reflected in people's care plans.

Staff support: induction, training, skills and experience

- Staff told us they felt supported and able to approach any of the management team for feedback, advice or guidance. However, formal supervision was infrequent (once per year) and spot-checks were carried out on an ad-hoc basis. This meant there was a risk staff competence and support needs would not be adequately monitored.
- Spot-checks were limited in detail and it was not always apparent from review of the records what guidance and support staff had been given by their supervisor.

We recommend the provider reviews and implements good practice guidance from recognised sources such as the National Institute of Health and Care Excellence (NICE) in relation to the support of home care workers.

- Staff told us they felt they received adequate training to enable them to meet people's needs effectively. We saw a range of training relevant to staff member's job roles was provided. The training matrix showed staff members were up to date with any identified training courses.
- Everyone we spoke with told us they thought staff were competent and able to meet their needs. One person told us, "I cannot fault my carer; she is very confident and competent". A second person said, "I feel the carers are very competent when doing their job. I know they have received training as they have told me. The carers have had training in using the hoist that I need to help me get out of bed into my chair".

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us staff asked for their consent before providing any care or treatment.
- There were consent forms in people's care files they could sign to show they had agreed to care and support, or support with medicines. Some consent forms had not been signed. The provider told us was because the person had been unwilling or physically unable to sign, although this was not reflected on the forms themselves.
- Staff completed capacity assessments when people started using the service. It was not always clear what decision the capacity assessments related to, or that staff had followed the two-step process outlined in the MCA code of practice had been followed. However, we found the registered manager had a good working knowledge of the MCA and how it applied in relation to the day to day care of people they supported.

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

- People told us staff supported them to see their GP or district nurses when needed.
- Staff talked about involving other professionals in people's care, with the aim of working together to 'improve the quality' of people's lives.
- Staff recorded contact with other professionals and any advice they provided.

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

- People's care plans guided staff as to the support people needed in relation to eating and drinking, as well as any dietary needs and preferences.
- People told us staff provided them with the support they needed to eat, drink and prepare meals that met their dietary needs and preferences. Comments included, "'The carers cook me a meal each day. I do some cooking myself. However, I do feel that I have a better diet because the carers cook for me" and "'[Staff] don't make me meals but they do heat up ready meals for me which I choose. They are superb. They don't rush me and so I can relax when eating. When they leave, they will put drinks by the side of my bed which I can reach whilst they are not there."

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

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 told us the staff providing their support treated them with kindness and respect.
- As far as was possible, the same team of staff members were assigned to work with each person. Some people we spoke with told us about the positive relationships they had developed with the staff providing their support. One relative told us, "The carer is excellent. I cannot fault them. [Relative] sees them as part of the family, he is so relaxed with them. He is very kind and he is very adaptive. A couple of weeks ago I had to take [relative] to hospital before the carer arrived. They phoned me to make sure that Dad was ok and to see what was going on."
- The provider supported people from diverse backgrounds with different religions, cultural backgrounds and ethnicities. This diversity was also reflected in the services workforce, which in some instances helped the service meet people's needs.
- The diverse nature of the workforce meant the service was sometimes able to match people who shared the same first language (other than English). However, one person told us that whilst they found staff very caring, they found it hard to understand some staff who had limited English language skills. The provider had also identified this potential issue and encouraged relevant staff to access English language courses they arranged.

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

- People told us staff listened to them and acted in accordance with their needs and wishes. One person told us, "The care plan is very good, it meets all my needs and it is easy to understand. My wishes were listened to. I can call them [the service] at any time to have things changed."
- People and their representatives when appropriate, told us they had been involved in developing their care plans and were involved in six to 12 monthly care plan reviews.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "[Care staff] respect my privacy and dignity at all times. When they are in the bathroom with me, I never feel embarrassed that they are there as they act so professionally, and their attitude is of a very high standard".
- Staff understood key principles in relation to maintaining confidentiality and protecting people's personal information. Staff at the office demonstrated an awareness of practical steps they could take to help ensure information was kept safely, such as password protecting documents and using secure email services.
- Staff told us they would support people to maintain their independence by encouraging and supporting them to be involved in their care routines. The provider had completed a case study that detailed how staff

had worked with a person to build their confidence, skills and independence, which had led to them feeling safer and more involved in their community.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were not always up to date. However, we found the information contained in them was personalised and reflected people's preferences in relation to how they received their care. Care plans started with a 'personal statement' that was written from the individual's perspective about what they wanted from their care, along with any needs, aspirations and preferences. This would help staff provide care in a person-centred way.
- People and their relatives told us they were involved in regular meetings to review the care they were receiving. People told us staff knew about and met their preferences. One person told us, "The carer knows me well as she has been with me for a long time. She follows the routines set down in the care plan and that makes me feel at ease as I know what is going to happen."
- People's preferences in relation to who provided their support were accommodated. Some people told us they had requested not to receive support from staff they had not got on with, and the provider had respected their requests. One relative told us, "[Relative] really didn't feel comfortable being cared for by ladies, so now he has a male carer to support him. They sorted the male carer out very quickly when [relative] said he wasn't happy with lady carers."
- The service was meeting the requirements of the Accessible Information Standard. The registered manager told us there was no-one using the service who had any specific communication support needs arising from disability, impairment or sensory loss. Assessments prompted staff to consider any support needs people might have relating to communication.

Improving care quality in response to complaints or concerns

- Everyone we spoke with told us they would feel comfortable raising any concerns or complaints they had with staff or the registered manager. One person said, "If I had a concern I would speak to management. I feel they would listen and respond well."
- Those who told us they had raised complaints previously, told us the service had been responsive and responded quickly to address any issues.
- The registered manager identified, recorded and responded to complaints. This included complaints that were raised informally, or as the result of feedback from surveys for example.
- We saw outcome letters from complaints told people to contact the CQC if they were not satisfied with the outcome of their complaint. However, the service did not sign-post people to bodies who could potentially take up and resolve their complaints like the local authority or local government ombudsman.

We recommend the provider reviews and updates their complaints procedure in line with recognised guidance.

End of life care and support

- The registered manager told us the service was not providing any end of life care at the time of our inspection.
- We saw care plans prompted staff carrying out assessments to consider any preferences or arrangements people had made in relation to end of life care. However, all except one of the care plans we looked at recorded 'no decision in place' to each of the prompted questions.
- People using the service told us no-one had discussed their end of life wishes with them.

We recommend the service reviews and implements good practice guidance in relation to end of life care planning, where people are happy to have such discussions.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection in February 2018 we found the provider was not displaying the performance rating for the service on their website as required. This was a breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We checked the provider's website and found the rating was now being displayed, and the requirement of this regulation was being met.

- The provider had not notified the CQC of all incidents they needed to. Records showed there were four incidents relating to safeguarding, serious injury or police incidents that should have been notified to the CQC but had not.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Some records about people's care were not clear. For example, we found some records in relation to medication administration were not clear.
- The registered manager and provider demonstrated a good understanding of the service's performance in some key areas, as well as key risks and challenges it faced. They knew the needs of people using the service and were able to provide information promptly in relation to any lines of enquiry we had during the inspection.

Continuous learning and improving care

- The service used electronic care management systems to help them organise rotas and monitor the delivery of care. The system created automatic alerts such as reminders about when people's care reviews were due, or to alert staff that staff had not logged into a call within a set time limit.
- The registered manager and provider carried out a range of checks and audits to help them monitor the quality and safety of the service. This included audits of care plans, care records, recruitment records and information from the electronic call monitoring system.
- Whilst some of the audits carried out by the registered manager were effective at identifying areas for improvement, there were ongoing issues with accurate recording on medication administration records, and care plans not being fully reflective of people's current care needs. The service has been in breach of regulations and rated requires improvement at this and the previous two inspection we have carried out. This demonstrates that systems and processes to monitor and improve the quality and safety of the service

were not effective.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The registered manager told us the service had a good working relationship with health professionals such as district nurses, whom they told us supported them with any relevant training needs. We saw the service made referrals to relevant professionals to meet people's needs, including the fire service where they identified this may help keep people safe.
- The provider accepted advice from relevant organisations such as the local authority. They worked to make improvements to the service based on the feedback they received.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had a clear vision and plans for developing the service. They talked about ideas for providing a more person-centred service and moving away from a model of time and task based care. The nominated individual (representative of the provider) told us, "What matters is getting to know people, not what is wrong, it's what matters; that's the ethos of We Care Solutions."
- Staff told us the morale of the staff team was good, and that they felt they received the support they needed from the registered manager or their supervisor. As part of the registered manager's role, they worked alongside staff offering support and feedback as far as time allowed.
- The provider promoted equality in their workforce. They talked about recruiting staff from local minority communities. They said they had seen a positive impact on some of these employees from taking up employment, including helping individuals build their confidence and independence. The provider supported these staff by providing access to English language courses for example.
- We saw evidence that the provider acted in an open and transparent way. For example, we saw a letter of apology that had been sent to a person following an unintended incident. The provider had co-operated with safeguarding to help them carry out required enquiries.

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

- People told us they were regularly asked for their views on what the service did well or could improve. They told us they received questionnaires they could respond to, as well as being asked for their opinions during the routine reviews of their care. One person told us, "The management are very approachable, polite and caring. They listen well to what I have to say. A senior worker comes to my house on a regular basis for review meetings."
- We the provider had analysed feedback received from questionnaires sent to people using the service. This was presented in a 'you said, we did' format to demonstrate the changes they had made based on people's feedback.
- Staff told us they attended regular team meetings. We looked at minutes of the last team meeting held in March 2019 that 15 staff had attended. Discussions had included good practice in relation to supporting people to eat and drink enough, policies and procedures and staff responsibilities in relation to their roles.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Complete and accurate records relating to the administration of people's medicines were not always maintained.</p> <p>The provider had not always assessed or documented risk assessments in relation to the provision of people's care.</p> <p>Systems and processes to monitor and improve the quality and safety of the service were not consistently operated effectively.</p> <p>Regulation 17(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider was not operating robust procedures to ensure persons employed were of good character.</p> <p>Regulation 19(1)(2)</p>