Westhope Limited

Westhope Place

Inspection report

3 Westhope Place
Queensway
Horsham
West Sussex
RH13 5AY

Website: www.westhopecare.co.uk

Date of inspection visit:
05 February 2016

Date of publication:
23 March 2016

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Westhope Place is registered to accommodate up to seven people who require support with personal care. It specialises in supporting people with a learning or physical disability. At the time of our inspection there were six women using the service one of whom also had mental health diagnosis. The property is located a short walk from Horsham town centre. There is level access throughout and each bedroom has en-suite facilities. The service also had an adapted bathroom with a high / low bath, overhead tracking and a hoist.

This inspection took place on 8 February 2016 and was unannounced.

At the time of this inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The day-to-day management of the service was being overseen by a manager who is referred to as the acting manager throughout this report and the provider had given us assurances that the process for submitting a registered manager's application had been initiated.

Whilst the provider had completed identity and security checks for new staff the character references obtained had not always been provided by the staff member's previous employer. Full work histories had not always been obtained and gaps in the employment history of some staff had not been accounted for. Therefore the provider could not be assured these staff were suitable to work with adults at risk.

People's independence was promoted and they participated in a range of activities of their choice such as going to the pub or a café for lunch and going shopping. One person told us "I like colouring and I like going on holiday. In the summer we go on day trips to Eastbourne, London, Brighton and Worthing. On Thursday I'm going shopping and going to the Gateway Club".

People were supported by kind, caring staff that knew them well and understood their individual needs. One person told us "The staff are very nice and kind. I'm happy with the staff". People's relatives and representatives reported that their loved ones were supported by caring staff. One relative told us "It's a peaceful, friendly home. I feel at home there and feel very happy she is there. They are doing the best for her as far as I can see".

People could choose their own meal and drinks. One person told us "We have nice food for breakfast and lunch and nice tea. We have all sorts of things. Sometimes we have meetings about what we have to eat". People were supported to maintain relationships with people that mattered to them and visitors were welcomed. One person's relative told us "I visit at all times of day, they never know I'm coming, I just pop in when I'm in the area". People's relatives and representatives were kept informed of their loved one's wellbeing and any changes in their needs. One person's representative told us they had been "very impressed" with the support their loved one had received through a period of ill health.

People's needs had been assessed and planned for. Plans took into account people's preferences, likes and dislikes and were reviewed on a regular basis. Staff worked in accordance with the Mental Capacity Act (MCA) and associated legislation ensuring consent to care and treatment was obtained. People were supported to make their own decisions and where people lacked the capacity to do so, their relatives and relevant professionals were involved in making decisions in their best interest.

Medicines were ordered, administered, stored and disposed of safely by staff who were trained to do so. Referrals were made to relevant health care professionals when needed and each person had a health action plan in place.

Staff received the training and support they needed to undertake their role and were skilled in supporting people. A staff member told us, "I did shadow shifts when I first started. I didn't work on my own until I had been shown what to do and had got to know people". Staff had a good understanding of each person's communication needs and of how some people communicated their feelings through their facial expressions or their actions. They were able to recognise when a people were feeling anxious and took appropriate action to minimise these anxieties.

Staff knew what action to take if they suspected abuse had taken place and felt confident in raising concerns. Risks to people were identified and managed appropriately and people had personal emergency evacuation plans in place in the event of an emergency. Staffing levels were sufficient to meet people's assessed needs and for staff to spend one to one time with people.

The management of the service were open and transparent and a culture of continuous learning and improvement was promoted. The provider had ensured processes in place for auditing and monitoring the quality of the service were followed and complaints were responded to appropriately.

We found one area where the provider was not meeting the requirements of the law. You can find what action we have told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not consistently safe.

Recruitment practices were not always safe.

There were enough staff deployed to meet people's needs safely.

Staff were trained to recognise abuse and knew what action to take if they suspected abuse had taken place.

Risks were assessed and there were plans in place to protect people, whilst promoting their independence and choice.

Medicines were managed appropriately by trained staff.

Is the service effective?

Good

The service was effective.
The service was effective.

People were supported by staff who had the skills and experience needed to meet their needs.

People had sufficient to eat and drink and were involved in planning and preparing their food and drinks.

Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice when gaining people's consent. Where people had been deprived of their liberty, authorisation from the local authority had been requested.

People's health care needs were monitored and they had access to a range of healthcare professionals.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff who knew them well.

Staff took action to reduce people's anxiety levels.

People's preferences were accommodated and people were supported to express their views.

Is the service responsive?

Good

The service was responsive.

Care plans were centred on the person and provided information to staff about people's care needs and how people wanted to be supported.

People knew how to make a complaint and complaints were dealt with in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

Staff were involved in developing the service.

The management team looked for ways to drive improvement in the service by listening to, and seeking feedback.

The provider had quality assurance systems in place.

Westhope Place

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 was planned to check 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 was undertaken by two inspectors on 8 February 2016 and was unannounced.

Before the inspection we checked the information that we held about the service and the service provider. This included a provider information return (PIR), statutory notifications sent to us about incidents and events that had occurred at the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. A notification is information about important events which the service is required to send to us by law. We also gained feedback from the local authority commissioning team. We used all this information to decide which areas to focus on during our inspection.

As part of our inspection we spoke with people and staff about their experience of the service. Due to the nature of people's communication difficulties, we were not able to ask every person direct questions. We observed staff supporting and interacting with people and spoke with three people, the acting manager, and three members of staff. We also looked at records including four people's care records, four staff recruitment records, medication administration record (MAR) sheets, staff duty rotas, staff training and supervision trackers, complaints and other records relating to the quality assurance processes and management of the service. Following our visit to the service the acting manager sent us some further information about the training staff had received and we gained feedback from two people's relatives / representatives.

No concerns were identified at the last inspection of the service which took place on 30 January 2014.

Requires Improvement

Is the service safe?

Our findings

People appeared comfortable in the company of staff and those who were able to express their views to us told us they felt safe. One person told us "I feel safe here. Staff are here all the time and I can ring the bell if I need them, if I fall over". We asked a relative if they felt their loved one was safe and they told us "Yes I would say they are. I visit at all times of day, they never know I'm coming, I just pop in when I'm in the area and I have never seen anything to make me think they're not safe". Staff used appropriate techniques to keep people safe. For example, by using verbal prompts to divert potentially challenging behaviour and offering emotional support.

The provider had safe recruitment procedures however these had not always been followed. Relevant employment checks, such as criminal records checks been undertaken with the Disclosure and Barring Service (DBS), proof of identity and right to work in the United Kingdom had been completed before staff began working at the service. However not all staff had provided a full work history and some of the character references had been sought from staff members ex-colleagues rather than their previous employers as is required by the Health and Social Care Act (HSCA). Therefore the provider could not be assured that these staff members were of suitable character to work with adults at risk.

The shortfalls identified in relation to full work history and character references is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected against the risk of potential abuse. Staff were trained in safeguarding adults at risk and were aware of the different types of abuse they might encounter, such as verbal, physical or financial abuse. They knew who to report to and what action to take should they suspect abuse and followed the guidelines of West Sussex County Council's pan-Sussex multi-agency safeguarding policy.

Risks to people had been identified, assessed and managed appropriately. There was a range of risk assessments within people's care records and areas such as personal care, nutritional needs and daily routines had been planned for. People who needed support to move had moving and handling guidelines in place for staff to follow. We observed staff using a handling belt to support one person to stand and transfer from a settee into their wheelchair. They asked the person if they were ready to move and explained to the person what was going to happen before they started the manoeuvre offering assurances as they did so.

People were supported to take risks. Risks to people's health, safety and welfare had been assessed and planned for to ensure people remained safe whilst still promoting their independence. For example people were supported to go shopping for their personal effects and to go swimming. There were clear guidelines in place for staff to follow in the event that someone who accessed the community independently didn't return when expected.

Accidents and incidents were recorded and analysed to help the staff team understand patterns or trends, and to enable them to think about anything they could do differently in the future. The acting manager told

us they also used this information to help then to identify patterns in people's behaviour and to introduce ways of working to reduce the risk of them re-occurring.

Staffing levels were assessed, monitored and sufficient to meet people's needs at all times. There were enough staff on duty to ensure people's needs were met and they were supported to do their planned activities. We observed throughout the inspection that staff were unhurried and relaxed with people. The acting manager showed us the staffing rota, which showed there were three staff members on duty during the day plus the acting manager. There were also two staff members on duty through the night. The service had access to an on-call service to ensure management support could be accessed whenever it was required.

People's medicines were managed so that they received them safely. Medicines were ordered, stored, administered and disposed of in line with current legislation and the provider's medicines management policy. Staff had been trained to administer medicines and training records confirmed this. Medication administration record (MAR) sheets had been completed and signed by staff appropriately.

The provider had systems in place to make sure the premises were safe and to respond to foreseeable emergencies. There were personal emergency evacuation plans in place for people which provided advice to staff on their safe evacuation in the event of an emergency.

Good

Is the service effective?

Our findings

Feedback from people's relatives, representatives and professionals involved in people's care about the support people received was positive. One person's relative told us "(person's name) has received tremendous support from (acting mangers name) and the team. I am really impressed with the support they have given her".

People had their assessed needs and preferences met by staff with the necessary skills and knowledge. Staff received training in areas such as fire safety, mental capacity, diversity, food hygiene, safeguarding, infection control, management of hazardous substances, health and safety and medication. Additional training was provided to staff to meet people's other specialist care needs for example epilepsy.

New staff completed an induction programme to ensure they had the competencies they needed to undertake their role. This included the completion of essential training, and shadowing experienced staff whilst they got to know people's needs, preferences and choices. New staff were also required by the provider to complete the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff felt the training they had received had prepared them for their role and said they felt confident and competent to support people. One staff member told us, "I did shadow shifts when I first started. I didn't work on my own until I had been shown what to do and had got to know people".

Staff received the support they needed to undertake their role. They had one to one supervision meetings with their line manager at which they could discuss in private their personal and professional development and had an annual appraisal of their performance. The acting manager told us they found their line manager very supportive. Staff attended team meetings at which information was shared and people's needs were discussed. All staff reported that they were well supported by the acting manager and organisation.

Communication was effective. There was an hour overlap between shifts to allow for handover meetings to take place. At these meetings staff from the earlier shift met with the staff from the oncoming shift to share information about how the people had spent their time and pass on any issues or concerns that needed to be highlighted to them. All the staff we spoke with were knowledgeable about the people they supported and had an in-depth understanding of how people communicated and what their likes and dislikes were.

We observed that staff were skilled in using different approaches and ways of communicating with people appropriate to their needs and that some written information had been illustrated with symbols and pictures to aid people's understanding. People's physical, emotional and psychological needs and how these needs could be met were discussed at team meetings. Staff told us, and meeting minutes confirmed that they used staff meetings to discuss what was working well and to identify any lessons that could be learned from things that had not worked so well.

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. The application 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.

The acting manager told us and records confirmed they had submitted DoLS applications when needed. Staff had additional guidance to help them understand what day to day decisions people were able to make, and where they might require additional support. Mental capacity assessments had identified where an individual lacked mental capacity to make a specific decision and best interest decisions had been made in line with the Mental Capacity Act guidance.

People were supported to have sufficient to eat, drink and maintain a balanced diet. People took turns to choose the evening meal. Menus were discussed by people once a week and people's preferences were catered for. Whilst there was a menu in place, people were offered a choice of whether they wanted the meal on the menu or something different. We observed no two people had exactly the same meal at lunch time. Those that needed support to eat and drink received appropriate support from staff and were encouraged to do as much as they could for themselves. One person told us "We have nice food for breakfast and lunch and nice tea. We have all sorts of things. Sometimes we have meetings about what we have to eat".

People were supported to maintain good health and had access to healthcare services. The staff team worked with healthcare professionals who were part of a multi-disciplinary team (MDT), for example, psychologist, and speech and language therapists. Referrals had been made when needed for people to be assessed by the MDT. In addition, people had access to their GP, chiropodist, optician and dentist. One person told us how staff had called the ambulance for them after they hurt themselves when they had a fall. They told us staff supported them to go to the hospital and stayed with them at the hospital whilst they had an x-ray. A relative told us they had been very impressed with the support their loved one had received from the acting manager and staff team in relation to arranging hospital appointments and when recovering from a period of illness.

Good

Is the service caring?

Our findings

Staff had a caring, compassionate and fun approach to their work with people. They knew people well and demonstrated understanding of the preferences and personalities of the people they supported with whom caring relationships had been developed. One person told us "The staff are very nice and kind. I'm happy with the staff". People's relatives and representatives reported that their loved ones were supported by caring staff. One relative told us "It's a peaceful, friendly home. I feel at home there and feel very happy she is there. They are doing the best for her as far as I can see". We observed that staff communicated with people in a warm, friendly and sensitive manner that took account of their needs and understanding. People looked happy and were relaxed and comfortable with staff. When people did show signs they were becoming anxious staff offered appropriate emotional support to help to lower anxiety levels.

We observed staff consistently offering reassurance to people and responding patiently when people became anxious. Staff told us when one person became anxious they used distraction techniques to help them think about something else. We observed staff recognised the signs that this persons anxiety levels were increasing. They remained calm when this happened and offered the person verbal reassurances. They talked with them about a different subject and suggested they had a cup of tea. The person reacted positively to this intervention and became calm once again.

Staff had a detailed understanding of people's needs and were proactive in ensuring people received good quality support that promoted independence. Those that were able were supported to complete tasks of daily living at their own pace. One person told us they were proud of the fact they could do things for themselves and that they helped out around the house and cleaned their own room. We heard staff speaking with another person about when the washing machine would be free for them to do their own laundry.

Staff took care to maintain and promote people's well-being and happiness; for instance, staff told us that one person who had limited verbal communication used an item of clothing as a comforter which helped them to relax. We saw that this item was within reach of the person throughout our visit and it was evident that the person took pleasure from this. They told us this person also enjoyed "girly things". We observed staff spending time sitting with this person painting their nails and chatting about what they were doing and what was happening that day. This person looked happy and relaxed whilst this was happing and clearly enjoyed the experience.

It was evident that staff were working to empower people to understand their choices and rights. Some documentation was illustrated with symbols, pictures and photographs to aid the person's understanding and help support people to make their own choices for example, about what to eat or what activity to take part in. People's records clearly guided staff on how to support somebody to ensure they were able to make choices and decisions about their everyday life. We saw staff used a variety of techniques to make meaningful choices including offering choices between options and providing information using short simple sentences. Records showed staff had worked with people individually to enable them to provide feedback on their experiences of care.

People were supported to maintain relationships with people that mattered to them. Staff told us visitors were always welcomed. One person told us that staff supported them to visit their family and told us "I phone my mum sometimes". People's relatives and representatives confirmed they were always made to feel welcome and did not have to make prior arrangements to visit.

Each person had their own room which had been personalised to reflect their personality. Some rooms were bright and crammed with personal items significant and special to that person such as photographs of family members on display and their own music player and music collection.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support where possible. Everyone had their own keyworker which is a named member of staff that co-ordinated all aspects of their care. The keyworker met with their allocated person regularly to talk about their support and their goals for the future which they helped them to plan for.

People's privacy and dignity were respected and promoted. The guidance contained in people's care plans promoted their privacy and dignity. Staff told us about how they protected people's dignity such as when helping them with personal care or when out in the community. People's care records clearly guided staff in protecting people's privacy and dignity during aspects of their day such as enabling people to have private time, or when supporting them with intimate care. Staff communicated with people effectively and respectfully. For example, if an individual was sitting down staff would crouch down or sit with the person and focus solely on that conversation. Staff told us they had formed good relationships with people and had become skilled in recognising how people who had limited verbal communication were feeling from their facial expressions and body language.

Good

Is the service responsive?

Our findings

People were supported to make their own decisions wherever possible such as how they wanted to spend their day, what time they got up and went to bed, where and when they ate their meals. There was detailed guidance for staff in how, and where appropriate to do so, they should offer choices to make sure people understood their options. People participated in activities such as going to the pub or a café for lunch and going shopping. When we arrived at the service one person was out shopping for their personal effects and another went out into town to get a photograph for a bus pass with staff. We heard staff asking people what they wanted to do that day and later in the week. One person told us "I like colouring and I like going on holiday. In the summer we go on day trips to Eastbourne, London, Brighton and Worthing. On Thursday I'm going shopping and going to the Gateway Club in the red car". Records contained feedback on the activities people had participated in and specified whether they had enjoyed them. People were actively involved in planning their days, choosing what they wanted to do in terms of hobbies and interests and how they would help around the house.

People received personalised care that was responsive to their needs. Each person's needs had been assessed before they came to live at the service. People's initial assessments and risk assessments had been used as a basis on which staff had developed detailed care and support plans to guide staff in how the person wanted and needed to be supported. These plans provided comprehensive, detailed information about people, their personal history, individual preferences, interests and aspirations. They were centred on the person and designed to help people plan their life and the support they needed. For example, they included a detailed breakdown of people's morning and evening routines. This meant staff were able to support people in exactly the way they wanted, or needed to be supported to maintain their health and well-being. When people met with their keyworkers, those that were able to, discussed all elements of their care, including their long and short term goals. For people who were not able to participate fully in these discussions records were reviewed to demonstrate what the person had enjoyed doing and what was working well. Keyworkers completed monthly reports for people which showed people's involvement in the review of their care plan and a review of their goals.

Plans also included people's health conditions, behaviours and their wider circle of support such as family and health or social care services. Records contained clear actions for staff to take so that people received the help and support they needed and were reviewed on a regular basis. Staff told us they were provided with enough time to read people's plans and were able to describe people's physical and emotional needs. They told us about the sort of things the people liked to do and people's care plans reflected what we had been told. Staff kept daily records of people's support including their personal care, activities, meals, mood and steps towards their goals. This enabled staff to easily see what support or help the person had needed and what else they wanted to achieve.

There was a complaints policy in place. One person told us they knew how to make a complaint and who to speak with but they had not had cause to raise one. They explained that they felt they would be listened to if they did need to complain. Staff told us that the people they supported would be able to make it known if they were unhappy with something and that they would act on this. People's relatives and representatives

told us they would speak to the acting manager if they wanted to complain but had not had reason to do so. The complaints policy was available in a format using symbols to aid people's understanding. The acting manager told us that they had plans to simplify this document further to make it more accessible and relevant to people using the service.

Good

Is the service well-led?

Our findings

People, their relatives and representatives, staff and other professionals involved in people's care spoke highly of the support people received and commented they felt the service was well managed. One relative told us "(acting managers' name) is very approachable. I think they are managing very well and is very capable". Management and staff described an open and transparent culture within the service and told us they felt able to raise concerns or make suggestions. One staff member told us the "(Acting managers name) is very supportive, I can go to them about anything at any time, they are always available".

The service had been without a registered manager since June 2015. However the provider told us the acting managers' probationary period had ended and the process of submitting a registered managers' application had begun. The acting manager had a good understanding of the support needs of the people who used the service. For example, they gave us a briefing on how people preferred to be addressed and stressed the importance of addressing some people with shortened versions of their first names as they would take exception to using their full names. They were able to describe to us people's personal histories and were aware of which other professionals were involved in each person's care.

The arrangements for the management of the service were effective. The acting manager received appropriate peer support from the providers other managers as well as their line manager. The nominated individual visited the service regularly and was known to people and staff. One person told us "I know (nominated individuals name) they come round to visit us sometimes". They also told us they would have no hesitation in raising any concerns they may have with the acting manager or nominated individual and that they felt they would be listened to.

Incidents and accidents were appropriately documented and investigated by the acting manager. Systems for the recording of incidents were in place and staff were aware of what needed to be recorded. The service had procedures and policy documentation to guide staff and staff knew how to access this information. Learning was taken from incidents and accidents. The acting manager audited all occurrences and signed or commented on the steps taken in response to each record. They used this information to help identify triggers to people's behaviours and make relevant amendments to people's support plans to help reduce the likelihood of the incidents reoccurring.

The provider had systems in place to assess and monitor the quality of the service. For example care plans were reviewed to ensure that they continued to reflect People, their relatives and representatives, staff and other professionals involved in people's care spoke highly of the support people received and commented they felt the service was well managed. One relative told us "(acting managers' name) is very approachable. I think they are managing very well and are very capable". Management and staff described an open and transparent culture within the service and told us they felt able to raise concerns or make suggestions. One staff member told us the "(Acting managers name) is very supportive, I can go to them about anything at any time, they are always available".

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The provider had systems in place to assess and monitor the quality of the service. For example care plans were reviewed to ensure that they continued to reflect people's needs and health and safety audits were completed on a regular basis. There were quality assurance and governance systems in place to drive continuous improvement including provider visits to the service. Where shortfalls were identified an action plan was devised specifying what action had to be taken. The completion of the action plan was overseen by the acting manager and checked at the provider's next visit to the service. There were processes in place for regular audits to assess the quality of care provided. These included audits of people's care records, health and safety, infection control and medication records. We saw that where any issues had been identified by audits or brought to the attention of the acting manager these issues were dealt with and resolved promptly.

People were valued as individuals and received active, positive and structured support. People's needs were central to the delivery of the day to day running of the service. One staff member told us "We have plans to follow but sometimes people change their mind about what they want to do or what they want to eat so when that happens we offer alternatives". Staff told us they were actively involved in developing the service and encouraged to contribute to discussions at team meetings about what was working well at the service and what could be improved. They were motivated and felt empowered to make suggestions and implement changes for example; they told us they made suggestions about activities people may enjoy and holiday destinations.

Learning through reflective practice was encouraged. People attended meetings at the service. A recent meeting that was held showed that people had shared with each other the things they had been doing and what they had enjoyed. Staff used a variety of methods to listen and gain feedback from people. For instance, looking at body language and facial expressions helped staff understand whether the person was happy with what was happening. There were daily records in place for each person which were used to help establish what was working well and what areas of practice could be improved or approached differently. Staff meetings were used to discuss areas of practice that were working well and things that had not worked

as well. They reflected on accidents and incidents that had occurred and discussed how improvements could be made and what could be done differently to prevent them reoccurring. This was also a focus of staff supervision meetings. The acting manager used a variety of methods to learn about good practice and new ideas. They attended regular meetings with registered managers within the organisation to share issues, new ideas and ways of working and learn about new legislation or guidance affecting their service. They told us they work closely with the provider's nominated individual and looked at CQC updates.

Staff were supported to question practice. The provider had a whistleblowing policy which staff were aware of and felt confident to use. Staff told us they felt that if they did raise a concern they would be listened to and they would be taken seriously.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed 19(1)(a)(b)(c)(3)(a)(b)Schedule 3 The registered person had not ensured that all the information detailed in Schedule 3 had been obtained for each person employed to work at the service.