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# Windermere Rest Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Inadequate 

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 20 November 2014. Windermere Rest Home can accommodate up to ten older people who require personal care and support and who may have care needs associated with dementia.

The service had a registered manager 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.

This inspection found that improvements were needed in a number of areas where the provider was not meeting the requirements of Regulations.

Risks relating to people's individual care needs were not being properly assessed. People's care was not properly planned and issues relating to their healthcare were not recorded. This left people at risk of receiving inadequate care. People and their families were not actively involved in planning and reviewing their care needs.

# Summary of findings

People said that they were treated with kindness and respect by staff. However, relatives, professionals and staff told us that insufficient staff were available to fully meet people's needs.

People's medicines were not being managed in all aspects. There were not safe systems in place for administering medicines.

Systems in place to assess and monitor the quality of the service were not inadequate and had not identified where there were issues that needed to be addressed.

You can see what action we told the provider to take at the back of the full version of the report.

In addition to not meeting the requirements of Regulations we found that improvements were needed in other areas of the service.

Staff did not receive the training and support needed to help them fully understand and meet people's needs.

People were supported to be able to eat and drink sufficient amounts to meet their needs but there was a lack of variety and choice provided.

People had limited opportunities to participate in activities to suit their individual needs and interests.

People had some opportunities to express their views about their life at Windermere Rest Home but the level of involvement and ability to influence the provision of the service was low.

People who used the service told us they felt safe. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse happening through ensuring staff had a good understanding of the issues and had access to information and training.

Throughout the inspection we observed staff interacting with people in a caring, respectful and professional manner. Where people were not always able to express their needs verbally we saw that staff responded to people and had an understanding of people's individual care and support needs. Care tasks were carried out in ways that respected people's privacy and dignity.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that the manager had some knowledge of the MCA 2005 and DoLS legislation. They knew how to make a referral for an authorisation so that people's rights would be protected. However, there was insufficient information guidance available to assist staff in understanding and assessing people's needs.

# 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 safe

There were insufficient staff available to meet people's needs and keep them safe. Effective recruitment practices were not consistently followed.

People's medicines were not managed effectively.

People were protected from abuse and avoidable harm by staff who understood the risks and knew how to report any concerns.

Inadequate



### Is the service effective?

The service was not effective.

Staff did not receive adequate levels of training support them in their role and give them the skills needed to care for people effectively.

People were supported to eat and drink well but there was limited choice available to them.

People's rights were protected through a developing understanding and application of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Requires improvement



### Is the service caring?

The service was caring.

People and their relatives were positive about the care and support provided.

Staff understood people's needs and preferences and supported them in ways that protected their privacy and dignity.

Good



### Is the service responsive?

The service was not fully responsive.

Activities had not been planned and delivered in a way that met people's needs. There were limited opportunities for activity and engagement.

People were able to raise complaints and concerns.

Requires improvement



### Is the service well-led?

The service was not fully well led.

There was a registered manager in post at the service.

People had opportunities to give their views about the service. There were not adequate systems in place to monitor the quality and safety of the service.

Requires improvement



# Windermere Rest 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 checked 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 20 November 2014 and was unannounced.

This inspection was undertaken by one inspector.

Before our inspection we reviewed information that we hold about the service such as notifications, which are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with all eight people who used the service, one visitor, the registered manager and one member of staff.

Following the inspection we sought feedback from relatives and other professionals about the service. We spoke with four family members and two nurse professionals.

Not everyone who used the service was able to communicate verbally with us so we used observations, speaking with staff, reviewing care records and other information to help us assess how their care needs were being met.

As part of this inspection we reviewed five people's care records. This included their care plans and risk assessments. We looked at the support records for five members of staff. We reviewed other records such as complaints and compliments information, quality monitoring and audit information and maintenance records.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe. They told us, “I feel happy and safe here.” And, “I do feel safe.” A visitor told us, “I have no concerns.”

Although people told us that they felt safe we had concerns about how the service assessed and managed potential risks to people’s safety and welfare.

Risk assessment processes were inadequate. They did not demonstrate that the service understood the risks associated with people’s needs or that they would be able to meet them. No pre-admission assessments were being undertaken to ensure that the service would be safe and appropriate for people to move into. If no proper pre-admission assessments are undertaken there is a risk that the service will be unable to meet people’s needs. A visiting professional told us that the service was unable to meet the needs of people who had complex needs as they did not have the specialised equipment required. We were aware through incidents and safeguarding referrals that the lack of assessment had led to at least one occasion where an inappropriate admission had occurred and the service had not been able to meet people’s needs effectively.

Care and treatment was not being planned adequately to help ensure people’s safety and welfare. One person had a range of complex needs. Risk assessments in place did not identify these and there were no care plans in place to show how risks were to be managed. This had potentially led to poor outcomes for the person who had had several hospital admissions.

Other people had specific needs which were not identified through risk assessments or care planning. This meant that staff may not be aware of people’s needs, understand what needs to be done or care for people safely.

The provider was not ensuring that people were protected from unsafe care or treatment as adequate assessments and records were not being maintained. This was a breach of Regulation 20(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although the service had systems in place to store and manage people’s medicines we found issues that concerned us. Temperatures in the medication storage

area were regularly being recorded at 24 and 25 degrees Celsius. On the day of our inspection the thermometer was reading at over 25 degrees. No actions had been taken to address this. It is recommended in the Royal Pharmaceutical Society’s Guidelines, The handling of Medicines in Social Care, that most medicines are stored at below 25 degrees in order that they maintain their clinical effectiveness. We found eye drops in use that had a recommended storage temperature of between two and eight degrees Celsius. These were being stored at these high temperatures. Staff had interpreted the ‘do not freeze’ instruction to mean that they should not be stored in the clinical refrigerator. We advised the staff to contact the pharmacist to check if the eye drops were still suitable to be used.

One person had been placed at risk of unsafe administration of their medication. They had been recently admitted to the service and had brought with them medications with specific pharmacy instructions. The instructions stated that they were to be crushed or mixed with food and drink. This included one medicine where the instruction said, ‘Open capsule and mix with food and drink. Swallow whole do not chew or crush.’ Staff had not questioned these conflicting instructions, they did not know why they had to crush the medicines and they had not checked with the pharmacy why this was required or investigated the person’s history. There were no assessments or care plans in place relating to the person’s medicines and no account had been taken of their capacity and rights.

Boxed and bottled medications were not consistently dated when commenced. This meant that a full and clear audit trail was not being maintained the staff could not give a clear account of all medicines in use. Where medicines were prescribed to be used on an as and when basis, (PRN) there were no protocols in place to identify the circumstances of use, maximum dosage or other details. This meant that such medicines may not be used safely and as recommended by the person’s GP which could put their health at risk.

People’s medicines were not being managed effectively. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulates Activities) Regulations 2010, which corresponds to Regulation 12 (f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service safe?

There was not enough staff to meet people's needs safely and effectively. Although people's dependency needs were assessed this did not link into any process for assessing the suitability of staffing levels.

People told us that they liked the staff very much but that more were needed. One person told us, "It's good and bad here, the staff are very nice here but people are neglected and it should not happen."

Relatives spoken with praised the staff but said that staffing was not enough to meet people's needs. One person told us, "I feel sorry for [the manager] they need more staff. The domestic was off for a while and the provider would not get anyone else in so the staff had to do all the cleaning as well." A visiting professional told us, "I can't fault the staff, they work really, really hard, but they need more staff to be able to manage people's needs."

The lack of staff was having an impact on the lives of people using the service. There were limited opportunities for engagement, activity or going out unless staff came in unpaid when they were off duty. The registered manager had no supernumerary time which meant that people were put at risk through inadequate care assessments and care plans being maintained as they did not have time to attend to this. People's choices were not being considered as routines such as the night staff and sleep-in staff getting people up to assist the day staff were in place. This was not for the benefit of people or through their choice, but to manage the processes in the service.

Only two permanent staff were employed at the service. One was the registered manager. The rest of the staff were bank staff who had no set hours. Two staff were on duty during the day to meet all the people's needs, including preparing food and drink and carrying out cleaning tasks when there was no cleaner on shift. The two members of staff were each rostered to have an hour off during the day. This meant that there was only one person on duty between 14.00 and 16.00. People with increased physical needs could be at risk if only one member of staff is available at times if they were required to deliver care and could not do so for up to an hour due to set break times.

The registered manager also told us that when new and potentially inexperienced staff started work at the service

they were counted as one of the staff on duty even though they were also considered to be on their induction and were not being paid for being on shift. The lack of consistent and safe staffing levels as well as assuring that experienced staff were available at all times placed people at risk of harm.

Insufficient numbers of suitably skilled and experienced staff were being provided. This was a 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.

Staff recruitment was not being managed consistently and effectively to ensure that staff were properly vetted and safe to work with people. People were not involved in the recruitment process. There were some shortfalls in the checks and records available. For example, two staff had significant gaps in their employment history and this had not been followed up before employing them. Another file had only one reference in place. Other checks were in place such as verifying people's identification and right to work and Disclosure and Barring service checks.

People told us that they felt safe and secure. Staff training records showed that most staff had received training in how to protect people from abuse. The service had policies and procedures in place to guide practice and understanding. Information was on display so that people would know how to report any concerns. The registered manager and member of staff on duty were both aware of safeguarding procedures and of the need to be proactive in reporting any concerns. They were also aware of the whistleblowing policy which meant that they could take any concerns to appropriate agencies outside of the service.

The premises were safe but in need of redecoration and maintenance in a number of areas so that a suitable and accessible environment was provided for people to live in. One relative told us that building was, "Dim and dingy." Records viewed showed us that equipment in use such as hoists were monitored and maintained to ensure that they were safe for people to use.

# Is the service effective?

## Our findings

People told us that staff met their needs and that they were happy with the care provided. One person said, “Everything is very nice here.” Relatives told us that they had confidence in the registered manager and staff.

The registered manager and senior member of staff on duty worked in a practical way to meet people’s individual physical needs. They interacted well with people and showed understanding and patience.

Training information showed that the manager and senior had undertaken some suitable training for their roles. This included dementia care awareness and, for the registered manager, management qualifications. However, we noted that much of their training had been undertaken a while ago and had not been updated. For example, care planning and risk assessment in April 2011 and fire safety training in April 2010 for the manager and 2009 for the senior. This meant that their knowledge and skills may not be up to date.

There were seven bank staff identified as being used by the service on a regular basis. We found that the process for ensuring that new staff had the skills they needed to support people was inconsistent. The manager told us that a number of staff were fairly new and inexperienced in care. They therefore needed to have a detailed induction to ensure that they had the skills and understanding to meet people’s needs effectively. Of the staff files viewed only one showed that a four day induction process had taken place to ensure that staff were aware of procedures and got to know people using the service. The registered manager said that she had completed the induction process with other new staff but that the records were with the provider. This did not allow us to confirm that all staff had received the initial training as required.

Bank staff levels of training were variable. For example, four had no moving and handling training, four had not undertaken food hygiene training, five had no fire safety training and six bank staff did not have any health and safety training. This did not demonstrate a proactive and consistent approach to ensuring that staff had the knowledge and skills needed to support people safely and effectively.

A medical professional who had visited the service told us that they felt that staff would benefit from more training in

dementia care to increase their knowledge and skills. We saw that four staff had no dementia training. Three other staff had completed training but this was in 2010 and 2011. Their knowledge and skills had not been updated. This meant that staff practice may not be up to date and in line with current understanding and ideas for best practice.

The manager could not tell us what plans were in place to ensure that staff received good levels of training in order to support people safely and effectively.

The service was aware of the need to assess people’s capacity if this was needed. One care record viewed contained the relevant forms. They had been completed to assess the person’s capacity and identify what day to day decisions they may need help with. However, there were no policies and procedures available to guide practice. When we asked the manager to show us what guidance they had and if there was a Mental Capacity Act 2005 (MCA) Code of Practice available, they were only able to produce the Department of Health guidance booklets that were in the lobby area and available for visitors and relatives. The manager undertook to discuss this with the provider and obtain the appropriate guidance.

The manager and senior staff member had received training in the MCA and Deprivation of Liberty Safeguards (DoLS). Three members of bank staff had received MCA/DoLS training. The manager was aware of the MCA and DoLS and had recently had occasion to commence the authorisation process for one person. This was not completed as the person had left. The registered manager told us that the procedure had been prompted by social services. They had been assisted in making the application by local authority workers. The manager said that they now had a better idea of the process necessary.

Most people told us that they were happy with the food provided and made comments such as, “The food is lovely, just what I need,” and, “The food is usually okay, but can get a bit boring.”

At lunchtime we saw that the staff were supportive and gave assistance to people where needed. People were given encouragement to eat. Lunch was relaxed and people were not rushed over their meal.

The meal at lunchtime was plentiful and we saw that in one case individual preferences had been catered for. However, there was not a choice of meal for others. Staff told us that the same seven meals were rotated on a weekly basis. They

## Is the service effective?

told us that only cabbage and carrots were available as fresh vegetables and that fresh fruit was only available every two weeks. Staff were not able to be flexible with menus. No petty cash was available to buy alternatives or extras. A relative told us that the registered manager often paid out of their own money, without reimbursement, for things like birthday cakes, ice cream and on one occasion fish and chips. These arrangements did not always allow meals to be flexible or facilitate people's individual choices and meal preferences.

One person's care plan stated that they did not like vegetables. At lunchtime they were given a portion of frozen mixed vegetables the same as everyone else. They did not eat them and when we spoke with them they told us that they did not like vegetables. The manager said "Sometimes [person] eats them so we give them anyway." This did not show respect for individual choices.

Staff had an awareness of people's healthcare needs and we saw that relevant health care professionals such as the dementia care team, doctors, opticians and chiropractors had been involved in people's care. However, health care planning and record keeping was inadequate. People's care records did not demonstrate that people's healthcare needs were recognised, assessed or monitored so that staff could respond to their needs appropriately. We saw that one person had a range of medical conditions and needs. There were no care plans in place and no clear record of interventions that had occurred in response to periods of illness. Information did not follow through. For example, on one occasion it was identified that a person's blood sugar levels were very high. There was no indication to show what had happened about this. Other people also had specific healthcare needs that would impact on their care. These healthcare needs had not been identified in their care records.

## Is the service caring?

### Our findings

People we spoke with were positive about the care provided and complimentary about the staff. People made comments such as, "I am quite happy here," and, "The staff are nice and caring." A relative told us, "The staff are so caring, [manager] has a real empathy for people and will do anything for them." They gave us examples of how the manager had gone out of their way to provide for individual people's needs and ensure that they were happy. A visiting professional praised the staff describing them as "very caring."

During our inspection we saw that staff interactions with people were friendly and the atmosphere within the service was relaxed and calm. Staff demonstrated warmth and kindness towards the people they supported. We saw that staff offered people choices in day to day living such as where they wanted to go and what they wanted to do.

People spoken with said that staff consulted with them and asked what they liked. Relatives said that they were asked about people's needs.

The service was aware of the need to use advocacy services to support and assist people on occasion. A family member told us that an advocate was being arranged to assist their relative in managing their financial affairs. Advocates support and enable people to express their views and concerns and may provide independent advice and assistance.

Meetings for people and those acting on their behalf were held on a periodic basis. This provided a forum for people to express their views about the quality of the care provided and to share ideas and suggestions. Relatives told us that they were able to visit at any time and that staff were friendly and helpful. We saw that people were supported to maintain contact with their families through phone calls when they wished.

All the people that we spoke with confirmed that the staff respected their privacy and dignity. One person told us, "When I want to be on my own I can." We saw that staff respected people's wishes and cared for them in ways that ensured their privacy and dignity. For example, ensuring doors were shut when carrying out personal care and explaining what they were doing when assisting people.

# Is the service responsive?

## Our findings

People we spoke with felt that staff were responsive to their needs. One person told us, “The staff are usually there when I need them.” During most of the inspection the manager and staff member were in and out of the lounge area and responded to people’s wishes and needs. However there were limited sustained interactions as staff were busy undertaking other tasks such as preparing the lunchtime meal.

A visiting nursing professional told us that they had no concerns about people’s care. They told us that generally people’s needs were managed adequately.

Not everyone had care plans in place to ensure that their needs were understood and met in ways that they would prefer. Three people had some assessments and information in place but no care plans to follow the information through. Where care plans were in place they were often basic and did not identify significant issues such as people’s catheter care needs and other physical support needs.

There was no indication that people were actively involved in the care planning or ongoing review process. People we spoke with did not know about care plans. Relatives we spoke with acknowledged that they had been asked about people’s needs but were unaware of care plans. Without people’s involvement in their care planning and care delivery the service cannot be assured that they are meeting people’s needs and show that they are considering their individuality.

Some care files contained elements such as ‘social history’ and ‘activities assessment.’ Where completed they often

had limited information about people’s personal histories and interests. This meant that, particularly for people living with dementia, staff may not always have the information they need to interact in an individual way with people, or respond appropriately to any distress or anxieties people might display.

There were limited opportunities for occupation and engagement available for people. Where activities records were in place we saw that most entries were ‘watching TV.’ A few exceptions to this included, ‘chatting with staff and residents,’ and, ‘visitors.’ During our inspection there were two moments where staff played ball with people for a minute before going off to complete another task. People just sat with the television on all day. Three people moved to dining tables at lunch time, others remained in their seats with the television still on. There was therefore no break in the day or change of scene for them. One person told us, “There are no activities; you get fed up with it.” People were unable to routinely go out or access the community because of the lack of staff available. The manager told us that the provider had arranged people to come in and do activities, so every two weeks either a singer or a yoga teacher visited and carried out a session with people. People told us that they enjoyed this.

The service had a complaints procedure in place. This was on display for people so that they would know what to do if they had any concerns. There was also a suggestions box available for people to use.

People told us that they would talk to the manager or provider if they had any concerns. We looked at complaints records and saw that since our previous inspection one complaint had been recorded. This complaint had been dealt with through the local authority safeguarding team.

# Is the service well-led?

## Our findings

People told us that they were generally happy with the service being provided at the service. People told us, “I do believe that this place is run well,” “It is first class here,” and, “I wanted to come back; It is excellent here.”

The registered manager had worked at the service for a number of years in other roles and had just become the registered manager in September 2014.

We asked the manager to provide us with information or audits to show how the quality and safety of the service was kept under review. We were provided with an infection control audit undertaken by the provider in August 2014. All areas were marked as ‘ok’ with notes made of any actions necessary such as ‘touch up required.’ There were no timescales identified and no confirmation that the appropriate actions had been taken. There were no other management audits or quality measures in place.

Medication was checked between each shift, but this had not identified the issues found in medication management.

Because of this lack of oversight the provider and manager were unable to recognise the concerns we had identified. Staffing levels were not assessed or monitored to ensure that people were supported by sufficient numbers of staff. People were at risk through inadequate assessment and care planning being in place. Staff training had not been kept up to date.

Effective processes were not in place to monitor quality, reduce risk and improve the service for the people who lived there. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed the issue of notifications with the registered manager. We were aware of incidents that had occurred through safeguarding and complaints. These should have been reported to us but had not been. The registered manager undertook to address this.

Incidents and accidents had been recorded. We saw that where necessary actions were taken to avoid a similar event happening again. This showed that measures were in place to provide a safe service.

Equipment checks were regularly carried out and systems such as the fire alarm regularly tested to ensure people’s safety.

People told us that they felt comfortable at the service and were able to express their views on a one to one basis. One person told us, “I can speak to [manager] at any time.” People were consulted with formally on a periodic basis. However, the last quality assurance exercise had been undertaken some time ago in May 2013 when surveys had been given to people using the service and their families.

The atmosphere in the service was good and staff felt that there was good team work. They were positive about their role. However, at the time of our inspection there seemed to be issues affecting staff morale. This related to staff feeling that they did not have the resources available to do their job and care for people as they wanted to. This included inadequate staffing, inadequate provision of equipment such as protective gloves and lack of control over food purchasing and provision. Staff were also concerned that they did not receive notification of their shifts for the following week until late on a Sunday. This meant that they could not plan ahead or let people know when they would be on shift.

Periodic team meetings were held which gave staff the opportunity to talk through any issues. Two had been held in 2014. Meetings gave staff an opportunity for team members to communicate with one another and discuss any practice issues.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected against the risk of unsafe or inappropriate care because accurate records were not being maintained.

This was a breach of Regulation 20(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not being provided with a safe and effective service because there were not effective systems in place to assess and monitor the safety and effectiveness of the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were not being provided with a service that met their individual needs because appropriate steps had not been taken to ensure that there were sufficient staff available at all times.

This section is primarily information for the provider

## Action we have told the provider to take

This was a 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.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not being protected against the risk of unsafe care because their medicines were not being managed effectively.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulates Activities) Regulations 2010, which corresponds to Regulation 12 (f)(g) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.