Eleanor Nursing and Social Care Limited

Eleanor Nursing & Social Care Ltd - Kingston Office

Inspection report

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Date of inspection visit: 5 March 2015
Date of publication: 04/06/2015

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

Overall summary

This inspection took place on 19 March 2015 and was unannounced. This was the service's first inspection since it was registered with us on 9 April 2014.

Eleanor Nursing and Social Care Ltd – Kingston Office is a domiciliary care service providing care and support to people in their own homes. At the time of our visit, 122 people were using the service. The service is required to have a registered manager to be in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our visit, there was not a registered manager in post because the previous manager had recently left the service. There was a manager who was not yet registered with us, although they told us they had applied for registration.

Summary of findings

We identified some safety concerns during our inspection, particularly around medicines management. The service did not have robust enough procedures in place to ensure that people received their medicines safely, including controlled drugs. Medicines were not always administered in a safe way and the methods used to record administration were not always suitable.

The provider did not obtain appropriate references for some staff, which meant they had not taken sufficient steps to assure themselves that staff employed were suitable for the role. The service assessed people's individual risks and put management plans in place, but some of these were not in place for people who needed them. This meant that people were at risk of coming to harm because risks were not adequately managed.

People told us that the care they received allowed them to remain as independent as possible while taking their safety into account. People felt safe using the service and there were robust procedures in place to protect people from abuse and ill-treatment. The service used these appropriately when required. There were systems in place to protect people from the risk of infection. The provider took steps to ensure that staffing levels were sufficient to meet people's needs.

People were cared for by staff who received appropriate training, supervision and support to carry out their roles effectively. This included training in specific areas relevant to people using the service, such as dementia care. Staff were familiar with legislation and guidance around mental capacity and consent. They obtained people's consent before delivering care and ensured people were happy with the care they received.

Staff provided people with appropriate support around food and nutrition, although sometimes their food intake was not robustly monitored where risks of malnutrition had been identified. People were supported to have access to healthcare services when needed and the service shared information with other services as appropriate.

Staff were considerate and caring and developed a good rapport with people who used the service. They understood and respected people's individual needs and preferences, including cultural needs. People had the information they needed to make informed decisions about their care and were supported to do this so they were involved in their care planning and delivery.

People felt that staff respected their privacy, dignity and independence.

Care was person-centred and designed to meet people's individual needs. Care plans were reviewed regularly and people were involved in the process to help ensure they received the support they wanted. Care plans took into account people's hobbies and interests and staff helped to ensure people had opportunities to engage in meaningful activities.

People knew how to raise concerns and felt that the service was responsive to these. There were systems to ensure that people were asked regularly for their views and that any concerns were followed up. The service had an inclusive culture with several different ways of encouraging feedback. People were kept informed of any changes and news about the service.

People felt that while the leadership and quality of the service had been inconsistent in the past, a marked improvement had taken place. Managers had continuous improvement plans, which they used to assess the quality of the service on an ongoing basis and identify areas for improvement. They were able to demonstrate some improvements, but had not identified all of the issues we found around safety.

The provider had arrangements to make sure they kept up to date with current research and guidance and to discuss and share good practice with other providers.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. There were not adequate arrangements in place to ensure that people received their medicines safely or that medicines were appropriately recorded. Some risks were not assessed and managed robustly. People were not protected from the risks of being cared for by unsuitable staff because some staff had not been thoroughly vetted before they started work.

The service had procedures in place to safeguard people from abuse and these were used appropriately to identify and report potential abuse.

There were systems to protect people from risks associated with poor hygiene and infection control.

Is the service effective?

Requires improvement

The service was not always safe. There were not adequate arrangements in place to ensure that people received their medicines safely or that medicines were appropriately recorded. Some risks were not assessed and managed robustly. People were not protected from the risks of being cared for by unsuitable staff because some staff had not been thoroughly vetted before they started work.

The service had procedures in place to safeguard people from abuse and these were used appropriately to identify and report potential abuse.

There were systems to protect people from risks associated with poor hygiene and infection control.

Is the service caring?

Good

The service was caring. People benefited from positive relationships with staff who took time to get to know them well, including their preferences and cultural needs.

People received the information they needed, in a format appropriate to their needs, to enable them to be involved in making decisions about their care.

Staff understood the importance of respecting and promoting people's privacy, dignity and independence.

Is the service responsive?

Requires improvement

The service was caring. People benefited from positive relationships with staff who took time to get to know them well, including their preferences and cultural needs.

People received the information they needed, in a format appropriate to their needs, to enable them to be involved in making decisions about their care.

Summary of findings

Staff understood the importance of respecting and promoting people's privacy, dignity and independence.

Is the service well-led?

Requires improvement

The service was not always well-led. Although the provider had made improvements to the quality of the service and monitored these on an ongoing basis, the service had suffered from a lack of stability in leadership due to changes in management and people felt this had an impact on their experience. The quality assurance systems in place were not always effective because the provider had not identified the safety issues that we found at the inspection.

However, the provider had put in place systems to assess and monitor other aspects of the service. They routinely asked people, staff and relatives for their feedback and used this to improve the service. The service had an inclusive and fair culture so that people felt confident expressing their views about the care and support they received.

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Detailed findings

Background to this inspection

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

The inspection took place on 19 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office when we visited. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including notifications about events that providers are required by law to send to us and information shared with us by other agencies, such as local authority commissioning and safeguarding teams. We also spoke with the local authority safeguarding team to discuss this service before the inspection.

We spoke with five people who used the service, two relatives of people using the service, two management staff and four members of care staff. We also looked at five people's care plans, four staff files and other documentation relevant to the management of the service.

Requires improvement

Is the service safe?

Our findings

The service did not ensure that people were protected from the risks of unsafe or inappropriate administration of medicines. One relative told us they had some concerns about staff failing to ensure their family member took the right medicines at the right times. We looked at information in people's care plans and found that the risks around medicines management were not always appropriately addressed. For example, one care plan stated that staff should administer medicines that the person's relative had dispensed and left for staff. This meant the service was not following Royal Pharmaceutical Society (RPS) guidance for the administration of medicines in social care, which states that doses of medicines must not be put out in advance of administration because of the risk of errors and that staff administering medicines must be able to identify them correctly using a label issued by a pharmacist. Staff were not able to do this because the medicines had already been dispensed from their packs. This also meant that records kept by the service could be inaccurate as staff would not be able to check what medicines they were signing for.

One member of staff said they felt the recording of medicines could be improved. We saw that for three people staff recorded only that they had administered medicines from blister packs or dossette boxes without any information about what medicines they had given. RPS guidance states that staff should individually record each medicine they administer to reduce the risk of errors. This also meant the service was not complying with its own policy on medicines management.

One person's care plan stated that their tablets should be crushed and dissolved and their capsules opened to make them easier for the person to take. The RPS guidance states that this should not be done unless first discussed with the prescriber as it can affect the ways in which medicines work. There was no evidence that this method had been discussed with the person's doctor or a pharmacist. Additionally, we found contradictory information instructing staff to prompt the same person to take their medicines directly from blister packs. This was potentially confusing to staff and could mean the person was at risk of not receiving their medicines as prescribed.

The issues we found around medicines management were a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(1) including Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

Although one relative told us about their concerns, other relatives and people who used the service told us they had not experienced any issues around medicines. The service assessed people's strengths and needs regarding their medicines, including any physical or cognitive impairments that might affect their safety when taking medicines.

People felt that risks were managed well and told us staff asked if they needed extra help or if they wanted to do things for themselves. We saw that each person had an individual risk assessment and management plan. These included several areas such as mobility and falls, use of equipment such as hoists, infection risks and risks associated with the physical environment. However, we also found some information was missing from risk management plans and this could put people at risk of harm. One person's care plan stated that they used incontinence pads, but their risk assessment stated that there were no infection risks associated with clinical waste because none was generated by the care they received. This did not take into account the infection risks associated with soiled incontinence pads and measures to be taken such as safe disposal of waste. Another person's initial assessment stated that they were prone to falls, but there were no details of why this was and no evidence of a falls risk assessment or management plan. We saw incident records including those where people had fallen or otherwise come to harm, but those people's risk management plans were not updated to reflect the new information and guide staff about how to help prevent the incidents happening again.

Care plans contained information about how to protect people from the risks of developing pressure sores. This was personalised and took people's individual circumstances into account. There was information about any equipment people used so that staff were aware of how to meet their needs. However, we also found that although one person's care plan contained these details, for the month's worth of daily notes we looked at staff had not recorded whether they had given the required pressure area care as prescribed by the care plan. This meant that we could not be sure people were receiving their care as planned to protect them from these risks.

Requires improvement

Is the service safe?

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 12(1) including Regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

Staff files showed that the provider carried out some checks on new staff. However, two of the four files we checked did not contain appropriate references. This meant there was a risk that people would be cared for by unsuitable staff because the provider had not obtained sufficient evidence of their conduct.

This was a breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 [now Regulation 19(1) including Regulation 19(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014].

Records showed that manual handling equipment was checked during regular spot checks to make sure it was in good condition and within its service date. People had individual evacuation plans so staff were aware of the safest exit routes and how to support people in an emergency. Where risks were identified, risk management plans included follow-up action taken by the service to reduce the likelihood or impact of possible consequences of the risk.

The service took appropriate steps to protect people from the risk of abuse. People told us they felt safe using the service. One person said, “I feel safer than I do with my friends” and another said, “They look after me very well indeed.” We saw that people received an information pack when they started using the service, which included information about what abuse is and how people could raise the alarm if they were being abused or bullied. People confirmed they had received an information pack about how the service dealt with violent and aggressive behaviour in a way that was intended to keep people safe and protect their rights. Staff were familiar with the procedures and also with the service’s policy and procedure on safeguarding people from abuse. Records showed that suspicions or allegations of abuse were reported, recorded and investigated appropriately.

Management staff told us they had experienced problems with staffing levels in the past but had taken steps to address this, such as improved coordination to ensure several staff did not take leave at the same time. They said that when they were short of staff, they tried to recruit more experienced staff who would need less training initially. They used various methods of recruitment to help create a diverse staff team that could meet the diverse needs of people using the service. For example, if a person who used the service spoke a particular language, the service advertised on websites used by people who spoke the same language.

People and their relatives told us the agency made sure the staff who supported them were suitable and if they requested different staff, the agency honoured their requests. They told us staff usually arrived on time but would always notify them if they were running late. None of the people we spoke with had experienced staff failing to arrive and all felt the service employed enough staff to ensure their safety.

People said they were happy with the standards of cleanliness that staff adhered to. They told us staff always wore protective clothing such as gloves for personal care tasks and were “really good” at helping them maintain personal hygiene. One relative said, “They leave everything top-notch.” The service had policies and procedures outlining the standards that staff should adhere to in this area. Staff were familiar with these and told us about infection control precautions they took.

Requires improvement

Is the service effective?

Our findings

People and their relatives were mostly happy with the support staff provided around meals, although one relative was concerned that their family member was not given enough food. They told us they had raised this with the agency and were waiting to see if there was an improvement. Other people told us they had the support they needed to eat whatever food they wanted at the time. We saw that staff recorded what some people had eaten in their daily notes, including details of how much they had eaten. This meant the service had sufficient information to monitor any concerns about those people's nutrition and diet. However, for one person we found that although a review of their care had identified concerns that they were not eating enough and their care plan was changed to add that staff should monitor their intake, there was no evidence that this was done. This meant there was a risk that the person was not receiving the support they needed to maintain a healthy food intake. The manager told us they would make sure staff were monitoring and recording the person's intake.

The service assessed people's specific needs around eating and nutrition. Care plans contained details of issues staff needed to be aware of, such as people who were unable to eat certain foods for health reasons and those who needed soft or pureed diets.

People and their relatives felt that staff were sufficiently skilled and knowledgeable to provide them with effective care. One person said, "They definitely know what they're doing." Another told us, "They know exactly what to do." Management staff told us they tried to match people with staff who had particular knowledge and experience in meeting their needs, for example for people living with dementia. Training records confirmed that staff received a range of training, including specialised training to meet individual needs. The training was up to date and refreshed as often as required according to certificates. A staff survey undertaken in 2014 showed that staff were happy with the quality of their training. Staff told us they were happy with the amount and standard of training and support they received, including regular supervision.

New staff received an induction, which included a week of training. Managers told us staff had to pass the induction before they could start working with people. We saw records corroborating this and staff told us the induction was thorough and helped them feel confident in their roles.

People told us staff always asked their consent before carrying out any tasks in their homes. We saw that people signed their care planning agreement and any arrangements for staff to administer medicines to indicate that they consented to these. We asked staff how they would support people who did not have the capacity to consent to decisions about their care. They were familiar with relevant legislation and procedures and told us that if they suspected a person's capacity to consent was affected, they would report to the office so appropriate assessments could be carried out. Staff were aware that decisions made on people's behalf needed to follow a best interests procedure that involved people's relatives and others involved in their care. This helped to protect people's rights and ensure that care was provided only with their consent or within legal requirements.

The service worked in partnership with local health services to ensure people's healthcare needs were met. Care plans contained details about people's healthcare needs, whether they needed support from agency staff to meet them and how to contact their relevant healthcare professionals. We saw examples of where the service had referred a person to a healthcare provider and shared information about the person's progress with their health condition and how staff should continue the interventions the healthcare provider had put in place. This helped to ensure people were supported to maintain good health.

We saw examples of health and care guideline updates that were disseminated to staff to help them keep up to date with best practice and relevant research. Newsletters sent to people who used the service contained advice for them on staying healthy based on this information.

Good

Is the service caring?

Our findings

People told us they had regular members of staff so they got the opportunity to get to know each other and form positive caring relationships. They told us they generally knew which members of staff were visiting them and that the agency would inform them if there was a change in the rota. One person said staff were "very friendly and dutiful." A relative told us their family member "relates exceptionally well to the current [staff]" and told us the agency had assured them that they would keep the current arrangement.

One person told us their usual member of staff understood and respected their cultural needs even though they were from a different cultural background. We saw evidence that the service took into account people's religious needs and checked whether these were met. Staff felt it was important to understand that everybody had different cultural needs and that understanding these was key to forming positive relationships.

People told us they were involved in decisions about their care. One person said, "I talked it through with [staff at] the office. I could change [my care plan] if I wanted." Another person said, "When we worked out my care plan, we did it together." A third person said they had the opportunity to talk through their care plan and expectations of how they would be supported with the agency before they started using the service. There was evidence that people were asked during their assessment if they preferred to be cared for by male or female staff and about any cultural needs that might affect how their care was delivered. People told us their preferences were met in these areas and we saw that their views and feedback were recorded in their care plans so staff were aware of the decisions they had made.

We saw examples of information that people received when they started using the service, such as a service user guide. People received information about how the service managed equality and diversity, how they planned people's care and managed risks, how they monitored and trained staff and practical information about contacting the office. This was available in different formats and languages to meet people's diverse needs and helped to ensure that people had access to the information they needed to be involved in making decisions about their care.

Care plans contained personalised information about how staff should communicate with people. For example, one person had hearing loss and their care plan instructed staff to speak loudly and clearly. This helped to ensure that people were involved in their care.

People told us about how staff respected and promoted their privacy and dignity, for example by covering the rest of their body with towels while they washed other parts. One person said, "They are respectful of how I want to do things." Another said, "They always make sure I am wrapped in a towel and dressing gown before I leave the bathroom." Staff we spoke with showed a good understanding of this and spoke about people in a respectful way. We saw that care plans included people's own views about what their care needs were and what they would like to learn to do for themselves.

People confirmed that staff allowed them to do as much for themselves as they could and always asked them "would you like me to do this?" rather than assuming that people could not do things. This showed how the service respected and promoted people's independence. Care plan reviews showed that the service looked at people's progress against their goals and noted improvements in their ability to perform tasks independently.

Requires improvement

Is the service responsive?

Our findings

We saw evidence that people had assessments of their needs when they started using the service. These included any medical diagnoses, mobility requirements, information about their preferred daily routines and what was important to people in terms of their care. This was person-centred and allowed people to inform the service about how best to support them so staff had the information they needed to respond appropriately to people's needs. However, we did note that although one person's assessment stated that they experienced short-term memory loss, their mental health and cognition care plan stated "no issues" in this area and did not contain further information. This meant that staff might not be aware of how to support the person around their memory loss and we noted that an external professional working with the person had raised a concern to the service that staff were not sufficiently knowledgeable about the person's needs.

We also found that information in care plans about people's medicines was not always sufficiently detailed. For example, one care plan contained incomplete information about how staff should ensure they received a controlled drug safely and in line with relevant legislation. The care plan stated, "make sure he takes the right dose at the right time" but did not specify what these were. There was also information from a GP that stated the person should take a set dosage or as directed by another service the person was using, but without any specific information about this. The service's medicines policy and staff competency assessment did not cover the administration of controlled drugs, so there was a risk that staff did not have the knowledge they needed to ensure this was done safely. The person was also taking an over-the-counter medicine when required, but although staff had signed to show it was given once over a period of one month, there were no instructions about when the person should take this medicine or what the dosage should be.

People mostly received personalised care that was responsive to their needs because care plans that we looked at were personalised and, other than the example given above, reflected the information gathered at assessment. Care plans were goal orientated and this format allowed people to set their own objectives about what they would like to achieve from the care and support they received. There was information about people's hobbies and interests to encourage staff to engage people in conversations about these. This helped to protect people from the risks of social isolation. Care plans also instructed staff to support them in engaging in activities, such as by making sure reading materials were within their reach if they would otherwise be unable to get them.

People's care plans took into account their changing needs to help ensure they received care that was right for them. People told us the agency made adjustments to their care plans if their needs changed. One person said they received visits to discuss their care and review their care plans. We saw that care plans were reviewed every six months or as required to reflect any changes in people's circumstances and there was evidence that people were involved in these reviews to ensure their opinions were taken into account. During reviews, people's records were checked for evidence of unmet needs. For example, records were checked to see if people experienced any concerning changes in weight.

People told us they had never had to raise any concerns about their care, but knew how to do so and were confident they would be taken seriously. Relatives told us that when they raised concerns or issues with the service, managers responded promptly. They told us, "I do feel they listen. They are very helpful" and, "Things are 100% better now. They do what they say they will."

People told us managers and senior staff regularly asked them for their views about the service. One person said, "[The manager] asks if I'm happy with everything. I would be able to tell her if I wanted anything to change." The manager told us that when they recently came into post they had spoken to each person who used the service to identify any concerns they had, and had followed this up by meeting in person if they did have particular concerns.

People had access to information about how to raise concerns and complaints as this was in the pack they received when they started using the service, including an out of hours contact number for emergencies. We saw evidence that where concerns had been raised, the service responded promptly and recorded the action they had taken. This included monitoring people's care more closely to make sure issues were resolved. Records showed that where monitoring took place, supervisors asked people and their relatives about whether the service had improved and if they were satisfied. This was in line with the service's complaints policy, which people told us they had access to.

Requires improvement

Is the service well-led?

Our findings

People and their relatives felt that the service had an inclusive culture. They told us that managers and other senior staff kept them informed about changes happening within the service. One relative said the manager "phones regularly if anything changes" and had written to inform them of management changes. We saw copies of newsletters that the provider regularly sent people to advise them of updates and changes within the organisation. People, relatives and staff felt that the service had experienced problems, particularly around the consistency of leadership and quality of communication, that had impacted on the quality of the service they received. However, they said that there had been marked improvements and that the service continued to improve.

The provider used several methods of assessing the quality of the service. These included extra one-to-one meetings with staff to discuss any concerns about their performance, six-weekly telephone meetings with each person who used the service, analysis of spot checks and incident records. The manager told us incidents had decreased over the past year. However, the provider's monitoring had failed to identify all of the issues that we found around medicines and risk management, which showed that they were not always effective.

The service had a business plan and an improvement plan that identified key issues for improvement, including recruitment and retention of staff and communication between staff. They had identified these issues by monitoring trends, for example by using staff rotas to monitor absence and staff shortages. At the time of our inspection, the service had been experiencing a period of change in leadership as the previous registered manager had left at the end of 2014. The current manager told us how they had identified several of the areas for improvement and said they had implemented a training plan to improve staff knowledge, which at that time had been identified as one of the areas for improvement. Senior management staff told us they had made changes in the structure of the office staff to address identified problems. They said this had resulted in improved communication and better use of supervisors' time.

The manager had increased the frequency of spot checks that were carried out to monitor staff performance. They did this in response to people's feedback about the quality of care and felt the service had improved as a result. Managers told us about some of the ways they managed any concerns they had about staff performance and competence, such as extra spot checks and double calls where that member of staff would always be with another member of staff.

People told us managers listened to them if they wanted to give feedback or suggestions. We saw that managers gave people several opportunities to feed back, such as during spot checks and care plan reviews. People were asked for their feedback about issues such as staff attitudes, support with meals and medicines. Staff confirmed that managers maintained ongoing communication with them via text message, including messages of thanks and appreciation for their hard work. We saw examples of staff meeting minutes where staff were updated on changes and progress against the service's action plans. Staff felt that managers worked hard to solve any problems they experienced and that they felt staff meetings were open and inclusive enough for them to share their views about the care they received with confidence.

We saw evidence that the provider monitored diversity and equal opportunities, for example by looking at staff diversity data compared with that of people who used the service. This helped to promote an inclusive service.

As part of their monitoring of the service, the provider had an annual survey of people who used the service and their relatives. We looked at results from the 2014 survey and saw that feedback was mostly positive. The areas that received less positive feedback had been identified as areas for improvement and the provider had already taken action or had plans in place to address these. We saw that survey data was compared with other services across the provider organisation so the service could assess its progress by comparison and to encourage competition between services to help drive up quality.

Managers used different opportunities to gather and develop ideas about how to deliver high quality care. They took part in weekly meetings with the local authority and a quarterly forum with other local providers sharing information about best practice. They told us they also used resources published by recognised social care quality improvement organisations such as Skills for Care and Social Care Institute for Excellence.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person did not take proper steps to ensure that each service user was protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of the planning and delivery of care and, where appropriate, treatment in such a way as to ensure the welfare and safety of the service user. Regulation 9(1)(b)(ii).

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording, handling, using, safe keeping, dispensing and safe administration of medicines used for the purposes of the regulated activity. Regulation 13.

Regulated activity	Regulation
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The registered person did not operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless that person is of good character. Regulation 21 (1)(a)(i)(b).