

Haringey Association for Independent Living Limited

Hail - Great North Road

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 19 September and 4 October 2017, the first day was unannounced.

Hail – Great North Road is a care home registered to provide accommodation and personal care for up to five adults with learning and physical disabilities. At the time of our inspection there were five people using the service.

At our last inspection in August 2015 the service was rated as overall Good.

At this inspection we found the provider had not maintained that level of service and there were a number of concerns.

The service did not have a registered manager in post. A new manager had been appointed in September 2017 and told us they would submit an application to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the equipment used to provide care and the upkeep of the building had not been maintained. Annual servicing of equipment was last carried out in 2015.

Medicines were not always managed safely; we found gaps in recording on medicine administration records and procedures for management of medicines were not always followed.

Systems for recording incidents and accidents did not always provide details of the outcomes and learning from these.

People were protected from abuse as staff knew the signs to look for and the action to take to ensure that people were safe.

Staff treated people with dignity and respect. People received individualised care in accordance with their plan of care and by staff who understood their needs and preferences; however, care records were not always accurate and up to date. People had choice and their likes and dislikes were taken on board.

Risk assessments provided staff with guidance on how to manage risks to people. Staff understood risks and how to manage these. However, we found conflicting information in the risk assessment for one person whose behaviour challenged the service.

Some staff received training relevant to their role and were supported to effectively carry out their role.

However, we found gaps in training for some staff.

We have made a recommendation about staff training.

Staff recruitment practices were not always safe; we found a number of gaps in records relating to references and employment.

The service was not organised in a way that promoted safe and quality care through effective monitoring systems.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, maintenance of the building and equipment, staff recruitment and governance. You can see what action we asked the provider to take at the back of the full version of this report.

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 consistently safe. Medicines were not always managed safely. We found some gaps in MAR charts and procedures for management of medicines relating to home visits was not followed. Risk assessments were not always accurate and up to date.

Staff recruitment was not always safe. We found a number of gaps in records relating to references and employment. The premises and equipment used to provide personal care were not maintained.

People were protected from the risk of abuse because staff knew what signs to look for and were aware of the relevant authorities to report to.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. Staff training in mandatory areas did not always take place.

People were looked after by staff who felt supported by their manager.

The service was working in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were able to make choices about their daily lives including what they ate and drank.

Staff worked with health and social care professionals to ensure people's health needs were met.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with dignity and respect and they received individualised care tailored to their needs.

Staff knew people well and understood their needs, preferences, likes and dislikes.

Good ●

Is the service responsive?

The service was not consistently responsive. People's care records were not always updated following a change.

Staff were responsive to people's needs. People received individualised care from staff who understood their needs and preferences.

People were encouraged to maintain relationships. People and relatives felt able to make a complaint.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led. Systems were in place to monitor aspects of the service, however, these were not effective in ensuring that care records were updated, staff employed by the service were subject to the necessary checks before being employed.

Staff spoke highly of the deputy manager and felt the service was well managed.

One relative felt there had been improvements to the service since the last inspection.

Requires Improvement ●

Hail - Great North Road

Detailed findings

Background to this inspection

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

The inspection took place on 29 September 2017 and 4 October 2017, the first day was unannounced. The inspection was conducted by an adult social care inspector.

Before the inspection we reviewed information we held about the service, including notifications and safeguarding information. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we observed care and spoke with people using the service. We spoke with five staff, including the newly appointed manager, deputy manager, two support workers and one agency staff member. We also spoke with one relative. We reviewed personnel files for five staff and other documentation relating to the running of the service, such as policies and procedures.

Is the service safe?

Our findings

We observed interactions between staff and people living at the home and saw that people smiled and responded positively to staff. We asked one person whether they were happy and they responded, "Yes, I'm happy." We asked a relative if they felt their family member was safe. They told us, "Oh yes, absolutely." They told us that if they had any question as to whether their family member was safe, "I wouldn't hesitate to move them."

Medicines were not always managed safely. We found most medicine administration records (MARs) were signed but noted some inaccuracies with recording. For example for one person we saw that staff had made hand written changes to a person's medicine on their MAR, but the GP letter to verify this change was not available. The systems for homely remedies were not robust. For example, ear drops for one person had not been labelled when opened, which meant that we could not be confident that they were still viable. The ear drops purchased by staff for another person did not contain any instructions on the box and had not been prescribed by the GP. Staff were not following the provider's procedure when taking people on holiday, and had taken the original rather than copies of the MAR with them. The newly appointed manager told us that the practice would be for staff to take a copy of the MAR chart and leave the original at the home. This did not happen, therefore staff failed to follow the provider's medicines procedures.

The provider had a system in place for recording incidents and accidents; however, these did not always provide details of the outcome of any investigation and action taken as a result. For example, the record of an incident in May 2016 involving missing medicine did not indicate the outcome. The record stated that once the tablet was found it should be returned to the pharmacy; however, the deputy manager told us that this had never been found. Therefore this put people at risk of harm as the medicine could not be found. We saw the record of another incident which highlighted actions for the deputy manager to take; however the outcome of these actions had not been recorded, therefore we could not be certain that steps had been taken to protect people from harm. The new manager told us that the incidents and reporting procedures had been discussed in general at the last team meeting held in September 2017. This meeting focused on staffs' role and responsibilities to record and inform colleagues of incidents, and to document the outcomes and actions taken.

We found conflicting information in relation to one person whose behaviours challenged the service. The behaviour management and emergency and crisis plan dated September 2017 stated, '2 staff should support me when out in the community at all times.' However, the risk assessment also dated September 2017 stated that the person required '1:1 support to go out into the community.' The guidance on how to minimise risks stated, '2:1 staff may be considered for situations which can stress me i.e. medical appointments/longer day trips etc. Avoid places which are known to be crowded.' This meant the person could receive care that was inappropriate and unsafe because information was not accurate.

The above issues relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We found a number of issues relating to the upkeep of the building. For example, on the ground floor we saw that the carpet in the hallway was raised. As this area was in constant use by people living at the home, this put people at risk of falls. Monthly health and safety checks in January and February 2017 had identified that the hallway required new carpets and flooring, but this had yet to be replaced. Records showed that the home had been visited by the landlords who had identified the issue with the flooring, and had planned to obtain quotes for new flooring. The front garden was unkempt. The new manager and deputy told us that this had been reported and they were waiting for this to be cleared.

Portable appliance testing (PAT) was last completed in July 2015. The new manager told us they would take immediate action to address this concern. Following our inspection we spoke with the deputy manager who told us that a contract had been put in place for PAT to be carried out on 1 November 2017.

The equipment used to provide care was not properly maintained. We were told a contract had also been agreed for the servicing of this equipment but a date had yet to be confirmed for November 2017. These issues put people at risk of harm as the environment was unsafe and equipment not confirmed as safe to use.

The above issues relate to a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff recruitment records were kept at the provider's head office. On the second day of our inspection the new manager provided copies of staff files. We found recruitment records contained a number of gaps in relation to references, Disclosure and Barring Service (DBS) checks (these are criminal records checks made to prevent unsuitable people from working with vulnerable groups) and application forms. For example, one staff member did not have a DBS on file whilst another staff member had a DBS check from a previous employer dated March 2016. A third staff member did not have a DBS or references on file. The new manager told us that this person had transferred from a previous employer in 2003 and their recruitment documents had not been provided. This put people at risk of being cared for by people who may not have been suitable to do so.

The above issues relate to a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We did find that medicines were kept securely and safely in a locked cabinet fixed to the wall. Information leaflets were kept in the medicine cabinet. We saw that one person who took pain relief medicines had a pictorial indicator of pain. This was used to help staff to better care for the person and reduce their discomfort when they were in pain. The fridge temperature where medicines were kept was monitored daily and was seen to be within the recommended range. Medication guidelines produced by the deputy manager included guidelines for staff and there was a designated person with responsibility for medicine procedures.

Staff were aware of safeguarding procedures and the reporting requirements. They knew about the external authorities they could approach should they feel their concerns were not addressed by the provider. Staff knew the signs to look for should they suspect abuse, such as unexplained bruising and change in behaviour. They received training in safeguarding and knew about the whistleblowing procedure should they not be happy after reporting their concerns. One staff member told us they would talk to, "Social services or the police if Hail [provider] management not taking action." This meant that people were protected from abuse as systems were in place to ensure that staff knew what to do.

Most risk assessments were in place and covered various areas, such as being out in the community, falls, moving and handling and behaviours that challenged the service. Staff understood people's risks and how to manage these. Staff were able to give examples of risk such as the risks associated with accessing the community. For one person this meant making sure there were no trip hazards when supporting them out in the community.

The deputy manager told us that staffing levels were based on people's individual needs and stated, "One thing we do not struggle with is staff." The deputy manager told us that they very rarely used agency staff and would request staff who had previously visited and therefore were familiar with the needs of people living at the home. Records reviewed confirmed this. We saw that the roster was set for the year with permanent staff members or regular bank staff. There was a manager on call at all times, which meant staff were able to contact a senior member of staff in the event of an emergency or to discuss any concerns. The manager told us that this number was stored on the home phone which made it more accessible to staff. On the day of our inspection we saw that there were enough staff on duty to meet people's needs.

Records showed weekly fire alarm testing and fire drills took place, the last being in July 2017.

Is the service effective?

Our findings

A relative told us that they felt staff were skilled and knew what they were doing when caring for their relative, "People [staff] are tuned in to what works for [relative]." And that staff, "Worked very hard."

Records showed that staff had received supervision in February and March 2017, however records for 2016 were not available for most staff. The deputy manager told us that dates for supervision were diarised but they would set times with individual staff. The deputy manager told us that they had last completed supervision with staff just before the summer and stated, "Sometimes supervision does not take place because staff are away with customers." This could not be verified as most supervision records were only available up to March 2017.

Staff told us that they had received a recent supervision and an appraisal. Staff said that they found supervision useful. One staff member told us that they were able to, "Speak out about concerns, it really helps out." They said of the deputy manager, "She's fantastic, she's very supportive to staff very helpful, she's always there for us. I had an appraisal last month [August]."

The deputy manager told us that supervision took place at least every three months. They told us "Staff know they can come and discuss any concerns and they are always offered the option to go to service director or chief executive officer." They also told us that staff had completed self-appraisals but had yet to have an appraisal meeting; records confirmed this. The new manager told us that they had planned supervision with all deputies across the three services managed by them, and they would be focusing on priority areas and utilising skills and competencies.

Monthly staff meetings took place and gave staff the opportunity to discuss concerns and make suggestions. The deputy manager told us that, "Monthly team meetings includes all staff, no one is excluded." "When working here they are part of the team." We observed that staff worked closely together, including the deputy manager who had a hands on approach. Bank and night staff were also invited to meetings; this was confirmed by staff.

Staff were supported to take further qualifications in health and social care. One staff member told us, "The company really helping with future career." Staff were supported to study within the qualification and credit framework (QCF- an accredited qualification in health and social care) level three and said that they had the support of the deputy manager and the organisation and records confirmed this. Staff confirmed that they had received training in safeguarding, medication, manual handling, fire safety awareness and autism. The deputy manager told us that the provider was, "Excellent," when it came to providing training for staff. However, although most staff knew their role well, not all staff received training in safeguarding, mental capacity or deprivation of liberty safeguards. This meant staff may not have been up to date with the latest and best practice.

We recommend that the service finds out more about training for staff, based on current best practice.

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 when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The MCA requires providers to submit applications to a 'supervisory body' for authority to do so. The deputy manager told us that you, "Cannot assume that people do not have capacity, try to give as much choice as possible and involve family members, appointees and other professionals." The deputy manager told us that no one living at the home was currently subject to DoLS. There were no restrictions in place, and people were able to come and go as they pleased with staff support. The door had an alarm which alerted staff when the door was opened. This helped staff to manage safety at the home.

People were given choice a choice of food and drink. We saw that menu record sheets were in place and in most instances staff used these to record what people had eaten. Records highlighted two people had special eating and drinking requirements. Another person had a healthy eating diet as recommended by the dietitian. There was a menu board located on a wall in the kitchen which displayed information about the daily menu and people's menu choices. One staff member told us "If [person] wanted something I would bring it and give a choice." One person was documented as liking a lot of sweet foods, for example, cakes and biscuits. Records confirmed they were offered choices in line with their preferences. On the day of our inspection there was a choice of fish and chips or sausage and mashed potato. We saw that residents' meetings also included discussions about what people liked to eat. During our visit we saw that the weekly shopping had been delivered and one person using the service helped with unpacking.

Records showed that people had access to health and care professionals when this was required. We saw that people visited their GP, attended dentist and eye testing appointments and health reviews. For one person this included regular visits from the chiropodist to ensure their health needs were met. One relative told us that their family member attended, "All hospital appointments without fail, dentist and chiropodist comes in."

Is the service caring?

Our findings

We observed that staff were caring and kind and treated people with dignity and respect when interacting with them. This was confirmed by a relative who told us, "They absolutely understand [relative's] needs, they [staff] don't speak down to [relative]." They also told us that their relative had known the same staff for many years and this helped them to give better care.

We observed positive interactions between staff and people living at the home. Staff were caring and people were comfortable in their presence, for example, one person was smiling whilst dancing with a staff member in the lounge. We asked the person whether they were happy at the home, they told us, "Yes, happy."

Staff understood the importance of treating people with dignity and respect, the deputy manager told us, "Everyone has the right of dignity and respect." For example, when providing personal care to one person they would ask them whether they were ready beforehand, "I give them that respect, I ask [person] if they are ready for a shower, if they said not yet, I left it until they were ready." Another staff member told us that when assisting one person with personal care they ensured that they "Wore their dressing gown and made sure the bathroom door was closed." A third staff member told us, "We treat them [people living at the home] like our family."

Most staff had worked for the service for some time and knew people well and understood their needs. On the day of our inspection one person became anxious when a staff member who had not worked with them tried to provide personal care. The deputy manager went to assist and managed to calm them down as they knew the person well. The deputy manager left the meeting to assist and took the time to reassure the person which helped them to settle.

The deputy manager told us that the communication book was used to inform staff of any updates when changing shifts. The book also included messages concerning hospital appointments and instructions about changes to people's needs.

Most care plans were person-centred and detailed people's likes and dislikes. For one person their care plan stated that they liked to listen to music, sing and have a lie in, in the mornings. On the day of our inspection we heard the person singing and observed that they had had a lie in during the morning. The deputy manager told us that they were in the process of updating care plans to make these more person-centred, we saw that this work had started.

People were consulted to get their views and involved in decisions about their care. At residents' weekly meetings people were given the opportunity to talk about how they were feeling and what they wanted to do; records confirmed this. We observed that staff regularly asked people how they were feeling and gave them the space they needed during our visit.

Is the service responsive?

Our findings

Each person had a 'purple folder' that contained details of their health needs. These had not been signed and were out of date and in places incorrect. The deputy manager told us that if a person went to hospital staff would take a copy of the purple folder, MAR and hospital passport with them. However, people were put at risk of receiving inappropriate or unsafe care because information about them in the purple folder was inaccurate and out of date, as was the information in the hospital passport (hospital passports contain essential medical and care information, and are sent with a person if they required admission or treatment in hospital). For example, for one person a form had been ticked to indicate that they had no problems with eating and drinking. This information was incorrect as the person was at risk of choking when they ate or drank. This put the person at unnecessary risk. We informed the deputy manager of our findings and they told us that they were in the process of updating people's hospital passports; records showed that this work had begun.

People participated in activities at the home and in the community. The provider told us that following the closure of day services in the borough, since January 2017 they had introduced a 'day ops timetable' which was a programme of activities organised for people across the provider's services a month in advance. We saw that activities planned for October 2017 included singing, games, art, bowling and music therapy. Alternative sessions allowed people the flexibility to participate in one to one sessions. The deputy manager told us that they would talk to people about whether they enjoyed the activities, and speak with other staff about the session. This enabled the staff to review the activities and ensure that these met people's individual needs. Records showed that people often spent time together, including evening meals, as documented in the communication book. Daily records showed that people participated in activities at the home such as watching television, using the computer and socialising with other people living at the home.

A relative told us that although their family member took part in some activities, such as going on holiday, they felt the service would benefit from having transport to enable people to go out more often in the community and remain safe.

Staff told us that weekly residents' meetings took place and they found these useful. Minutes of a September meeting indicated they had talked about what people wanted to do in October. This included what trips people wanted to go on, what activities people wanted to do, whether people were happy or sad and what people wanted to eat. One person said they wanted to go to the cinema and the pub, another person who had complex communication needs enjoyed listening to staff singing happy birthday, we observed the person laughing and smiling with staff. This showed that the person enjoyed participating in this activity and this was documented in their care plan.

People's individual needs were documented in their care plans which also included information about their family, communication needs culture and religion. Care plans also included people's background histories, including where they were brought up and what they liked to do when at home. In one person's care plan we saw that they liked watering plants, playing football and squash and drinking beer. We saw pictures of the person indicating that they had participated in these activities. The care plan also stated that their

practising faith was Catholic and they liked to attend church most Sundays. This meant that people were participating in activities in line with their personal preferences.

Staff worked closely with the local authority to develop a dementia care plan for one person who used the service. The document enabled staff to meet this person's individual needs which were being reviewed every six months. The dementia care plan was detailed and provided clear instructions on how the person should be supported and included areas such as, 'my diagnosis,' 'how I communicate,' 'my feelings,' 'what I can do for myself,' and 'what I like to do hobbies/interests.' On the day of our inspection we saw that the person participated in activities of their choice, which included listening to music and watching vintage films.

There was a 'comments, compliments and complaints' procedure in place. Records showed that the last complaint was in 2015 and this had been dealt with as an informal complaint. People were given the opportunity to discuss any concerns through weekly residents' meetings. A relative told us that they had seen the complaints policy but didn't have any concerns. They said if they were unhappy they would say.

Is the service well-led?

Our findings

The service had gone through a period of change with management changes which at times resulted in a lack of management oversight. The registered manager had not worked with the service for over three years but had not deregistered at the time of our inspection. Since our last inspection in August 2015 there had been a number of managers appointed but they had not stayed. Following our inspection we received an application from the previous registered manager to deregister.

We found systems were not always effective in ensuring the required servicing contracts were in place or ensuring that care records were accurate and up to date, for example, risk assessments, hospital passports MAR charts and prescription guidelines. The deputy manager told us that a support worker had now been nominated as the named person responsible for overseeing medicine orders, repeat prescriptions and returns. There was no system in place for auditing and ensuring that accidents and incident procedures were followed up.

The above issues relate to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Relatives felt the deputy manager did a good job of running the service. One relative told us that there had been improvements since our last inspection. They said of the deputy manager and another senior staff member, "They listened," and had acted on their concerns and put a manager in post. The relative also told us that they could not, "Praise them [support staff] enough," for the work they did with their family member.

Staff spoke highly of the deputy manager; comments from staff included, "She's amazing, if you don't know what you're doing she helps you," "Team meetings are once a month and helps. Everyone can say their mind and raise concerns." Staff told us they worked well as a team and felt supported by the deputy manager. We saw that staff worked well as a team during our inspection. We saw the communication book was used as a means to keep staff updated.

The deputy manager told us that prior to being appointed to the permanent position they had acted up for seven months. They had previously worked as a support worker at this service for three years and knew staff and people living at the home well. The new manager had started a week prior to our inspection and told us that they would need to wait for the previous registered manager to deregister before they were able to register as the manager for this service. The new manager talked about some of the changes they were planning over the coming months, including holding regular meetings with deputy managers' across the four services they will be managing, reviewing current practices and sharing best practice. We saw that some of this work had started.

Minutes from a staff meeting in July 2017 showed there had been discussion about incident reporting procedures, with an emphasis on staff roles and prioritising. The new manager told us that they had also discussed body charts, health and safety, fire safety, activities, person centred plans and using key documents. Medication guidelines for staff included signposting the member of staff who was the

designated responsible person for medicine procedures.

A healthcare professional who had visited the home for many years fed back that staff were always very helpful and cooperative. They said that staff made appointments with them every six to eight weeks. They said that the deputy manager did a good job. We saw that a relative had commented, "Thank you to all the staff for all their hard work...with [person]. You are all so welcoming and friendly when we come to visit [person]... [person] always seems very happy when [person] is in her [staff] company. Always a loving friendly atmosphere in the home."

Records showed that the deputy manager gave staff praise and thanked them for their hard work, which included providing reassurance to one person during their visit to the hospital and inducting new staff. The deputy manager commented, "When working here they are part of the team." This meant staff were supported and valued.

The service received a rating of five from the Food Standard Agency which indicated that the service was providing a good standard of cleanliness in relation to food hygiene.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure care and treatment was provided in a safe way for people.</p> <p>People's health were put of risk because the provider failed to assess the risks to the health and safety of service users of receiving the care or treatment;</p> <p>People's health and wellbeing was at risk because of unsafe practices at the service regarding the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2) (a) (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider did not ensure that the premises and equipment used in the provision of care and treatment was properly maintained. Servicing contracts had not been renewed for electrical appliances and equipment used to provide personal care. Parts of the building were not properly maintained.</p> <p>Regulation 15 (1)(b)(c)(d)(e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

Systems used by the provider to assess, monitor and improve the quality and safety of the service were not always effective. The provider had not identified potential problems with the quality of care planning, the safety of medicine management or the thoroughness of risk assessments.

Regulation 17(1)(2)(a)(b).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures were not always being operated effectively by the provider to ensure that only suitable people were employed at the service.

Regulation 19(1)(2)(3)