

Sreevijay Ltd

Royalcare- Thanet

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Royalcare Thanet is a domiciliary care agency which provides care and support to people living in their own homes. At the time of our inspection there were 16 older people using the service. Not everyone who used the service received personal care. 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.

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

People were not supported by staff who had been consistently safely recruited. The provider could not be assured they had obtained full employment histories. References, when new staff had previously worked in social care had not always been obtained to ensure they were of good character.

COVID-19 risk assessments for people and staff were not robust. The registered manager took immediate action to address this during the inspection.

Checks and audits were not consistently robust. When the previous registered manager had left the service, there was no system in place to review their emails to ensure there was no outstanding work to be followed up.

People told us they were supported by regular staff, who arrived on time and stayed the right amount of time.

People told us they felt safe with staff from Royalcare Thanet supporting them. They knew how to contact office staff if they had any concerns. Staff understood how to keep people safe and knew they could report concerns to the registered manager. They felt the right action would be taken.

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; the policies and systems in the service supported this practice.

People's physical, mental health, social and emotional needs were assessed and regularly reviewed. People and their relatives were involved in their care and support. Care plans provided staff with detailed information about how people preferred to be supported and contained information about their life history, family and any goals they wanted to achieve.

People and their relatives said staff were patient, caring and kind. They knew how to complain and had no complaints about the service they received. They felt the service was well-managed and told us the communication was good.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. At the time of the inspection the service was not supporting anyone with a learning disability.

Right support: Model of care and setting maximises people's choice, control and Independence
People were supported to be as independent as possible and make their own decisions. People were able to discuss their personal goals and talk to staff about how these could be achieved. People's communication needs were assessed and there were processes in place to provide information in a way people could understand. For example, using picture cards or larger print.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights
People received care and support, planned with them and their relatives, which concentrated on their individual needs and preferences. A holistic approach was used to consider people's physical, emotional, psychological and social care needs. Privacy and dignity were respected, and people's human rights were protected.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives
The provider's values of 'Care, Attentiveness, Respect and dignity and Empowerment' were shared by the staff team. People and their relatives spoke positively about the leadership.

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

Rating at last inspection

This service was registered with us on 23 December 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to recruitment and good governance at this inspection. Please see the action 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Royalcare- Thanet

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 one inspector.

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

This inspection was unannounced. Inspection activity started on 13 April 2022 and ended on 22 April 2022. We visited the location's office/service on 13 April 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 did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and

improvements they plan to make. Please see the Well-Led section of the full inspection report for further details. We used all this information to plan our inspection.

During the inspection

We spoke with one person and two relatives about their experience of the care provided. We spoke with two staff, the branch manager, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at training data, quality assurance records and meeting minutes.

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 newly registered 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

- People were not protected by staff who had been recruited safely. References were not consistently obtained from previous employment in the care sector, as required in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reviewed five staff files. One did not have references from two social care roles.
- Some application forms and employment history records had been completed with only years of employment and not months. This meant the provider could not be assured they knew the person's full employment history to ensure they were skilled, knowledgeable and experienced to carry out the role. We discussed this with the registered manager and, following the inspection, the provider's application form was updated to make sure this information was provided by applicants.

The provider and registered manager failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Disclosure and Barring Service (DBS) checks were completed before new staff began working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- People's right to work in the UK were checked before they began working at the service. The provider monitored any restrictions. For example, any limit on the hours a person could work was checked to ensure their visa was complied with.
- People were supported by staff who arrived on time and stayed the correct length of time. One person commented, "[Staff] are usually on time. I don't worry if they are a bit late because it tends to be a problem with traffic. They stay until they have finished what they need to do. They are here for the right amount of time."
- Management provided on-call cover so staff could obtain advice and guidance outside office hours when needed. Staff told us this system worked well.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments to identify the risks of COVID-19 were generic. People's individual health risks had not been robustly assessed. Staff risk assessments only checked if the staff member was pregnant or from a black, Asian or minority ethnic background. We discussed this with the registered manager. During the inspection the registered manager implemented detailed COVID-19 risk assessments for people and staff.

- Other risks to people's health, safety and welfare were assessed. When people needed special equipment to help them move safely, there was guidance for staff on how to use this. Advice from health care professionals, such as occupational therapists, was shared with staff. Details, such as the colour of straps and loops, and how and where they needed to be attached were explained. Staff competency was regularly checked to ensure people were moved safely.
- People's home environments were assessed and considered people's health conditions and any specialist equipment used. For example, when a person used oxygen, there was guidance for staff about how to ensure this was stored safely. There was information about who staff should contact, such as the respiratory nurse team, should they have any concerns.
- When people wore a lifeline alarm, to help them stay safe and independent, staff made sure this was worn before they finished the care call.
- Accidents and incidents were recorded. These were reviewed by the management team to ensure any necessary action, such as a referral to health care professionals, could be completed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, harm and discrimination. Staff wore uniforms and identity badges to make sure people knew who they were when they arrived at their home.
- People and their relatives felt safe using the service. One person said, "We definitely feel safe with them coming." Relatives told us, "In all honesty I have nothing but praise for them. [My loved one] is definitely very safe with them going in, I don't worry about their safety at all. They would tell me if there was a problem" and, "I think [our loved one] is very safe being looked after by Royalcare. We really wouldn't want anyone else caring for her."
- Staff completed regular training about safeguarding and understood the potential signs of abuse. There was information in people's care plans about potential signs of financial abuse when people were supported by others with their finances. Staff knew how to report any concerns to the service and were aware of the process for reporting to the local authority. Staff told us, "Our clients are kept safe. If I am worried about someone I talk to the manager. We have training to help keep people safe, for example training about how to move people safely."
- The registered manager understood their responsibilities to report concerns to the local authority safeguarding team and had raised concerns in line with guidance.

Using medicines safely

- People received their medicines as prescribed.
- When people needed transdermal patches, which contain medication and attach to the skin, staff had not consistently noted where the patch had been placed. To protect the skin, it is important to rotate where the patch is placed. For example, one person's patch had been placed on their right arm on 4 April 2022. Staff recorded the patch had been changed on 11, 18 and 25 April 2022 but did not note the position. The registered manager took immediate action to remind staff body maps needed to be completed to show where pain patches had been placed. This was an area for improvement.
- When people used prescribed creams to keep their skin healthy, a body map showed where the cream should be applied.
- The service used an electronic care system. An alert was raised to the office if a medicine was not administered as it should be. This allowed the office staff to check immediately and make sure any action could be taken if needed.
- Staff completed training about the safe management of medicines. Regular competency assessments were completed to make sure staff continued to follow best practice. One member of staff said, "It is very important to keep up to date with training because things change. It doesn't matter how much experience you have; you need to refresh your training. I have had spot checks done to make sure I am doing things

right."

Preventing and controlling infection

- People and relatives told us staff wore personal protective equipment (PPE). They said, "They always have all the gear on. It has been very hard for them wearing all that" and, "They always wear gloves and masks and aprons. I think they take a lot of care with that to make sure [our loved one] is as protected as possible."
- Staff completed infection prevention and control training. They told us they had plenty of PPE and were able to get more whenever they needed it. Staff tested for Covid-19 in line with current Government guidelines.

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 newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and emotional needs were assessed with people before they began using the service. This helped make sure staff could meet people's needs and support them in the way they preferred. The pre-assessment was used to begin the person's care plan.
- Staff had guidance, through a mobile phone application, about what support people needed on each call. There was information about how much people could do themselves to help them keep as much independence as possible. One member of staff said, "I check before each call to make sure there haven't been any changes to a person's support. Everything I need to know is on [the mobile phone application]."
- People and relative said staff knew them well. People were given the opportunity to discuss religious beliefs, cultural preferences and other specific needs around protected characteristics.
- Care plans included information, such as life history, family, work life and interests, which enabled staff to get to know people and talk about things that were of interest to them.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction to the service and their role. New staff with no experience in care completed the Care Certificate. This is an agreed set of standards that defines the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff completed mandatory training and shadowed experienced colleagues. Then management checked new staff felt confident and were competent before they began supporting people. Additional training in topics such as learning disability awareness, positive behavioural support and supporting people at the end of their life were also completed to help make sure people received the right support.
- Staff completed training and met with their line manager for regular supervision. This was an opportunity for staff to discuss their performance and development.
- Staff told us, "We have regular training to make sure we keep up to date."

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

- When people were supported with meal preparation, this was recorded in their care plan. For example, one person's care plan noted 'X has a healthy appetite. X would like carers to support them with food choices and preparation of food, as they are bed bound and unable to prepare food themselves. X would like carers to prepare snacks and leave them for them (sometimes in a picnic box) to eat at their leisure. X would like carers to place an ice pack that can be found in the freezer in the picnic box to keep snacks cold.'
- Staff told us they left drinks within people's reach when they left them. Staff were prompted to do this via task list on the electronic care system.

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

- Staff worked closely with people's health care professionals and followed guidance and advice given. For example, when a person had been seen by an occupational therapist, training and guidance was given to staff about how to provide the right support.
- A relative told us, "If the staff are not happy about something, they always let me know. If there are any problems with [My loved one], the staff will call a doctor or get in touch with the district nurse."

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.

- People told us staff gained their consent before supporting them and chatted with them. Staff told us people had choice and control over the support they received.
- When people had a Lasting Power of Attorney, (a legal document that lets a person appoint someone to make decisions on their behalf), this was recorded in their care plans. This helped make sure people were supported to make decisions in the way they chose.
- The management team and staff understood the importance of supporting people to make decisions and how to act in people's best interests, when needed.

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 newly registered 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 relatives said they were supported by regular, kind and caring staff. One person said, "They really are nice girls, all of them. They are always cheery." Relatives told us, "The carers are ever so kind, caring and helpful. [My loved one] likes a good joke and there is often a fair bit of laughter. It is important to him they have a sense of humour" and, "The carers are amazing. [My loved one] is always clean and looks well cared for. The house is always clean and tidy. I have met most of the carers. I have no qualms about the care, it is definitely very good. Everything they do is respectful to [my loved one]."
- Staff knew people and their preferences well. One member of staff said, "The [electronic care system] is excellent. It breaks down each task we need to do. There is always time to have a chat with people. I know how each person likes to be supported and it is important to respect that."
- People's care records noted the levels of support people needed and centred on people's individual needs. There was information relating to equality and diversity, such as disability, sexuality and religious beliefs. People's oral care needs were assessed. There was guidance, which staff followed, for example regarding how to support people with their dentures, including how to clean them.
- The registered manager and staff spoke with enthusiasm about their jobs and the service. Staff said the morale was good and that everyone worked together as a team.

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

- People and their relatives were involved in the planning of their care and support and encouraged to express their views. The registered manager completed a pre-assessment before a person began to use the service. This ensured the service was able to meet the person's needs. A relative told us, "They have involved me as well as [my loved one] in the decisions. They all seem to know her pretty well."
- People were asked what support they required and how they preferred it to be delivered. This was regularly reviewed to make sure any changes were respected. People were asked if they would prefer male or female staff to support them. The registered manager tried as far as possible to match staff to people.
- When people needed support to help them make decisions about their care, the registered manager told us they would contact a local advocacy service if they did not have family to support them. An advocate supports people to express their needs and wishes and helps them weigh up available options and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected, and their independence promoted. Relatives told us, "I would say staff are very good. [My loved one] likes the girls and they are always kind and patient with him. They don't rush him" and, "Royalcare are wonderful to [my loved one]. They all look after them so well. They

are a different class to other care companies we have used."

- People were encouraged to do as much for themselves as they were able to help maintain their independence. For example, if a person was able to wash the top part of their body, they were encouraged to do so.
- People's confidential personal information was stored electronically and was only accessed by those who needed to.

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 newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People were provided with personalised care and support which centred on their needs and preferences. They were encouraged and prompted to make choices throughout their support. For example, one person's care record noted 'X would like to be offered, and be able to choose, a clean nightie'.
- People and their relatives were involved with the planning and reviewing of their care and support. They told us staff knew them well.
- Staff said, "The best part of my job is getting to know people. I mean really know them. What they like and don't like, what makes them tick, what makes them laugh. The care we give needs to be about them, what support they need and how they want things done" and, "Our clients are happy and well looked after. The care we give is centred on them and their specific needs. The electronic system provides us with all the information we need to support each person in the way they want to be supported."
- Care plans included information about their spiritual, cultural and diversity needs and preferences. Regular reviews were completed and care plans updated with changes as needed. Staff accessed a 'live' version of people's electronic care plan via a mobile phone application.

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.

- People's communication needs, behaviour, risks to self or others were assessed before they began using the service. People had the opportunity to discuss their goals and aspirations and how staff could support them to meet these. Regular reviews were completed to check if any changes were needed.
- The registered manager told us, "We consider the use of translation, Braille, larger print and picture cards. We will always find a way to communicate with people in the best way for them".

Improving care quality in response to complaints or concerns

- People and their relatives told us they were aware how to complain, however they had no complaints about the service they received. An easy to read copy of the complaints process was available.
- One person said, "I have never had anything to complain about. I would ring the office if I did have the need to complain." A relative commented, "I know who to call if I need to. I have a day and night number for Royalcare. If I needed to complain, I certainly would. I think they would deal with it properly if I needed to moan. I don't have any complaints."

- People were provided with a copy of the complaints process when they began using the service. People were regularly asked to provide feedback about the service. A complaints process was followed to ensure complaints were acknowledged, investigated and responded to in a timely way.
- Compliments were recorded and shared with staff.

End of life care and support

- People were encouraged to discuss end of life care and support to make sure their wishes could be respected. When people had made arrangements for their funeral, this was recorded.
- Staff completed training about how to support people at the end of their life. This helped make sure people received compassionate care and support at this time.
- People's relatives sent cards and letters to the service to thank them for the support of their loved ones. One recent card noted, 'The kindness, compassion, dedication and respect your team of carers showed towards [our loved one's] welfare and comfort was amazing, and no amount of words can thank you enough for all they did to make their last days as comfortable as possible.'

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 newly registered 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

- Checks to make sure staff were recruited safely had not been completed. Checks to ensure risk assessments contained enough detail were not robust.
- The previous registered manager had been requested by the Care Quality Commission, in October 2021, to complete a Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. This was not returned. This registered manager had left the service. There was no system in place to review their emails to ensure there was no outstanding work to be followed up. The new registered manager and nominated individual were not aware of CQC's PIR request.

The provider and registered manager failed to ensure there were effective systems and processes to assess, monitor and improve the quality and safety of the service.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans were regularly reviewed and were updated when any changes to a person's care or support were needed.
- Spot checks were regularly completed to monitor staff competence. All the provider's policies and procedures were accessible to staff via a mobile phone application. This made sure staff had access to up to date information.
- During the inspection, when shortfalls were identified, these were immediately shared with other branches to ensure any action taken was consistent.
- The provider engaged an independent consultant to review the provider's quality assurance process and to support the service in driving improvements. Following the inspection, the provider updated CQC with actions taken.

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 registered manager understood their responsibility in relation to duty of candour. This is a specific set of requirements that services must follow when things go wrong with care and treatment.
- The Care Quality Commission and local authority safeguarding team were informed of notifiable incidents in line with guidance.

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

- People and their relatives felt the service was well-led. People said, "I would recommend them if someone I knew was looking for a care company" and, "I know I can ring the office at any time if I need to check on anything. They are always friendly and helpful."
- The provider had a set of values and an ethos that was shared by staff. Compassion, attentiveness, respect and dignity and empowerment were promoted to underpin all aspects of care and support.
- Staff told us the nominated individual was supportive. Staff commented, "[The nominated individual] really cares. They are very supportive. She's the most amazing person. If we suggest something to improve the business, she listens. If she agrees, she will do it and make changes for the better" and, "The management are all supportive. We all work as one team."

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

- People and relatives told us they felt listened to. Feedback was regularly obtained through the use of surveys and spot checks. The registered manager reviewed feedback to identify areas for improvement and to celebrate positive comments.
- The management team welcomed all feedback on the quality of the service to help identify areas for improvement and to celebrate successes. Action was taken when people were unhappy with any element of their support. For example, one feedback noted 'Sometimes the carers are late, and X can at times get worried that they may not come that is why he calls the office to be reassured that they are on their way'. Their call times were changed to an earlier time and the client was satisfied with this action.
- Staff liaised with people's health care professionals when needed. Referrals were made to make sure people received additional support when required.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager failed to ensure there were effective systems and processes to assess, monitor and improve the quality and safety of the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider and registered manager failed to operate effective recruitment processes and ensure information specified in Schedule 3 of the Health and Social Care Act was available for each member of staff.</p>