







Bupa Care Homes (CFC Homes) Limited Hatfield Peverel Lodge Nursing Home

Inspection report

Crabbs Hill,
Hatfield Peverel,
Chelmsford,
Essex
CM3 2NZ
Tel: 01245 380750
Website:

Date of inspection visit: 19 March 2015 and 17 April 2015
Date of publication: 28/07/2015

Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Requires Improvement	
Is the service effective?	Requires Improvement	
Is the service caring?	Requires Improvement	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Inadequate	

Overall summary

Hatfield Peverel Lodge Nursing Home provides accommodation, personal care and nursing care for up to 70 older people. Some people have dementia related needs. The service consists of Mallard House for people living with dementia, Robin and Kingfisher House for people who require nursing or residential care.

The inspection was completed on 19 March 2015 and 17 April 2015 and there were 63 people living at the service when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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 our last inspection on 12 and 26 June 2014 we found that the provider was not meeting the requirements of the law in relation to consent to care and treatment and complaints management. An action plan was provided to us by the provider on 11 November 2014. This told us of the steps to be taken and the dates the provider said they would meet the relevant legal requirements. During this inspection we looked to see if these improvements had been made.

The provider had made the required improvements as previously stated in relation to managing people's complaints. Documentation in regards to people's consent to care and treatment had been completed however additional improvements were required to ensure that the provider acted in accordance with legal requirements.

Staffing levels and the deployment of staff to meet the needs of people who used the service were not appropriate. Appropriate arrangements were not in place to support staff in their roles. Systems in place to monitor, identify and manage the safety and quality of the service were not effective and improvements were required.

Comments about the quality of the meals provided and the dining experience for people within the service was variable and improvements were required to ensure that people were treated with dignity and respect.

Suitable arrangements were in place to ensure that staff received appropriate training to meet the needs of the people they supported and newly appointed staff received an induction. Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs.

Suitable arrangements were in place to respond appropriately where an allegation of abuse had been made. Staff had attended training on safeguarding people and were knowledgeable about identifying abuse and how to report it.

Staff approach to people overall was kind and caring and people's privacy was respected. People and their relatives told us the service was a safe place to live and we found that risks to people's health and wellbeing were assessed. People's healthcare needs were well managed and the service engaged proactively with health and social care professionals.

You can see what actions 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?

The service was not consistently safe.

Appropriate steps had not been taken to ensure that there were sufficient numbers of staff available to support people safely.

The management of medicines ensured people's safety and wellbeing.

Staff recruitment processes were thorough to check that staff were suitable to work in the service.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People's capacity was not assessed and sufficient efforts had not been made to routinely gain people's consent.

The dining experience for people was variable and not always appropriate to meet people's individual nutritional needs.

Staff received effective training to ensure they had the right knowledge and skills to carry out their roles.

People were supported to access appropriate services for their on-going healthcare needs.

Requires Improvement



Is the service caring?

The service was not consistently caring.

People were not routinely involved in making decisions about their care.

People's dignity was not consistently maintained.

Staff interactions with people was positive and the atmosphere within the service was relaxed and calm.

Requires Improvement



Is the service responsive?

The service was not consistently responsive.

Not all people's care plans were sufficiently detailed or accurate.

People told us that staff were responsive to their care and support needs.

Effective arrangements were in place for the management of complaints.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

The quality assurance system was not effective because it had not identified the areas of concern that we found.

Inadequate



Summary of findings

Not all staff felt that the culture of the service was open and inclusive.	
--	--

Hatfield Peverel Lodge Nursing Home

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.

This inspection took place on 19 March 2015 and 17 April 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who had personal experience of caring for older people and people living with dementia.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people who used the service, five relatives, eight members of staff, the manager and the Regional Support Manager.

We reviewed eight people's care plans and care records. We looked at the service's staff support records for eight members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

People told us that there were insufficient staff available to meet their needs. One person told us, “There are not enough staff. The staff used to have time to chat with you, spend five minutes or so talking about the weather and the news. They are so much busier now than before and they [staff] don’t have time. I’ve really noticed a difference.” Another person told us that inadequate staffing levels at the service meant that they spent a long time lying in bed and rarely ate their lunch in the dining room as there were not always enough staff available to facilitate this.

Staff expressed a concern that many people who used the service were judged as having complex care needs and required two members of staff to care for them. Staff acknowledged that the care and support provided was often routine and task orientated. Staff told us that they felt frustrated and concerned that people’s care needs were not always met. One member of staff told us, “People are not always given the time or quality of care they deserve, it is very frustrating.” Staff told us that the impact of insufficient staff meant it could take staff up until lunchtime to support people getting out of bed and to provide personal care in a timely manner. On the first day of inspection our observations showed on Mallard House that at 12.20p.m. 16 people remained in bed and two people still required personal care to be delivered by staff. At 3.00p.m. 16 out of 24 people remained in bed and when asked if this was an isolated incident, staff replied that they rotated the people that got up during the day throughout the week, as they did not have the time or resources to get people up.

In addition, staff on Kingfisher and Robin House told us that they regularly did not get round to doing people’s allocated baths and showers as time did not always permit. One person who used the service confirmed this. They told us that they rarely received showers as frequently as they should. Staff also told us that it was a regular occurrence not to have completed people’s personal care before the lunchtime meal. Staff stated that personal care provided to people could, “be very rushed.” Also that there were times when people’s call alarms had to be ignored when already providing personal care for one person as it was not always safe to leave them. One person confirmed this and told us, “Staff don’t always come quickly when I press my buzzer. Staff can take quite a long time to arrive.” Staff across the

service advised that some people were routinely encouraged to go to bed as early as 4.00p.m. for the benefit of other staff. An assurance was provided that people were not forced to go to bed against their will but were gently encouraged. As a result of our concerns relating to inadequate staffing levels a safeguarding alert was raised with the Local Authority.

The staff rosters showed that the staffing levels as told to us by the manager were being maintained. However, the dependency levels of people were not determined as the basis for deciding staffing levels. There was no evidence as to how the provider reviewed staffing provision to ensure they had the right number and mix of staff to meet the changing needs of people.

We found that the registered person had not protected people against the risk of insufficient numbers of appropriate staff to meet people’s needs. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s comments were variable about how safe they felt. Some people told us staff treated them well and they felt safe. One person who used the service told us, “I’m very happy here. It must be one of the safest places on Earth.” One relative told us, “As far as I know my relative is safe and well looked after.” Other people told us they did not always feel safe as a result of a lack of staff available to support them.

Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person’s safety to a senior member of staff or a member of the management team. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff knew the people they supported. Where risks were identified to people’s health and wellbeing such as the risk of poor nutrition and mobility, staff were aware of people’s individual risks, for example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. In addition risk assessments were in place to guide staff on the measures

Is the service safe?

in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed since June 2014 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

People told us that they received their medication as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to

record when medicines were received into the service, given to people and disposed of. We looked at the records for 14 of the 63 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

We found that the arrangements for the administration of covert medication for two people had been assessed and agreed in their best interest by the appropriate people involved in their lives. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Is the service effective?

Our findings

At our last inspection of the service in June 2014, we found that documentation relating to consent to care and treatment required improvement. We asked the provider to send us an action plan outlining the actions taken to make improvements and they told us that they would do this by 30 November 2014. Documentation viewed at this inspection showed that the improvements had been made.

At this inspection staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. However staff were not able to demonstrate that they were fully knowledgeable and had an understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Whilst each person who used the service had had their capacity to make decisions assessed, we found that in some cases these were not accurately recorded. We found in several cases, discrepancies between the information recorded and people's actual ability to make day-to-day decisions, for example, where some people had bed rails fitted to prevent them from falling or a sensor mat in place to alert staff of a person's movement in their room, family members had been consulted and provided consent for the use of the equipment. However, there was evidence to show that some people who had the capacity to make decisions had not been consulted or involved in these key discussions. Sufficient efforts were not routinely made to gain people's consent. There was little or no consideration to whether the care could be provided in a less restrictive way. In addition, the manager told us that DoLS applications were only being made to the Local Authority if the person who used the service stated that they wanted to go home. This was not in line with the regulatory principles of the Mental Capacity Act 2005 and associated criteria in relation to Deprivation of Liberty Safeguards.

We found that the registered person did not have suitable arrangements in place for acting in accordance with consent to care and treatment. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Comments about the quality of the meals were variable. Some people were positive by telling us that they liked the

meals provided. One person told us, "I get to eat well. They [chef] cook me more or less what I want and it's good for me as well. The food is excellent." Another person told us, "The quality of the food here is not very good. The meat is very poor quality." People told us that they did not always know what was for lunch or able to remember as they were asked what they would like to eat the day before and staff did not always remind them.

Our observations of the lunchtime meal throughout the service showed that the dining experience for people was variable and not always appropriate to meet people's individual nutritional needs. Although people were offered a choice of meals and drinks throughout the day, where people required assistance from staff to eat and drink, this was not always provided in a sensitive, respectful and dignified manner. One person was observed to be asleep at the dining table. A member of staff sat next to them and without any communication or attempt to wake the person up, tried to assist the person to eat by placing a spoonful of food into their mouth. After a while another member of staff came over and pointed out that the person was asleep and therefore unlikely to eat their meal at that time. One person who required assistance from staff to have their food cut up told us that they often had to request this as support from staff was not forthcoming. They told us, "[Staff] are never available." The person did not eat very much but stated that they could have a sandwich later in the day.

People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professional, for example, where a person had been identified as being at risk of swallowing difficulties, a referral to the local Speech and Language Therapy Team had been made so as to ensure the person's health and wellbeing.

People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard.

Is the service effective?

An effective induction for newly employed members of staff was in place which included an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. We spoke with one newly employed member of staff and they confirmed that they had completed an induction and this had included opportunities whereby they had shadowed a more experienced member of staff. This was so that they could learn the routines of the service and understand the specific care needs of people living there. They told us that they had found this to be invaluable.

Staff told us that they received good day-to-day support from work colleagues. However, not all staff were able to tell us when they had last received supervision and some staff told us that they had not received regular supervision, a mid-year review or annual appraisal in the last 12 months. Records viewed confirmed this. This was not in

line with the provider's policy and procedure. This meant that although staff felt supported they might not always have a structured opportunity to discuss their practice and development to ensure that they continued to deliver care effectively to people.

People told us that their healthcare needs were well managed. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments.

Is the service caring?

Our findings

People did not always have their dignity respected and improvements were required. Throughout the inspection we found that some people were not supported to maintain their dignity through personal grooming; their fingernails were uncut and/or dirty and their glasses were not clean or smear free. On Mallard House, consideration had not been given as to how people's dignity could be maintained when they were unable to make choices and decisions, for example, tabards used to protect people's clothing at mealtimes had been given without asking them if they were wanted or needed. Staff did not always remind people of the meal choices chosen or available so as to ensure that people had not changed their mind and were aware of what was provided. This did not show respect for people or demonstrate good practice. The issues were discussed with the manager and they provided an assurance that the issues raised would be addressed.

People confirmed that they were not routinely involved in making decisions about their care. Four people when asked if they were involved in decisions about their care or if they had had sight of their care plan, told us that they had not and confirmed that staff had not talked to them about it. However, relatives told us that they had been involved in their member of family's review at the service. One relative advised that the dates and times of their member of family's review had been changed so that they could attend.

People made many positive comments about the quality of the care provided at the service. People told us that they liked the staff and that the majority of them were good at their job and kind and caring. One person told us, "The staff are very nice and they're very good." Another person told us, "They're really good to me here and I have no concerns." One relative told us that their member of family was well cared for and cited their relative's recovery relating to a medical condition as an example of good care provided.

Throughout our inspection we saw that the staff protected people's privacy. We saw that staff knocked and waited before entering people's bedrooms and that care and support was offered discreetly. Staff ensured doors to bedrooms, bathrooms and toilets were closed when people received personal care. Staff were observed to address people respectfully by using the term of address favoured by them.

We observed that staff interactions with people was positive and the atmosphere within the service was relaxed and calm. Staff demonstrated affection, warmth and compassion for the people they supported and it was evident from our discussions with staff that they knew the care needs of the people they supported and the things that were important to them in their lives. A member of staff was observed to check to see if a person was warm enough by gently touching their arm, by asking them if they were ok, checking out if they required additional clothing or a blanket and waiting for their response.

Staff were seen to provide clear explanations to people about the care and support to be provided. One person described how careful staff were when they used the hoist with them. They told us that staff were very careful to ensure that they were secure and safe. Manual handling support for people was undertaken competently and with kindness and patience. Staff were noted to explain each part of the process before carrying it out and staff were observed to provide reassurance so that the person did not feel afraid or anxious when being hoisted. Another member of staff was seen to assist a person to mobilise whilst using their walking frame. The member of staff was seen to not rush the person and provided words of encouragement, for example, "Take your time," and to place a reassuring hand on their back to support them.

People were supported to maintain contact with family and friends and relatives told us that they were always welcomed and that there were no restrictions on visiting times. Relatives told us that they were always made to feel welcome.

Is the service responsive?

Our findings

At our last inspection of the service in June 2014, we found that complaints management required improvement. We asked the provider to send us an action plan outlining the actions taken to make improvements and they told us that they would do this by 30 November 2014.

At this inspection we found that the improvements had been made. The provider had a complaints policy in place and had procedures in place that ensured people's concerns were listened to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to staff about any concerns or complaints. One relative told us, "I know I can complain but I've never needed to make a complaint." One person told us they had no concerns or worries and would not hesitate to raise issues with a staff member. Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns. Records showed that there had been nine complaints since our last inspection in June 2014. A record was maintained of each complaint and included the details of the investigation and action taken.

Although staff provided people with care to meet their basic needs, care was not person centered and staff did not have time to give me personalised care that met their individual needs, this was because there were insufficient staff available to ensure that people had a choice of rising time and care was delivered in a task orientated way to the benefit of the service.

Care records were not fully reflective or accurate of people's care needs. In addition, where people's needs had changed, not all care plans had been amended to reflect the most up-to-date information. Others did not contain sufficient relevant information on how people's dementia affected their day-to-day living and how they were to be supported. Staff told us that there were several people who could become anxious or distressed. The care plans for these people did not always consider individual people's reasons for becoming anxious or the steps staff should take to reassure them. Clear guidance and directions on the best ways to support the person were not always available and this meant there was a risk that the person would not receive the care and support they needed.

Staff told us how they were made aware of changes in people's needs. They told us that information was shared through handover meetings and from discussions with senior members of staff. Staff told us that they found these to be invaluable as they did not always have the time to read people's care records or familiarise themselves with the most up-to-date information.

People told us that the person responsible for activities was very good. People told us that they participated in activities where appropriate and enjoyed the external entertainers. A planned programme of activities was evident and these were located in people's bedrooms. The person responsible for activities told us that the mornings were spent visiting people who remained in bed throughout the day and in the afternoons more formal activities were provided in communal areas. A record of activities was maintained and this confirmed what we were told.

Is the service well-led?

Our findings

The provider used questionnaires for people who used the service and those acting on their behalf to seek their views about the quality of the service. The management team also monitored the quality of the service through the completion of a number of audits. This also included internal reviews by the organisation's internal quality assurance team at regular intervals.

Although these systems were in place, they were ineffective and had not highlighted the areas of concern we had identified. The provider and registered manager had failed to implement a robust quality checking system that managed risks and assured the health, welfare and safety of people who received care. The provider did not have an effective system in place to review staffing levels or ensure the deployment of staff was suitable to meet people's needs. In addition, improvements required were identified in relation to consent to care and treatment, staff support and supervision and some aspects of care planning.

People experienced poor care outcomes and the lack of robust quality monitoring meant that the service was not responsive to people's needs.

Comments about the management and leadership of the service were variable and people expressed mixed views. One person told us, "It could be better run." Also, "A few years back this would have been run very much better." Not all people spoken with knew who the manager or deputy manager were. Staff felt that the overall culture across the service was 'not open' and inclusive. Many staff felt that communication was poor and that they did not feel valued and respected by the deputy manager or the provider. Staff told us that they did not complain or raise issues with the management team because they felt that their views did not matter and were fearful of potential repercussions.

The manager told us that daily, weekly and monthly meetings with staff were undertaken to facilitate communication between all departments to understand what was happening with the service each day. Staff confirmed this and records were maintained of the topics discussed and actions taken and agreed. Although there was evidence of meetings having taken place for people who used the service and those acting on their behalf, some people told us they were not aware that meetings were available or had taken place. It was of concern that

these regular meetings with staff had not identified the serious concerns regarding staffing levels and how this was affecting the staff's ability to meet people's needs and provide good personalised care. These meetings were ineffective in highlighting staff's on-going concerns.

There was evidence to show that satisfaction questionnaires for people who used the service and those acting on their behalf had been instigated in the autumn 2014, so as to determine people's views about the quality of the service provided. The manager told us that an analysis of the information was due to be completed and a report compiled, with the overall view of the service based upon people's experience within several key areas. The manager stated that this would be available in May 2015.

We found that the registered provider had not protected people against the risks of inappropriate or unsafe care as the arrangements to assess and monitor the quality of the service provided was ineffective. This was in breach of Regulation 10(1)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Internal reports designed to enable the manager and provider to measure the outcome of care delivery in relation to a number of key sub-topics and to provide a broad overview of the service at a particular point in time were completed at regular intervals. This enabled the manager and provider to identify good practice, areas that required improvement and to monitor for potential trends. Analysis of incidents, risks and clinical information, such as, the incidence of falls, pressure ulcers, weight loss and gain and medication errors were recorded each month. This included actions taken and lessons learned where appropriate so as to ensure that any risk of reoccurrence across the service was reduced.

The manager advised that the service was due to take part in the Promoting Safer Provision of Care for Elderly Residents (PROSPER) project. This is a two year project that aims to improve safety, reduce harm and reduce emergency hospital admissions for people living in care homes across north-east and west Essex by developing the skills of staff employed within the service. They also told us that they had recently agreed to be part of another initiative run by Essex County Council, FaNs (Community Friends and Neighbours). This is a three year programme

Is the service well-led?

that supports groups of people and organisations who are willing to take an active interest in the wellbeing of people living in care homes in their local area. This showed that the provider worked together with other external organisations to promote best practice and to keep themselves up-to-date with new initiatives.

Encouragement to increase staff performance was provided through a number of special incentives, such as,

the Bupa UK Nursing Special Recognition Award and the Everyday Hero Award. Information relating to these was recorded on the staff noticeboard. In addition, there were a small number of financial incentives for staff and an annual 'care award' scheme where staff could be nominated and their efforts recognised.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider had not protected people against the risks of inappropriate or unsafe care as the arrangements to assess and monitor the quality of the service provided was ineffective. This was in breach of Regulation 10(1)(a) and (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>We found that the registered person did not have suitable arrangements in place for acting in accordance with consent to care and treatment. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>We found that the registered person had not protected people against the risk of insufficient numbers of appropriate staff to meet people's needs. This was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>