

CRW Consultancy Ltd

Kings Hill

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

About the service

Kings Hill is a domiciliary care service providing personal care to people in their own homes. It is registered to provide care for babies, children, younger adults, older people, people living with dementia, a learning disability or autistic spectrum, a mental health problem, substance misuse, eating disorder or physical or sensory disability. At the time of the inspection, there was just one person receiving personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

People had a positive experience from using the service. One person told us, "I am happy with it. I would not change anything".

There continued to be no registered manager and the appointed nominated individual was not involved in the management of the service. We made a recommendation about the provider's understanding of the role of the Nominated Individual.

Quality monitoring systems continued to be insufficient to identify shortfalls and drive continuous improvement in the service. The service was not proactive. Improvements and changes were only made when we brought them to the attention of the provider.

Steps had not been taken to reduce the potential fire risk for people who used emollient creams. This was despite this risk being highlighted to the provider at our last inspection.

There continued not to be effective staff recruitment. Staff files were not available at the inspection visit.

We made a recommendation about communicating with people about their end of life wishes and preferences.

There were systems to support staff and check their skills and knowledge. However, these were only available to one of the two care staff employed at the service.

Improvements had been made to ensuring people received personalised care. Care plans contained individual information about people's likes and dislikes and things that were important to them. The views of people who used the service had been sought.

Staff were up to date with all mandatory training with the exception of practical moving and handling. The provider booked this training for staff after the inspection.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 23 April 2021) and it was placed in special measures. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified continuing breaches in relation to the management of medicines, staff recruitment and quality assurance.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was not responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Kings Hill

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 was carried out by two inspectors.

Service and service type

Kings Hill is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager. This means that the provider and nominated individual were legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority safeguarding team and commissioners of the service. We did not ask the provider to complete a Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

Inspection activity took place on 12 January 2022. We visited the agency and spoke with the provider, a

senior carer and the person who used the service.

We reviewed the person's care plan and daily notes. We saw the training record, supervisions and spot checks for the staff member employed by the service. We also looked at quality checks and audits. We were not able to look at any staff files as the provider told us they did not have access.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested documents that were not available at the inspection. This included medication records, staff files and training records, incident reports and confirmation the service's rating was available on the provider's website. We received all of this information within three weeks of the inspection.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure there were safe and consistent systems for the management of medicines which put people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 12.

- At the last inspection the provider had not assessed the potential fire risk when using emollients. When fabric with dried-on emollient comes into contact with a naked flame, the resulting fire burns quickly and intensely. At this inspection one person's choices placed them at high risk. We contacted the provider immediately when this risk came to our attention, asking what action they had taken to reduce the risk. The provider responded four days later, setting out the actions they were taking to mitigate the risks to this person.
- At the last inspection, checks on staff administering medicines to ensure their competence had not been carried out on all staff. Also, senior staff carrying out these checks had not completed medicines training at a higher level. This was so the provider could be assured senior staff had the skills to undertake this role.
- At this inspection, medicines checks had taken place. However, staff carrying out these checks continued not to have training at a high level to ensure they had the skills and knowledge to recognise potential errors. Senior staff had failed to recognise the potential fire risks with the use of emollients, as highlighted above.

There were not always safe systems for the management of medicines which put people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff kept an accurate record of when people were given their medicines, including those prescribed as 'when required' (PRN). Body charts were used to inform staff where on people's skin topical creams should be applied.

Staffing and recruitment

At the last inspection the provider had failed to ensure they had effective recruitment procedures. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider was still in breach of regulation 19.

- At this inspection, the provider was unable to provide any staff files. They gave two different explanations as to why staff files were not available. The provider did not understand the necessity to keep a record of staff employment details.
- The provider told us only one staff member supported the person in their care. However, an additional staff member, whom had been recruited by the provider, had been used to support this person temporarily when their needs had increased.
- Immediately after the inspection, the provider sent confirmation that both staff members had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people. Two weeks after the inspection visit, the provider sent us the application forms and proof of identity for both staff members. These staff had worked for the service since 2018, but the provider was not able to provide their work references.

The provider had failed to establish and operate effective recruitment procedures. This was a continued breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the provider had no oversight of staff deployment to ensure staffing was kept at safe levels as they did not have access to the staffing rota. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- The person using the service received care and support at regular times, from one main care staff.
- There was good communication between this staff member and people's friends and family. This ensured that when this main carer needed a break, friends took over this role, to ensure continuity of care.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to safely manage risks. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to assessing risks.

- At this inspection a new tool was being used to help staff identify and assess risks to people's care and support.
- Potential risks to people's safety had been assessed such as when eating, mobilising and maintaining their health. Staff were guided about what actions they needed to take to help keep people safe.
- Staff demonstrated they understood how to safely manage risks. They explained how to support a person who had experience a choking incident whilst in hospital. This person was given a soft diet and staff ensured they were in a seated position when eating their meals.
- The home environment had been assessed with regards to hazards such as slips, trips and falls. Staff

passed on any maintenance concerns to the family and friends involved in people's care. This was so people's homes could be kept as safe as possible.

Learning lessons when things go wrong

At our last inspection the provider had failed to identify and monitor significant events with regards to people's health and safety. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17.

- At this inspection there was only one person using the service. The provider had oversight of accidents and incidents concerning this one person. However, there was no evidence that they reviewed people's daily notes and incident reports to ensure staff had taken timely and appropriate action.
- Staff told us the actions they had taken when people had been involved in incident or accident. They told us how they had sought medical assistance and made a record of the event. The provider sent us this information after the inspection.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we were concerned about people's safety as there were significant delays in the provider responding to our communications about arranging the inspection visit. At this inspection, the provider responded to our announcement to undertake an inspection visit in a timely manner.
- The provider was not open and transparent with us about keeping people safe. We asked the provider if there were any safeguarding concerns about the people who used the service. The provider responded that there were not. However, the local authority safeguarding team told us they had spoken with the provider on 3 December 2021 about a safeguarding referral and discussed the concerns raised with them. They had also followed up this conversation with an email. This investigation was on-going at the time of our inspection visit.
- Staff had undertaken training in safeguarding people. They knew how to contact external professionals if they had concerns about people's safety.
- People told us they felt safe whilst receiving care and support.

Preventing and controlling infection

- At the last inspection there were inconsistencies in systems to ensure the prevention and control of infection. At this inspection improvements had been made.
- Staff had completed training in infection control, including covid-19. They understood the importance of using personal protective equipment, such as gloves, aprons and face masks. Also, the importance of keeping people's home's clean.

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 last time this key question was rated, it was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

At our last inspection the provider had failed to ensure care was consistently planned and delivered to ensure people were effectively supported with their health needs. This placed people at risk. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to care planning and delivery.

- At this inspection, there was good communication between everyone involved in people's care to ensure people received the health care support and services they required.
- People's health needs had been assessed. Information was available about how to support people to live healthier lives. This included supporting people who smoked to reduce their habit.
- People had been supported to access health care services when they were needed in a timely manner. Staff had contacted the emergency services and travelled with the person to the hospital, when they had found them seriously unwell. This was to support the person to communicate their health needs to hospital staff.

Staff support: induction, training, skills and experience

- At the last inspection, we could not be assured staff had the necessary skills and knowledge to support people's individual needs.
- At this inspection, the two staff employed had received training in essential areas such as first aid, health and safety and food hygiene. However, although staff had used equipment to help mobilise one person, they had only received on-line moving and handling training. The provider confirmed after the inspection, that both staff were booked on to practical moving and handling training in February.
- The senior staff member had received supervision which included the opportunity to discuss their development and learning. This opportunity for support had not been made available to the other care staff.

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

- At the last inspection, assessments were identified as an area for further improvement. This was because they did not include essential areas for older people, such as people's skin condition.

- At this inspection, a new tool was being used to assess and identify people's needs. This guided the assessor to check all aspects of a person's health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA

- At the last inspection the provider did not have a copy of appointee authorisations. This is where people had appointed a person to make decisions about their health, welfare or finances on their behalf. At this inspection, the provider had not obtained a copy. This is important, so the provider can be assured people acting on their behalf have the legal authority to do so. This is an area for improvement.
- Staff had completed training around MCA. Staff explained how they worked alongside people, gently supporting them to make daily decisions.
- People's capacity had been assessed for specific decisions, to check if people had the capacity to make the individual decision. For example, with regards to covid-19 vaccinations.

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

- People's nutritional needs had been assessed and they were encouraged to eat a balanced diet.
- Information was available about whether people had a normal or soft diet and their food likes and dislikes.
- Staff were knowledgeable about people's food preferences and choices and made a record of what people ate. This was to help monitor if people were eating well. One person told us, "I'm eating well".
- Staff understood the importance to making sure that people had regular drinks to maintain their health.

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.

The last time this key question was rated, it was rated as Requires Improvement. At this inspection, this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection information about people was not always kept confidentially nor in a way that respected people's privacy.
- At this inspection people's personal information was kept so that it was secure and confidential.
- People told us that staff treated them well and with respect.
- Staff described how they encouraged people's independence by encouraging them to do what they could for themselves. For example, a staff member explained how they gave a person their flannel when supporting them to wash, so they could do as much as they could themselves.

Ensuring people are well treated and supported; equality and diversity

- People told us staff treated them well. One person told us, "I happy with it. The way they are looking after me. They are caring."
- People were supported by regular staff. This meant people were supported by staff who were familiar to them and had got to know them over a period of time.
- Consideration was given to supporting people to maintain their religious and cultural identity.

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

- People had been asked about their likes, dislikes and preferred routines. This information was available to staff so they could support people to make decisions according to their choices and preferences.
- People who had completed a survey questionnaire had responded that they were treated with dignity and respect and were involved in decisions about their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure people consistently received personalised care that met their needs. This was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At this inspection improvements had been made to people's care plans to guide staff how to provide person-centred care.
- Care plans contained important information about people's personal histories and what was important to them. For one person, details included whether they liked their bedroom door open or closed, their favourite possessions and people who were part of their life. This helped staff to know people better so they could provide personalised care.
- Although some information in people's care plans was not up to date, we were reassured that staff knew how to care for the people they supported.
- People were very positive about the care and support they received. One person told us, "I've everything I need. Yes, she (staff) comes at the times I expect and stays as long as she is needed. I would not change anything."
- Staff had responded to meet people's needs, by visiting one person in hospital, when they had been admitted. This person responded that they appreciated being visited by their main carer.

End of life care and support

- At the last inspection end of life care was identified as an area for further improvement. This was because the provider told us they had consulted people about their end of life wishes and choices, but this had not been recorded.
- At this inspection there was no evidence that the provider had spoken to people about their wishes at the end of their lives.
- There were policies and procedures to guide staff how to care for people at the end of their lives. This included working with healthcare professionals, so people experienced a comfortable, dignified and pain-free death.

We recommend the service seeks advice and guidance from a reputable source about how to communicate

with people about and record their end of life wishes.

Improving care quality in response to complaints or concerns

- People told us they would raise any complaint or concern with their main carer. They felt confident that the staff member would take the necessary action to make things better for them.
- Staff knew how to respond to any concerns raised.
- The provider told us there had been no concerns or complaints since the last inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- It had been assessed that some people may benefit from information being communicated in pictures and symbols.
- A range of documents had been written in easy read, using simple words and/or pictures to help people understand their content. This included the service user guide, complaints procedure and parts of people's care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At our last inspection the provider had failed to have a registered manager in post for the carrying on of the regulated activity of personal care. At this inspection there was not a manager in post who was registered with CQC.

The provider had failed to have a registered manager in post for the carrying on of the regulated activity of personal care. This was breach of Section 33 of the Health and Social Care Act 2008.

At our last inspection the provider had failed to display the latest CQC inspection rating at the service and on their website. This is so that people, visitors and those seeking information about the service can be informed of our judgements. At this inspection the provider had neither displayed their rating of Inadequate at the office location nor on their website. After the inspection, the provider displayed their rating on their website.

- At this inspection, there continued to be a lack of understanding and clarity about the roles and responsibilities of those managing the service.
- The provider told us they were managing the service in the absence of a manager. We asked the provider about the role of the nominated individual. They told us the nominated individual was, "A go between type person" and said they did not have any direct role in the running of the service. The provider did not understand that the nominated individual is responsible for supervising the management of the carrying on of the regulated activity of personal care. The provider told us, "I need help with the knowledge there about the duty as I don't know. It's my mistake and I don't really know".
- The provider understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths.

We recommend the provider seeks advice and guidance from a reputable source about the roles and legal responsibilities of a Nominated Individual.

Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services in the carrying on of the regulated activity. Records relating to people's care and support were not always accurate or accessible. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- The provider was not proactive in driving improvements in the service. Although quality monitoring systems had improved, they were still not robust enough to identify shortfalls in the service.
- The provider had failed to identify the fire risk associated with the use of emollients. This was even though we identified this same risk in relation to another person who used the service, at the last inspection.
- There was only one person using the service at this inspection. The provider had oversight of accidents and incidents concerning this one person. However, there was no evidence that they reviewed people's daily notes and incident reports to ensure staff had taken timely and appropriate action.
- The provider had failed to keep information about the staff they employed at the service. They told us that as we had seen the senior carers staff file at our last inspection, we did not need access. The provider did not understand their responsibility to hold specific information about staff and operate effective recruitment systems.
- Spot checks had only been carried out for the senior staff and not the other care staff member to ensure they were providing care to the required standard. Spot checks are used ensure staff have the skills and knowledge to work unsupervised.
- The provider only provided staff with practical moving and handling training, once this shortfall had been brought to their attention.

There were ineffective systems to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records continued not be easily accessible as they were stored in people's homes rather than the office location. However, checks had been put in place to ensure these records were reviewed. This was to make sure people received care and support as the provider intended.

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

At our last inspection the provider had failed to seek and act on the feedback of people and their representatives for the purpose of continually evaluating and improving the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer breach of this part of regulation 17.

- The person who used the service had completed a survey questionnaire in December 2021. They had responded they were satisfied with the quality of care provided. They said they felt safe, respected, and that they and their family and friends were involved in their care. This concurred with the conversation we had with this person.
- The senior carer had meetings with the provider which gave them the opportunity to share their views

about how the service could improve.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider continued to not adhere to their duty of candour policy, which outlined the importance of being open and honest and how they should respond when something went wrong.
- The provider told us there were no safeguarding concerns. However, the local authority safeguarding team confirmed there was a safeguarding investigation which they had spoken with the provider about.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection, the provider did not have oversight of the culture of the service to ensure it met its visions and values.
- At this inspection there had been improvements in care planning and staff monitoring. Staff understood how to provide person-centred care. Staff felt supported and positive and so were able to provide care which provided good outcomes for people. People were happy with the care they received.

Working in partnership with others

- The service continued to work in partnership with health professionals such as district nurses, chiropodists and doctors.
- Staff were part of a network of friends and family for people they supported. There was good communication between these members to ensure people received joined-up care.

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>Section 33 HSCA Failure to comply with a condition</p> <p>The provider had failed to have a registered manager in post for the carrying on of the regulated activity of personal care.</p> <p>Regulation 33</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure there were safe and consistent systems for the management of medicines which put people at risk of harm.</p> <p>Regulation 12</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were ineffective systems to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to establish and</p>

operate effective recruitment procedures.

Regulation 19