

Recruit 4Care Ltd

# Recruit4care

## 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

Recruit4care is a domiciliary care agency which provides support and personal care to people living in their own home. The Care Quality Commission (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. At the time of our inspection 16 people were receiving a regulated activity from this service.

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

Although people that received support from Recruit4care were happy with the care they received, we found shortfalls in the safety and management of the service which placed people at risk of harm.

People were at risk due to poor governance and record keeping at the service. The provider and registered person told us there were no formal quality assurance systems. This meant systems were not in place to identify areas for development and to ensure improvements were made.

Some records we requested were not available, meaning we could not be assured care had been provided in line with people's care assessments, plans, needs, wishes and choices. Risk assessments were not used to identify and reduce risks to people. Safe systems for the management of all prescribed medicines were not in place.

Necessary pre-employment checks had not been completed prior to staff commencing work with vulnerable people. Sufficient staff were employed and they had received appropriate training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, formal systems were not in place to assess people's mental capacity and ability to consent to care.

The registered person and provider acknowledged the above shortfalls during the inspection and agreed to introduced changes to improve the service.

People and their family members were all positive about the caring nature of the staff. People told us they were always treated with dignity and respect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 7 December 2020 and this was their first inspection.

### Why we inspected

This was a planned inspection based on the date the service was registered and when it commenced

providing a personal care service to people living in their own homes.

#### Enforcement and Recommendations

We have identified breaches in relation to the safe recruitment of staff, risk assessments, mental capacity, medicines management and the governance and quality monitoring of the service.

Please see the actions we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Recruit4care

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector and an Expert by Experience in the care of older people, who made telephone calls to people to gain their views about the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider's nominated individual. A nominated individual is legally responsible for the service on behalf of the provider.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 June 2023 and ended on 20 June 2023. We visited the location's office on 6

and 13 June 2023.

#### What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including registration reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used information gathered as part of monitoring activity that took place on 10 August 2022 and registration reports to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people (or their family members) about their experience of the care provided. We spoke with 2 external professionals and 4 staff members. We spoke with the registered person, provider and 3 office staff members.

We reviewed a range of records. This included 3 people's care records, and records relating to the management of the service such as policies and procedures and 3 staff files in relation to recruitment, training and staff supervision.

# Is the service safe?

## Our findings

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

This is the first inspection of this service. This key question has been rated 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.

### Staffing and recruitment

- Recruitment procedures were not sufficiently robust to ensure suitable staff were employed. We reviewed 3 recruitment records which showed not all pre-employment checks had been completed and some information had not been collected before staff were deployed to work with people.
- Missing information included full employment history, health declaration and satisfactory conduct evidence from current or previous employers. This information is used to help providers make safe recruitment decisions, and ensure staff are able to deliver the requirements of the role. The registered person and provider were unclear about recruitment procedures, and we discussed this with them.

The failure to ensure that all necessary pre-employment checks were completed was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered person committed to seeking the missing information and ensuring that all necessary recruitment checks were received.
- The service had a small staff team which meant people received support from regular staff who knew them well. The registered person told us they had access to plenty of care staff, as they were also running a care staff agency, which supplied care staff to nursing and care homes.
- People said they had support from regular staff who arrived when expected and always stayed for the correct amount of time, if not longer. One person said, "It's usually the same staff." When asked if they usually had the same staff a family member told us, "Yes, it's always has been and it would be terrible if they changed her."

### Assessing risk, safety monitoring and management

- Risk assessments were not used effectively to identify and reduce risks to people. Although, people's care plan's contained summaries, which included some basic information about how individual risks should be managed, there was insufficient guidance for staff to ensure they could safely meet people's needs. For example, one person's local authority referral noted they were at risk of a breakdown of their skin integrity. However, there was no risk assessment or guidance for care staff as to how they should monitor or protect the person's skin.
- We discussed risk assessments with the registered person, who was unable to supply examples of any documented risk assessments. When asked about risk assessments the registered person said they, "Had a look around the house and asked the person or family member about what their needs were." They confirmed they had not documented any formal risk assessments in relation to people or their environment. This meant we were not assured staff would be aware of or understand how to mitigate risks.

We saw no evidence people had come to harm, however the failure to assess risks to the health and safety of people receiving care so that reasonable and practical measures are taken to mitigate risks was a breach of regulation 12 (1) of the Health and Social care Act 2008 (Regulated activities) Regulations 2014.

- During the inspection the registered person undertook to implement a new electronic care plan system, which would incorporate risk assessments and risk management plans.

#### Using medicines safely

- The providers medicine administration policy and procedure was not being followed and formal systems to ensure medicines were managed safely, were not in place.
- The registered person told us that care staff did not support people with their medicines. However, we identified that staff were applying prescribed topical creams for some people and administering oral medicines for one person.
- Care plans and records of care provided, did not describe what medicines were prescribed, including topical creams, or what support people required with these. No medicines administration records were in place, which is a legal requirement, to record what time medicines should be given and when they had been administered, or where topical creams should be applied. This meant we were not assured oral medicines and prescribed topical creams were being managed safely.

We did not see evidence people had come to harm, however the failure to ensure the safe and proper management of medicines was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- The registered person undertook to review the procedures in place for the management of medicines and to ensure systems within the providers policies, were initiated and followed.
- People confirmed that staff administered medicines as required. One person said, "Yes, I get them on time, no issues." Whilst another person told us, "Yes, she [care staff] has ordered the cream for me, it's all fine."
- Care staff had completed training to administer medicines.

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

- Systems were in place to protect people from the risk of abuse, however, as described above, the failure to ensure all recruitment checks and risk assessments were completed meant people could be at risk of harm.
- People told us they felt safe and family members felt their relatives were safe whilst receiving care. They identified that they felt safe because care staff were on time, reliable and regular. For example, one family member said, "She [person] is always happy when care staff comes."
- Staff knew what action they should take if they suspected a person was at risk of abuse. One staff member said, "I would tell [registered person] immediately if I had any [safeguarding] concerns, but I also know I can go to you [CQC]."
- The registered person was clear about their safeguarding responsibilities. They told us they understood who they could contact at the local authority safeguarding team, if they wished to discuss any concerns.

#### Preventing and controlling infection

- Suitable policies were in place for infection prevention and control.
- People or family members did not raise any concerns in respect of prevention and control of infection. They all confirmed that care staff always used appropriate Personal Protective Equipment (PPE) for the tasks they were completing.
- Training records confirmed that all staff had completed infection prevention and control training, including food hygiene training.

- Staff told us they had enough PPE and understood when and how this should be used.
- When the provider became aware that a person presented with a specific infection risk, appropriate action was taken to ensure staff could support them safely.

#### Learning lessons when things go wrong

- The registered person told us there had been no accidents or incidents. They told us should an accident occur, this would be investigated to identify possible causes, learn lessons and take any identified remedial action to prevent a recurrence.

# 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.

This is the first inspection for this service. This key question has been rated requires improvement. This meant there was a risk the effectiveness of people's care, treatment and support would not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- There was no information within people's care plans to demonstrate their ability to understand and agree to the planned care, or whether this had been considered as part of the assessment and care planning process.
- The registered person told us all people who they supported, were able to agree to the planned care. However, within some daily records and social services referral forms, it was evident some people had conditions which meant they may have lacked the capacity to fully understand and therefore consent to their care; or they may have required additional support to make decisions and consent to their care. We discussed this with the registered person and provider who agreed they had not fully considered this as part of care planning and would do so in the future.

We did not see evidence people had come to harm, however the failure to ensure the principles of the MCA were followed was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Staff had received training in the Mental Capacity Act 2005 (MCA). They were aware people could change their minds about care and had the right to refuse care at any point. Staff confirmed they would encourage people to accept all necessary support but would never do this without the person's consent. Where care was refused, they would seek further support from the registered person and the person's family.
- People and their family members told us they had been involved in discussions about their care. A family

member confirmed that staff listened if people refused planned care. They told us, "Yes, he can [say no]. There have been times where he has said no."

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

- People's needs were not formally documented prior to receiving a service. The registered person told us they assessed people's needs using information from external professionals and the person and/or family members. However, information about how staff should meet people's needs, was not sufficiently detailed within people's care plans.
- There was limited information about people's health needs including any medicines they required support with and there was no information about people's personal histories, social interests or preferences. This was important so staff would understand people's needs and be able to use this information to effectively meet them. There was also no information about people's protected characteristics under the Equality Act to show these had been considered when planning care. This meant people's individual needs, preferences and life history were not recorded. This is further discussed in the responsive section of this report.
- We discussed this with the registered person, who accepted they had not documented their assessments. They told us the service had developed rapidly, and they had been accepting frequent referrals for new people requiring care. Following us raising these concerns, the service voluntarily and promptly paused taking any new packages of care for people whilst the service introduced a new electronic care planning and management system.
- People and family members told us the registered person had visited them prior to care commencing. One family member said, "The [registered] manager came and asked a lot of questions." A person told us, "Yes, they did an assessment. It was the manager. He said he was going to ask 10 questions and then answered them himself. It worried me a bit at first, but then I met [care staff] and I felt safe. She [care staff] listens and is tip top."
- Care staff told us they felt they received sufficient information prior to visiting people to provide care. They told us they were contacted by an office staff member who clarified and detailed what care was required and could access the care summaries via a digital system.

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

- Care plans contained limited information about people's health needs or prescribed medicines. The absence of this information may mean staff do not understand how medical needs (current and past) may affect the person or the provision of care. More information about this is detailed in the safe part of this report.
- People and family members gave us mixed views about if staff understood their medical needs. One family member said of their care staff member, "She listens to us." Whilst another told us, "Not really enough", when asked if staff understood their health needs.
- We discussed the absence of specific health information and how this may affect the provision of care, with the registered person and provider. They agreed they had not recorded sufficient information to guide staff how to support people's health needs. They agreed to take action to improve this with the introduction of their electronic care management system.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People and family members made positive comments in relation to the competency of care staff. One family member said, "She [staff member] knows when he [person] is in a bad mood she can distract him and change his mood."

- All staff completed training which included moving people, infection control, medicines, and safeguarding. Staff confirmed training had been received and demonstrated an understanding of how to apply it in practice. New staff completed an induction to their role which included a period of shadowing an experienced staff member.
- Staff told us they felt supported and that they could approach the registered person with any concerns or questions, although formal recorded supervision had not been undertaken. We discussed this with the registered manager who explained that they planned to introduce formal supervision of staff but as the service had only been operating for approximately 8 weeks this had not yet occurred.

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

- There was limited information within care plans as to the support people required with meeting their nutritional and hydration needs. However, where required staff ensured people were supported to have good levels of hydration and nutrition.
- People told us they were happy with the arrangements in place to support them with food and drinks. A person told us, "She [care staff] will cook my evening meal in the microwave." Another person said, "If I need it, they [staff] will do it for me."

# 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.

This is the first inspection for this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their family members told us that staff were kind and caring and knew their individual preferences. A person said, "Yes, they [care staff] are lovely." A family member told us, "Yes. She [care staff] cuddles her [person] and we were going to a wedding, and she [care staff] helped [person] pick the dress out."
- Staff spoke about people warmly and said they enjoyed their work. Care staff told us they usually supported the same people and therefore had the opportunity to get to know them well. People confirmed they had a regular team of care staff. A family member said, "Yes, I think she [care staff] knows him [relative] well enough."

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

- People felt able to express their views and request additional tasks or refuse planned care. A person told us, "Yes, I can talk to her [care staff] but I haven't really had a need."
- Staff understood how to support people to be involved in decisions about their care. For example, one staff member said, "I always ask or encourage but I would not force anyone to do anything they didn't want to do."
- The office team and registered person told us they regularly contacted people or family members to check everything was OK. However, these calls had not been documented. Most people had been receiving a service for less than 8 weeks, meaning formal reviews had yet to be completed. The registered person told us these would normally be done 8 weeks after the commencement of the care service for a person.
- People were provided with information about the service, including information on how to raise concerns or make a complaint.

Respecting and promoting people's privacy, dignity and independence

- People and family members all told us care staff ensured their dignity and privacy when providing personal care.
- Staff were able to describe to us how they respected people's privacy and dignity, particularly when supporting them with personal care. For example, by ensuring doors were closed and people were covered up.
- People confirmed they were encouraged to be as independent as possible. A family member said, "I think so yes, she [care staff] tried to get her [person] to do things." Another family member told us, "She [care staff] prompts and encourages him [person] to use his walking frame."
- People's confidentiality was maintained in the way information was handled. Personal information was stored securely within a digital system that staff accessed safely.

# Is the service responsive?

## Our findings

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

This is the first inspection for this service. This key question has been rated requires improvement. This meant there was a risk people's needs may not always be met.

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

- Care staff were provided with limited information to describe people's needs and how to safely support them. People's interests, life histories and other information specific to them had not been captured in an assessment or care plan for staff to ensure they knew people well.
- The failure to fully assess and document people's needs, including their ability to understand and consent to care, as described in the effective section of this report, placed people at risk of not receiving person-centred care which met their individual needs. Care plans viewed did not adequately address people's care and support needs. This meant individual needs and risks may not be known and understood by care staff.

The failure to ensure formalised assessment of need and designing a care plan to meet identified needs was a breach of regulation 17 of the Health and Social care Act 2008 (Regulated activities) Regulations 2014.

- We discussed our findings in relation to the lack of information in care plans with the registered person. During the inspection they commenced a review of care plans and introduced some additional information. They committed to ensuring all necessary information was available in the future following a move to a new digital care planning system they were introducing.
- The service had a small, consistent staff team who knew people well. For example, one person said, "We have a routine now so she [staff] knows what I can and can't do."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered person confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed. Documents could be offered in larger print and could be translated into different languages.

Improving care quality in response to complaints or concerns

- People and their family members knew how to contact the office to raise any concerns if required. They were provided with information about how to complain within the information pack given to all people receiving a service. A person said, "Yes, I'd pick up the phone and call the manager."
- The provider had a policy and systems in place to review any concern or complaint. These provided

information about the action people could take if they were not satisfied with the service being provided. The service had not received any complaints.

#### End of life care and support

- At the time of our inspection no one using the service was receiving end of life care.
- The registered person assured us people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would work closely with relevant healthcare professionals, provide support to people's families and ensure staff were appropriately trained.

# 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.

This is the first inspection for this service. This key question has been rated 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; Continuous learning and improving care

- We found record keeping was poor and records were not always available. The provider had failed to ensure information captured about people's needs, was accurate and sufficiently detailed. This meant there was a risk people's needs would not be safely met.
- On this inspection we identified breaches of regulation related to MCA, safe care and treatment and fit and proper persons employed, which are detailed in the safe and effective section of this report. Other sections of this report identify further areas the service needs to improve to ensure a safe effective and responsive service, which the provider had not identified through effective oversight of the service.
- Formal systems to monitor the quality and safety of care delivered were not in place. There were no audits to enable effective oversight of the service, no staff supervisions and no reviews of people's care. Improvements were needed to ensure many aspects of the service were safe. Risk assessments, mental capacity assessments and other care related records were not provided when we requested these, and the registered person confirmed these had not been completed. This placed people at risk of receiving unsafe care and support.
- The provider used an external company to provide a full range of policies and procedures, as well as supporting documents to aid the smooth running of the service. However, these had not been fully utilised or followed. For example, the registered person had not ensured they were following safe medicines management or recruitment practices and systems were not in place to prevent the risk of unsuitable staff being employed.
- An external professional confirmed they had recently identified similar concerns with the management and quality monitoring systems. The provider was open to our suggestions for improvements however subsequent meetings with local authority teams confirmed that improvements were not made promptly and additional service users had been accepted before the necessary improvements were completed.

The provider had failed to effectively assess, monitor and improve the quality and safety of the service and to ensure all necessary records for people and staff were maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We provided feedback during the inspection and the provider and registered person assured us they would take immediate action to make the required improvements. They also voluntarily stopped accepting new referrals for people who required care, to enable these actions to be undertaken.
- Providers are required to notify CQC of all significant events. The registered person understood their

responsibilities and had notified CQC as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Assessments and care plans did not include detail about protected characteristics, including sexuality, religion, race and disability. This meant there would be a risk these would not be respected and supported.
- From discussions with people, family members, staff and the registered person it was clear staff and the registered person knew people well and had developed positive relationships. All the people and their family members we spoke with were positive about the service.
- Recruit4care had been providing a personal care service to people for approximately 2 months and had yet to develop links with health and social care teams within the areas they covered.
- Limited information was provided within people's home's, meaning emergency professionals would need to contact the agency if they required further information. This placed people at risk of harm if staff did not have essential information such as medicines prescribed and administered to share.

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

- People and family members told us they would recommend Recruit4care to a friend or relative. One family member said, "Yes, I would they [staff/service] are very kind and caring." A person said, "Yes, they [staff] are all great."
- Staff were positive about the support they received from the registered person and felt they could go to them with any issues or concerns. One staff member said, "There is always someone on call. I can contact the [registered] manager any time, and they are really supportive."
- The provider had a clear vision for the service. They said, "I want the experience of care for people to be first class." They added that this meant "providing quality individualised care for people, whilst promoting independence and choice."

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 had a duty of candour policy that required staff and management team to act in an open and transparent way when accidents or incidents occurred. The registered person and provider understood their formal responsibilities regarding duty of candour.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person has failed to ensure the principles of the Mental Capacity Act were followed.</p> <p>Regulation 11</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person has failed to ensure the assessment of risks to the health and safety of services users is completed prior to the commencement of care provision to ensure appropriate action is taken to mitigate any such risks.</p> <p>The registered person has failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(A)(b)(g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person has failed to operate effective systems and processes to make sure they assess, monitor and improve the quality of their service.</p> <p>The registered person has failed to maintain all necessary records in relation to service users and staff.</p>

Regulation 17 (1)(2)(a)(b)(c)(d)(f)

**Regulated activity**

Personal care

**Regulation**

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person has failed to ensure all necessary pre-employment checks are completed prior to staff commencing working with vulnerable service users.

Regulation 19 (2)