

# Parkcare Homes (No.2) Limited

## Westfield House

### 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?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

The inspection took place on 1 and 6 July and was unannounced on the first day. We last inspected the service in October 2013 when it was found to be meeting the regulations we assessed.

Westfield House is a care home for people with a mental health diagnosis. It comprises of 13 single rooms with en-suites and nine self-contained flats. It is situated in Parkgate close to Rotherham town centre.

There was a registered manager at the time of our inspection. 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. The registered manager was registered at a number of locations and there was a general manager at this service who also had management responsibilities.

People who used the service who we spoke with told us the service was very good, staff were excellent and they felt safe living at Westfield House. However, we identified a number of concerns. Our observations and the records

# Summary of findings

we looked at did not always match the positive descriptions people gave us. We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified that people did not always receive safe care and treatment that was person centred, infection control measures were not satisfactory, there were not always enough staff on duty to meet people's needs and the quality monitoring of the service was not always effective

During our inspection we saw staff encouraged people to be as independent as possible while taking into consideration their wishes and any risks associated with their care. People's comments and our observations indicated they received the care and support they needed from staff who knew about their individual needs and helped them meet them. However, risks had not always been identified or documented in people's plans of care. We also identified that people's physical health was not always monitored as required.

There were not always enough staff to meet people's needs. People who lived at the home told us they did not think there was always enough staff on duty to meet their needs. One person said, "I would like to go out but need staff to support me, so I don't get out much." The provider has addressed this since our visit.

People were not always protected against the risks associated with infection prevention and control. The systems in place were not effective in ensuring the service maintained standards.

People were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines.

We found that staff we spoke with had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make some or all decisions about their care.

People were supported with their dietary requirements. We found a varied, nutritious diet was provided.

We found staff approached people in a kind and caring way which encouraged them to express how and when they needed support. People we spoke with told us that they were able to make decisions about their care and how staff were to support them to meet their needs.

There were robust recruitment procedures in place. Staff had received formal supervision and annual appraisals had been completed. These ensured development and training to support staff to fulfil their roles and responsibilities was identified.

Staff told us they felt supported and they could raise any concerns with the general and registered managers, and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it

The provider had a system to monitor the quality of the service provided. However, some of these were not fit for purpose and were therefore not always effective.

# 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 always safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the home's procedures in place to safeguard adults from abuse.

Individual risks had not always been assessed and identified as part of the support and care planning process.

There was not always enough qualified, skilled and experienced staff deployed to meet people's needs.

Generally the service was clean; however the systems to manage infection, prevention and control were not effective.

Requires improvement



### Is the service effective?

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People were kept safe at the home. We found that staff we spoke with had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice.

People's nutritional needs were met. The food we saw provided variety and choice and ensured a well-balanced diet for people living in the home.

Good



### Is the service caring?

The service was caring.

People told us they were happy with how they were supported by staff. They raised no concerns with us about the support they received.

We saw staff interacted with people in a very individual way respecting their privacy, preferences and decisions. They demonstrated a good knowledge about how to respect people's choices and ensure their privacy and dignity was maintained.

Good



### Is the service responsive?

The service was not always responsive.

We found staff we spoke with were knowledgeable on people's needs, but these were not always assessed or reviewed in people's plans of care.

People had access to individual activity programmes that were formulated around what they liked to do. However there was not always enough staff to be able to facilitate activities.

Requires improvement



# Summary of findings

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider. The complaints procedure was displayed in the entrance hall for people who used the service and visitors to access.

## Is the service well-led?

The service was not always well led

The systems that were in place for monitoring quality were not always effective.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to. The provider also asked people, their relatives and other professionals what they thought of the service.

**Requires improvement**



# Westfield House

## 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 1 and 6 July 2015 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR) as we had not requested one. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority, commissioners, safeguarding vulnerable adult's authority and Rotherham Clinical Commissioning Group.

At the time of our inspection there were 22 people living in the home.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care, including care plans, risk assessments and daily records. We looked at four people's support plans. We spoke with eight people living at the home.

During our inspection we also spoke with nine members of staff, which included care workers, team leaders, general manager, registered manager and the regional manager. We also looked at records relating to medicines management and how the home monitored the quality of services.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Westfield House. One person said, “We are looked after properly.” Another person told us, “I am safe here.”

The registered manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people’s safety in the event of a fire or other emergency at the home. However we identified that risks associated with personal care were not always identified. For example one person had a forensic history including arson, carrying weapons and assaults on female members of staff, there were no risk assessments to support any of these areas of concern, even though they had just had a hospital admission due to deterioration in their mental health.

We also found one person’s file also said they had been drug free for ten years; however the staff had evidence to support that they may be using illicit and legal highs. These could have serious effects on their prescribed medication and severe deterioration to their physical and mental health. A health risk assessment had been completed in April 2014; however this had not been updated with an alleged recent incident or concerns. This put the person at risk of harm as no measures were identified on how to minimise the risks and maintain the person’s safety.

This was a breach of Regulation 12 (1) (2) (a) (b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

As part of this inspection we looked at infection, prevention and control and identified a number of areas that required improvement.

People’s bedrooms, lounges and dining areas were maintained in a clean condition. However, we found a number of areas required cleaning; these included the laundry, store cupboards, domestic stores and cleaning store. We also found each room was not being used for the designated purpose. For example, in the domestic store we found tins of paint and other items stacked on the floor. We identified shelves were constructed of untreated wood and were dirty and unable to be thoroughly cleaned.

We also found the communal bathroom, and laundry did not have a paper towel dispenser or soap. One laundry room did not have a wash hand basin, which meant when

people bought in dirty washing they were unable to wash their hands before they left the laundry. The laundry room in the main house required cleaning, the floor was littered with debris, the wash hand basin was stained and dirty and the boxing in around the pipes had come away from the wall and was full of dust and debris behind. We found mops were stored in buckets wet so they were unable to dry thoroughly which could cause risk of cross contamination. Mops should be inverted to ensure they dry thoroughly. The issues we identified posed a potential risk of cross contamination.

We discussed this with the registered manager, who agreed better organisation was required. It was decided an unused toilet would be decommissioned to create a dedicated domestic store, a sluice sink was to be installed and shelving and racks for all cleaning equipment. The old domestic store and cleaning cupboard would be utilised as storage space. One would become a clean laundry store and the other a general store. This would mitigate the need to store maintenance equipment in the domestic store, ensuring the domestic store was well maintained in a clean condition.

We found the cleaning audits did include these areas so they had not been identified as part of the monitoring systems. It was also not clear who was responsible for the cleaning of these areas. The regional manager told us that the audits and schedules would be reviewed by the provider to ensure they were fit for purpose to ensure any areas which required improvement were identified and actioned.

This was a breach of Regulation 12 (2) (h) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. On the first day of our visit there were only three staff on duty, staff told us two staff members had called in sick, these were a care worker and a domestic, staff had not been able to cover their shifts. When the general manager arrived they told us they had intended to work, but did manage to get an additional member of staff from another service to cover.

The registered manager told us that one person who used the service moved out and following this the staffing hours had been reduced. People we spoke with told us there was

## Is the service safe?

not always enough staff on duty. One person told us they liked going out but required staff support, and this had not been possible, so they had not been out recently. Staff told us at times they struggled to meet people's social needs when there was limited staff on duty. One staff member said, "It is activities that suffer and people do not get to go out as often as they would like."

We identified that two team leaders had moved to other services as they had been promoted, one support worker had left, another was on planned long term sick due to surgery and another was on paternity leave. This had left the service short staffed. New staff had been recruited but staff told us, "We have to induct and mentor new staff so this takes time."

We discussed the staffing levels with the regional manager who attended the service on the second day of our inspection. They agreed to increase the staffing to five staff during the day working flexibly to be able to meet the needs of people who used the service. This has been confirmed in an email we have received since our visit.

We found people were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines.

The medicines were administered by staff, who were trained to administer medication. Staff had also received competency assessments in medication administration to ensure they followed procedures and administered medicines safely.

We found disposal of medicines followed procedures and that controlled drugs, which are medicines controlled under the Misuse of Drugs legislation, were also administered following robust procedures to ensure safety.

However, we identified one medication room was reaching temperatures of 30 degrees centigrade, which was too high a temperature for medicines to be stored at. This was rectified at our visit and they were moved to a room that had air conditioning. The registered manager also ensured a wash hand basin, hand towel and soap dispensers were installed in the new location to ensure hand wash facilities were available when medication was administered.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They said they would report anything straight away to the manager.

Staff had a good understanding about the whistleblowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

We looked at two staff recruitment files. The files we saw were well organised and easy to follow. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that ensured they were competent to carry out their role. Staff we spoke with confirmed the procedure they went through before they commenced employment.

The registered manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service.



# Is the service effective?

## Our findings

People who lived at the home that we spoke with told us they thought the staff were well trained and competent to do their jobs. One person said, “We are looked after properly.” Another person said, “Its good here, a lovely bunch of people.” Another person told us, “Quality of staff is right good.”

People we spoke with told us the meals were good and they always had something they liked to eat. One person said, “We can have what we want.” Another person said, “I get a drink when I want, there is always a good choice.” However another person who lived in a self-contained flat told us they had to get their own meals and would like to join the people who lived in the house but this wasn’t possible. However we saw people from both the flats and the house utilising the main kitchen during our visit and helping themselves to drinks and snacks. We discussed this with the registered manager, who told us wherever people lived they could join the mealtime in the communal dining room as there was always enough food for everyone if they so wished.

We observed lunch in the kitchen diner, lunch was an informal arrangement, people ate when they wanted and choose what they wanted. We saw people making sandwiches; some were supported by staff others made them independently. There was a good variety of food available, including fresh fruit and vegetables. Staff told us they cooked a choice of two meals each evening as this was when people who used the service preferred to eat the main meal of the day. We looked at menus and found a good variety of food was prepared and there was always two main choices and other snacks available. Ensuring people received adequate nutrition and hydration to meet their needs.

Training records, and staff comments, demonstrated staff had the right skills, knowledge and experience to meet people’s needs. Staff we spoke with confirmed they had undertaken a structured induction that had included completing the company’s mandatory training.

The registered manager was aware of the new care certificate introduced by Skills for Care and knew the provider was looking into any changes needed. The Care

Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff we spoke with told us after their induction they had completed regular update training in line with company policy. They also said they had attended additional training, such as mental health and managing behaviours that may challenge. We saw some staff had completed a national recognised training course in care and others told us they were enrolled on the course. All the staff we spoke with said they felt they had received satisfactory training and support for their job roles.

We found staff had received Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The DoLS require providers to submit applications to a ‘Supervisory Body’ for authority to do so. As Westfield House is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Staff we spoke with were aware of the legal requirements and how this applied in practice. The registered manager was aware of the new guidance and had already reviewed people who used the service. However, we identified one person during our visit that required an application, this had not been completed. We had confirmation from the registered manager following our visit that this had been submitted.

The registered manager told us they had identified champions. For example, staff had been identified to take on the roles of champions in dignity, infection control and safeguarding. This would help to ensure those allocated staff would be given time to attend training, focus groups and access information to ensure latest guidance and best practice were followed. The registered manager told us that



## Is the service effective?

the team leaders, when they were inducted properly into their roles, would be allocated some supernumerary time each week to be able to fulfil these roles and ensure care plans were reviewed appropriately and effectively.

Records, and staff comments, showed staff support sessions had taken place regularly and staff received an

annual appraisal of their work performance. Staff commented positively about the support they had received. One care worker told us, "We work well as a team, we are well supported."

# Is the service caring?

## Our findings

People who used the service who we spoke with told us that staff were caring. One person said, “The staff are all lovely, we are looked after well.” Another person told us, “The staff are great; they give me space when I need it but are there when I need them.” Another person praised how staff had helped them. They told us, “I used to self-harm, the staff here taught me other strategies, I don’t do it anymore. They are always there to support you.”

Interactions we observed between staff and people who used the service were kind, patient, caring. We also saw staff treated people with respect and dignity. Staff knocked before entering rooms and then asked if they could come in. We saw that staff closed bedroom and bathroom doors when dealing with people’s personal care.

The staff we spoke with demonstrated a very good knowledge of the people they supported, their needs and their wishes. Our observations confirmed staff knew the people they were supporting well and met their individual needs and preferences. We saw they gave each person appropriate care and respect, while taking into account what they wanted. Staff we spoke with understood how people’s mental health could change and were aware of how to redirect or deescalate to respond to behaviour that may challenge, ensuring people’s wellbeing was maintained.

We observed one person was upset during our visit, they kept repeating the same statement, staff were at all times patient and caring. Explaining to the person what they needed to do and supporting them throughout.

People were helped to maintain relationships with people who were important to them. People told us they were supported to visit their relatives. Staff also told us visitors were welcomed to the home and there were no restrictions on times or lengths of visits.

Staff told us people did not currently need to use advocacy services as they were able to make decisions about their care themselves. They told us if the need arose they would support people to obtain suitable advocacy services, as they had done in the past. The registered manager told us they were considering obtaining an advocate for one person who was new to the service to ensure their best interests were met.

The local authority told us when they carried out their assessment of the home early this year they found staff promoted the individuality and independence of the people living there. They found staff understood people’s needs and were very caring.

We visited some people’s bedrooms and flats we saw these were very personalised. People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and helped people feel at home by orientating themselves.

People living at the home were younger adults so end of life care was not included in the regular training provided. However, staff we spoke with were aware of the need to support people if a relative or friend died. One person who used the service had recently lost a close relative and staff were working with professionals to determine the best way to support the person when they were told.

# Is the service responsive?

## Our findings

People we spoke with praised the staff and spoke highly of the care and support they received. Although some people said as there was not always enough staff on duty they could not always go out or do what they wanted.

We looked at four care and support plans in detail. We found that people's care plans did not identify people's current needs and had not been reviewed.

One person's care plan we looked at, contained only a very brief assessment from a previous home and the daily records. No care needs had been identified. The basic assessment told us the person was at risk of falls as they had poor mobility. The assessment also said the person was incontinent and required continence aids. These needs had not been assessed and there was no plan of care or risk assessments for staff to follow. The daily records also documented that the person was continually asking to go home; this had also not been reviewed in line with DoLS. This put the person at risk of receiving inappropriate, unsafe care and treatment that was not responsive to their needs.

We identified another person had an indwelling catheter due to a medical condition. We looked at their care plan, there was no information regarding the care and support required to meet their continence needs. The staff told us the district nurses dealt with it. We found out the district nurse only visited once a week. There was nothing in the plan of care that explained what staff were required to do to ensure the person's needs were met. People with indwelling catheters were at a higher risk of infection, we found nothing in the care plan that explained this and nothing documented that told staff what signs to look for that may indicate and infection. This meant staff could not be responsive to their needs.

Another care plan we looked at gave good detail and had the care needs identified. However, this had not been reviewed since March 2015. This meant any changing needs had not been identified so staff may not be responding appropriately to the person's needs.

People had not been involved in devising their care plans, people's preferences and choices had not been documented in their plan of care. Care and treatment had not been designed to achieve people's preferences and ensure their needs were met.

This was a breach of Regulation 9 (1) (a) (b) (c) (3) (a) (b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The staff we spoke with had a very good understanding of people's needs and how to support them to continue to follow their interests. However, the staff shortages meant people were not always able to follow their interests outside of the home. The staffing was changed by the regional manager and the levels had been increased when we visited on the second day. We were told this should ensure there were enough staff to meet people's social and recreational needs.

The general manager told us that they operated an open door policy which encouraged visitors and relatives to raise any concerns they may have. Staff we spoke with complimented the general and registered manager's style of leadership and they said they had confidence in their ability to manage any concerns appropriately.

We saw that copies of the complaints policy were displayed in the home. People we spoke with mostly said they had no complaints but would speak to staff if they had any concerns. People told us if they had raised concerns with the manager and they had always been dealt with. We saw copies of complaints that had been investigated, these had been dealt with appropriately and outcomes communicated to complainants. This showed the provider and management listened and acted appropriately to any concerns or complaints raised.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The registered manager was the manager at a number of services. The provider had therefore also appointed a general manager who was permanently based at the Westfield site. They also have management responsibilities.

During our visit we found there was a homely atmosphere where people seemed relaxed and followed their preferred routines. People told us they could come and go as they pleased and enjoyed living at the service. One person said, "I can come and go as I please, I just tell the staff."

We found people who used the service, relatives, and health care professionals were actively encouraged to give feedback about the quality of the service. People indicated they were mostly happy with the care and support provided and this was confirmed by our observations. They told us there were regular 'your voice' meetings, however most people we spoke with said they didn't attend but would speak to the staff or manager if they wanted to raise anything.

The general manager said they met with each person individually as they did not have a good attendance at the meetings. We saw people's views had been recorded when they had been spoken with, documenting their views. For example regarding holidays, outings, what they thought of the service and anything that could be improved.

The general manager told us they gained staff feedback through staff meetings and supervision sessions. We saw interaction between the general manager and staff was inclusive and positive. Staff told us they felt they could share their opinion with the general manager or the registered manager and felt they were listened to. They said the general manager was involved in the day to day running of the home, which meant they could continually check things were being done correctly. This included working alongside care staff either supporting people using the service or assessing staffs capabilities. This was a new initiative from the provider and staff said it was working well.

Staff we spoke with told us over the last four months they had been struggling with staffing numbers. They told us a number of staff had left due to promotion and others were on sick leave. They said this had left them short of experienced staff. New staff had been appointed but they had to induct and mentor the new staff which put added pressure on the more experienced staff that were left. Coupled with this the provider had also decreased the staffing levels when a person who used the service moved out. We saw that although the place had been taken by a new person the levels had not been increased. Although following our visit the staffing was increased, the provider had not, through monitoring the service, identified that staffing levels were not meeting the needs of people who lived at Westfield House.

We found the provider had systems in place to monitor the quality of the service provided, however we found these were not always effective. For example, we identified the monitoring had not identified that care plans were not completed, appropriate risk assessments were not in place and they had not been reviewed. We also found the infection control and environmental audit had not identified the issues we found during our inspection. When we were shown the audits they did not cover all areas required and lacked detail for staff completing them to understand what they had to monitor. The regional manager was at the service on the second day of our inspection, they acknowledged the monitoring systems were not always fit for purpose and agreed to raise this with the provide to ensure they were reviewed and amended.

This was a breach of Regulation 17 (1) (2) (a) (b) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and appropriately recorded. We saw good records of incidents and good systems were in place to ensure all incidents were captured. The records were on a new computerised system implemented by the provider, which would indicate any themes or triggers and flag for the registered manager to address.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with inadequate infection, prevention and control measures.</p> <p>People were not protected as the risks associated with their health and safety had not been assessed and measures were not in place to practicably mitigate such risks.</p> <p>Regulation 12 (1)(2) (a)(b)(h) 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 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>People were not protected against the risk of inappropriate care and treatment that met their needs and reflected their preferences.</p> <p>Regulation 9 (1) (a) (b) (c) (3) (a) (b) 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>People were at risk as the monitoring systems in place were not effective to ensure people's safety.</p> <p>Regulation 17 (1) (2) (a) (b) (c) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>