

Essex and Suffolk Quality Care Ltd

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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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Essex and Suffolk Quality Care is a home care agency providing personal care to people living in their own houses and flats. At the time of our inspection there were 64 people using the service.

Not everyone who used the service received 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 and what we found

We made recommendations at the last inspection about risk assessments, training and Accessible Information Standard. Some improvements had been made but further work was needed. We have made a recommendation about the monitoring of people's nutrition and hydration.

People gave mixed feedback about their experience of the staff, management and the care provided. The service was not always safe, effective, responsive and well led. Systems and processes for the governance, oversight and management were not robust to support the effective running of the service. Staff were not always recruited safely.

Risks to people's health and wellbeing were assessed but not adequately recorded in their care plans in order to understand and mitigate those risks. The medicines administrative system was not monitored or managed effectively. A system for monitoring the visits to people was not in place to know if people had late or missed calls. There was no analysis of safeguarding themes and trends to reduce the risk of reoccurrence. Infection prevention and control procedures were not in place in line with government guidance.

Staff did not receive all the necessary training to support them in their role. Not all checks on staff members' competency were undertaken.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's capacity was not adequately assessed and recorded to ensure their rights were protected.

People's oral health care and communication needs were recorded. The provider logged and responded to complaints. People's feedback about their care was sought but changes were not always made as a result.

Some supervision and support systems were in place for staff. Staff felt generally supported by the registered manager. The provider worked with other health and social care professionals. No-one using the service was receiving end of life care.

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 requires improvement (published 4 March 2020) and there was a breach of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvement had been made but the provider was still in breach of the regulations.

At our last inspection we recommended that the provider reviewed their risk assessments, training and the AIS (Accessible Information Standard). Some improvements had been made and further recommendations made.

Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report and you can see what action we have asked the provider to take.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has stayed the same and is requires improvement based on the findings of this inspection. You can read the report from our last inspection, by selecting the 'all reports' link for Essex and Suffolk Quality Care on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care, safe care and treatment, safeguarding people from abuse or improper treatment, recruitment practices and governance and oversight of the service.

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 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 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 ●

Essex and Suffolk Quality

Care Ltd

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 carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because we needed details of people and their relatives to contact and to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16 May 2022 and ended on 26 May 2022. We visited the location's office on 19

May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 21 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and seven relatives about their experiences of using the service. We spoke with seven members of staff, including care workers, the registered manager and the provider. We had email information from one care staff. We reviewed four people's care plans, four staff recruitment files and a variety of policies, procedures, audits and other systems used for managing the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as requires improvement. At this inspection the rating has remained the same. 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.

Systems and processes to safeguard people from the risk of abuse

- The process of safeguarding people was not robust to protect people from the risk of abuse. The provider did not always recognise and act upon the potential safeguarding implications of how people were affected by missed and late calls. The records relating to the care and support provided to people were not always completed fully or legibly to assist with any investigations.
- Whistleblowing procedures were not in line with current good practice guidance. Staff had been informed that concerns about staff members could only come from the person receiving a service. One staff member told us, "[Name of Registered manager] should know what the whistleblowing policy is. It's wrong that we are not to whistle blow on another member of staff when we see bad practice." Another said, "I am not sure about reporting things as I don't know how confidential it would be."

Systems were not in place to ensure people were always safe. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- A system for the proper and safe use of medicines was not in place.
- The providers policy and procedure did not contain full guidance for the administration of medicines which needed to be given as required, such as the reason it was required, when it could be given or the potential side effects.
- Medicines administration records (MAR) were not completed correctly or staff members signatures legible. For example, in one person's MAR, the amount of medicines to be given to them was not recorded, therefore staff would not know how many were to be administered, leaving the person at risk of harm. Topical creams and body maps were not completed to inform staff as to the application procedure.
- The MAR filled in at people's homes were handed into the office at the end of each month. The registered manager told us they checked these records for any errors. A MAR for one person we saw had an error which showed a signature was missing for a person's medicine in March 2022, which had not been noticed or investigated by the registered manager.
- Assessments on staff members competency to administer medicines were not robust. We saw one assessment which had been completed with one staff member over the phone. The registered manager had not observed staff giving people their medicines, so could not be assured these were given in the correct way. One staff member told us, "I cannot recall having any competency tests regarding the administration of medicines."

Systems to assess and manage medicines were not robust to keep people safe, placing people at risk of

unsafe care. This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider's infection prevention and control policy and COVID-19 policy did not follow good practice guidance and had not been reviewed to ensure it was up to date. The information about the wearing of masks for example was conflictual and not clear for staff to follow.
- We were not assured that the provider was using personal protective equipment (PPE) effectively and safely. Some people told us that staff did not always wear masks when visiting them. Comments included, "The staff don't always know what the policy is now with wearing masks in people's homes." And, "Sometimes a staff member comes without a mask on so I ask them to put one on and nobody has objected I don't really think they have been told what is still required by the company now some COVID-19 rules have changed."
- Risk assessments for staff within the government designated 'vulnerable groups' had not been completed in order to keep them safe.

Systems to assess and manage risks were not robust to keep people safe, placing people at risk of unsafe care. This was a breach of regulation 12 (1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had access to PPE and confirmed they picked it up from the office.
- Staff had received online training in infection prevention and control and COVID-19 in 2020. The registered manager completed spot checks on staff which included infection prevention and control and uniform which were recorded on their file. No training had been offered by the provider to remind staff of their responsibilities in relation to COVID-19.
- The provider was completing appropriate assessments when people were referred to the service. These had been in place during the pandemic.
- The provider had ensured staff were accessing appropriate testing and had received their vaccinations.

Staffing and recruitment

- Staff recruitment files did not always demonstrate the provider had checked staff were safe and suitable for the role.
- We found gaps in the employment history of staff which had not explained or recorded in all the files we looked at. The registered manager was not aware this was a legal requirement.
- Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We were told risk assessments had been completed for staff with previous convictions, however one we saw was not robust and another could not be found.

Recruitment processes were not in place to employ people safely. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff employed to provide the required care for people. Most staff confirmed they were not rushed and able to manage their rota and visits within the agreed timescales. Some staff commented the rota was not always covered effectively when they had time off and they worried about how people's needs would be met.

Assessing risk, safety monitoring and management

At our last inspection we made a recommendation the registered manager seeks further guidance on the risk assessment process. Some risk assessments still lacked key information to provide guidance for staff. This meant not enough improvement had been made at this inspection.

- At our last inspection we found risk assessments were not always sufficiently detailed to guide staff on how to support people safely. Although there was no impact on people using the service, risk assessments continued to lack key information. This included people at risk of falling, use of equipment, people who need support with meals, medicines and skin care.
- One person's care plan showed they were at risk of falling. Information recorded on the care plan said, "Unsteady, can only stand, can be a bit wobbly." This did not tell staff how to support them and mitigate this risk. Another care plan identified a person at risk of pressure ulcers. The risk assessment tick box scored them 14 points with no explanation of what this score meant or how to address the risks identified.
- Risks to people's hydration and nutritional needs were not always identified and fully explained. For one person, it said, "Nutrition and fluid to be monitored" In the daily notes for a morning and lunch call, there was no mention of food or fluid given, it read, "Put kettle on for [person]. They will make own cup of tea."
- Systems were not in place to monitor missed and late visits. Some people had missed visits which put them at risk of harm. The provider was not aware that staff had not made the visits until some days later when informed by a social care professional who raised a safeguarding with the local authority.
- People told us that staff generally visited them at the time agreed but they were not informed of any delays in the timings of calls. One person said, "The staff inform the office if they are running late, but I never get a call to tell me that."

Systems to assess and manage risk were not robust to keep people safe, placing people at risk of unsafe care. This was a breach of regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- The provider did not have a system in place to learn from incidents and accidents and to make improvements as a result. Whilst incidents and accidents were minimally recorded, no analysis of trends and common themes were looked into to ensure they didn't happen again.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we recommended the registered manager review the training provided to ensure it covered people's specific needs. However, we found staff had not received all the essential training to effectively assist them in their role.

- Training had been provided to staff in relation to the recommendation made, such as diabetes, dementia and catheter care training. However, no oral hygiene training, basic first aid or pressure care management training was shown to be in place.
- Staff had completed their online moving and handling people training. However, no face to face training had taken place since before COVID-19 to ensure staff were competent at assisting people to move safely. The registered manager addressed this and booked a first aid and moving and handling course to take place in June 2022 for all staff.
- Spot checks were undertaken which included infection control such as PPE and uniforms, but did not incorporate the observation of working practises such as medicines administration and moving and handling people. The registered manager agreed to address this as quickly as possible as part of their action plan.
- Staff received an induction into working at the service which included some online training and shadowing more experienced staff. Supervision was held every three months and appraisals annually.
- Most staff told us the registered manager was supportive and available should they need advice. Comments included, "[Registered manager] is there and I can phone at any time." And, "I am generally supported to get on with my job."

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

- Care plans recorded people's food and drink preferences and choices and ways in which they liked their meals to be given. However, where people had needs identified with the provision of meals and drinks, the daily notes of their fluid and food intake had not always been recorded accurately.

We recommend the provider seek good practice guidance in the recording and monitoring of people's nutrition and hydration.

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

- Assessments of people's needs were completed prior to them receiving a service and basic care plans

developed using this information. Improvements had been made to the recording of people's oral healthcare and sensory needs so staff would know how to assist them.

- Information related to people's identity such as their ethnicity, religion, sexual orientation, and gender, was not recorded to ensure their protected characteristics were known and they were not discriminated against in the planning and delivery of care.

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

- The provider worked with other organisations and agencies, such as GPs, occupational therapists for the benefit of people using the service. However, limited contact with the local authority had meant people were not always referred when a safeguarding concern had been raised.
- People were supported to access health and social care services as required.

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 Mental Capacity Act (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 little evidence of formal capacity assessments or detailed best interest decision making within the care plans of people living with dementia. We saw in one person's care plan a form which was not signed or dated to know when it was completed. It had a scoring system with no evaluation or outcome of the person's capacity. Staff would not know how to support this person with their mental health or capacity to make their own decisions.
- For people with capacity, the care plans recorded how they liked their care to be provided and the need for staff to gain consent before carrying out any care or support.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has stayed the same. This meant people's needs were not always met.

At our last inspection we found care plans did not provide key information regarding people's specific needs and preferences. There had been some improvement at this inspection, but some care plans remained incomplete and lacked detail and the provider continued to be in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Information about people in some of the care plans we saw was not well organised, incomplete, not signed or dated. There were numerous examples including a pressure care assessment with tick boxes and no other information to support it. Information at the front of one care plan such as a list of medicines dated November 2019, could be misleading to new staff as to their current prescription.
- Reviews of people's care were completed as and when their needs changed or six monthly. People had a mixed experience of the reviews of their care. Comments included, "Yes, my [relative] has a care plan and the staff fill it in each time they come, when they arrive and when they leave." And, "My [relative] is definitely not able to give an accurate account of what they need and was expected to answer review questions on her own." And, "As far as I am aware my care plan has never been reviewed."
- Some of the care notes about people's daily routines were illegible and therefore impossible to read and understand what care had been provided.

We found no evidence that people had not received the correct care, however care plans did not provide adequate information about how to meet people's needs. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans however were written in a person-centred way and contained their preference and choices. Some had signed their consent to their care arrangements.

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 (AIS). 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.

At our last inspection we made a recommendation the provider consults guidance to ensure people's needs are met in line with the AIS. Enough improvement had been made at this inspection.

- The provider had made themselves aware of the standard and of assessing, recording and meeting people's needs. It was recorded in people's care plans if they used any aids such as hearing aids or glasses to access information.

Improving care quality in response to complaints or concerns

- The provider was logging and responding to complaints they received from people who used the service and relatives. We saw some which related to missed calls. The provider had investigated the incidents, apologised to people and addressed these concerns with staff.
- Staff concerns and complaints were not logged or always addressed. Staff had mixed views about sharing their concerns, comments included, "I've complained before now and it might get sorted for a couple of calls but it doesn't take long for it to go back again so I give up really." And, "I can bring up any concerns and I know it is dealt with, if one of my people needs extra time or something needs changing, I know it is acted upon immediately."
- The provider did not always carry out any analysis of themes and trends in complaints, to demonstrate how they acted to improve the service in response to people's feedback.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to live independently, and most were positive about the staff providing care for them. Comments included, "Most of the staff really engage with my [relative] and do appear to care about their well-being." And, "I am happy with how my [relative] is looked after. The staff are really kind and they are happy with how they are treated."

End of life care and support

- At the time of inspection, the provider told us there was no one who was receiving end of life care. We saw from the care plans that people and relatives had been given the opportunity to discuss their future wishes and preferences and this was appropriately recorded.

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 our last inspection we rated this key question as Requires Improvement. At this inspection the rating remained the same but with a breach to the regulations. 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.

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

- People and relatives had mixed views about the management of the service. Some were positive about the registered managers approach saying, "The manager is kind and I can call up and they talk to me." And, "Always very helpful. However, other comments included "I wouldn't know the manager if they came to the door." And, "I really feel that the office and management is a real problem. They do not listen."
- The management team did not always communicate effectively with people. Comments included "I feel there is a distinct lack of communication from the office and it would make so much difference if I got the odd phone call checking up on me." And, "We haven't had many problems except when I have had to ring the office, the staff are extremely abrupt and although they usually can help, I feel very uncomfortable while they are doing so."
- Staff told us the registered manager and provider did not always work well together. Comments included, "[Registered manager] is really good, can go to them with anything." And, "My manager is either [registered manager] or [provider] dependent on what the matter entails. I feel one is approachable but the other not and they are often rude to people. I don't believe the management is fair to all staff at all. I have often been told I have support if I need it, however I have never truly felt that this is the case."
- Confidentiality was not always maintained. One family member said, "The staff tell my [relative] things that go on and this is very unprofessional." A staff member told us, "I do not always think what we tell the management stays with them."
- The registered manager had not always acted on their duty of candour. Systems were not always robust in reporting on concerns, for example regarding missed and late calls and in seeking advice from the relevant authorities to report these incidents.
- The provider was not aware of their responsibility to complete statutory notifications and send to CQC as required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes were not established and operated effectively to ensure the service was well managed. There was no evidence to support that the registered manager had undertaken quality assurance checks, such as care plans and checks of medicines management. Assessments on people's capacity were poor or not completed, checks of staff recruitment files were not completed to ensure staff were recruited

safely.

- The monitoring of the quality of the service was not robust. There were no systems for managing missed and late calls. Care plans and risk assessments were incomplete, confusing and inaccurate. Staff would not always know what people's up to date needs were.
- The system for maintaining securely accurate and complete records in respect of each person and staff member. Written paperwork such as daily notes and medicine administration records were illegible and disorganised and staff recruitment files not having the relevant information.
- The provider had not used or kept up to date with good practice guidance and resources to evaluate and improve their practice and oversight of the service. This included knowledge of medicines, infection control and PPE and safe staff recruitment.

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

- People gave mixed feedback about how the service engaged and involved them. Comments included "I know they are busy, but a quick phone call is enough to show they care. And, "We have had very little or no interaction with the manager and it would be nice for them at least to get in touch now and then."
- A survey of people and relatives was underway. The last survey to gain the views of people was carried out in July 2020. The findings from this survey showed mixed views. Whilst most people were satisfied with the service overall, over half of people said they were not happy with communication and being informed of changes. We did not see on this inspection, evidence that this had improved and people we spoke with confirmed this.
- Staff had regular recorded supervision with the registered manager. It had been difficult during the pandemic to bring staff together, but team meetings had commenced, and staff were positive about this. A staff member said, "We have them once a month. And I can talk freely. It's good to get together. "However, some staff reported dissatisfaction with being able to share their concerns in team meetings or through the whistleblowing process. A staff member said, "You don't want to say things out loud and look like a grass, so I tend to not say anything."

We found no evidence people had been harmed. However, systems and processes were not robust enough to demonstrate safety and quality were effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The service worked alongside other relevant professionals such as GPs, occupational therapists and district nurses.
- The provider had responded positively to the concerns found on this inspection and was working with the local authority and CQC to make the necessary improvements.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had not demonstrated that people received person centred care that was appropriate and met their needs.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not in place to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.</p>
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not established and operated effectively to safeguard people from the risk of abuse or improper treatment.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not being operated effectively for the management and oversight of the service.</p>
Regulated activity	Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures were not established and operated effectively to ensure the safety and suitability of persons employed.