

# Gainford Care Homes Limited

## Lindisfarne Hartlepool

### Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 22 July 2015 and was unannounced. This meant the provider did not know we would be visiting. We last inspected the service in January 2014 and found the provider was meeting all the legal requirements we inspected against.

Lindisfarne Hartlepool is registered to provide accommodation and personal care for up to 54 people, including some people who were living with dementia. At the time of our inspection there were 45 people using the service.

No registered manager was in place at the time of our inspection. The manager advised us they had applied to

become a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Training records were not up to date and staff did not receive regular supervisions and appraisals. This meant

# Summary of findings

that staff were not properly supported to provide care to people who used the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People we spoke with told us they felt safe. One person said, "They look after me well I feel like I am one of the staff." One family member said, "Yes [my relative] is safe here, [my relative] still has some independence."

The provider had a safeguarding policy and procedure in place which staff were fully aware of.

We saw the provider had alerted the local authority to one safeguarding incident in June 2015. All appropriate action had been taken and staff had responded accordingly.

Medicines records were up to date and accurate. This included records for the receipt, return, administration and disposal of medicines.

We saw the home had produced an emergency evacuation plan for everyone living at the home. We noted the emergency evacuation plan was updated regularly and detailed the support each person required.

We saw the provider adhered to its recruitment policy. Staff recruitment files contained two written references, one of which was the previous employer and a disclosure and barring service check (DBS).

Where required people were supported to get assistance from external professionals. We saw from records that GPs, district nurses and occupational therapists were regularly involved in people's care.

People we spoke with told us they were treated with dignity and respect. We noted when people were receiving personal care in their rooms the door was closed and staff knocked before entering. One person told us, "They treat me very well." And another said, "Yes they are very nice people."

Family members told us they were involved in the care and support their family member received. We saw documentation in people's care records confirming their involvement.

We found people did not receive sufficient engagement or stimulation. We observed people spent a long period of time sat in the lounge areas; some remained in the same seat for their lunch and dinner. We have made a recommendation about this.

We noted that care plans were thorough and covered a variety of topics. We also saw that where required the care plans had been linked to show how one healthcare need may impact on others. For example, we saw that one person had a care plan in place for communication.

People told us they would be confident raising concerns. One person said, "I would go straight down and tell them off, I would let them know I was not satisfied." One family member said, "I visit two to three times a week, at all different times and I have no concerns. If I did I would be happy to staff to the staff though, they are all lovely."

We noted the home completed regular health and safety audits. However, these were not always effective. We found they had picked up a number of concerns with some of the emergency lighting not working but this had not been rectified.

Staff worked well as a team supporting each other when required. Staff told us it was a happy place to work. One new starter told us, "I feel part of the team and everyone is so helpful."

We found the information gathered from complaints, accidents and incidents and general audits was not used to drive continuous improvement. The provider had recently introduced a quality assurance system we were shown one months completed audit, no other audits were available before that date.

The provider gave people who used the service and their family members the opportunity to give their views about the service. We noted surveys, questionnaires and meetings were used to capture people's and relative's opinions.

# 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 safe.

We found the provider had undertaken the necessary recruitment checks to ensure staff were suitable to work with vulnerable people.

Medicines records we viewed supported the safe administration of medicines. This included records for the receipt, return, administration and disposal of medicines.

The provider had detailed assessments of risks related to the care of people who lived there. We noted these were regularly reviewed.

We saw the emergency evacuation plan was updated regularly and detailed the support each individual required.

Good



### Is the service effective?

The service was not always effective.

We found the provider did not have an effective system in place to ensure staff received appropriate training. Staff were not receiving regular supervision and appraisals.

The principles of the Mental Capacity Act (2005) were followed and staff understood the importance of consent.

We saw from people's care plans the full involvement of external medical professionals including SALT, community nurses and dietitians.

Requires improvement



### Is the service caring?

The service was not always caring.

We observed staff in many interactions with people who lived there. We saw that they were friendly and caring.

People told us family members and friends were able to visit them at any time of day.

We found that people's privacy and dignity was respected by the staff.

Requires improvement



### Is the service responsive?

The service was not always responsive

We found people did not receive sufficient engagement or stimulation.

People and their relatives had no complaints about the service, but felt confident about raising concerns if they had any, and felt any issues would be dealt with appropriately.

Requires improvement



# Summary of findings

Care plans reflected people's individual needs. We noted the person and their family were included in reviews of the care plan.

## Is the service well-led?

The service was not always well-led.

The home did not have a registered manager. The new manager was in the process of submitting an application to register with the Care Quality Commission.

The provider had introduced a system of audits to assess the quality of care provided. However, these had only just been implemented so it was too early to assess their effectiveness.

People, relatives and staff said the manager was approachable and was visible about the home.

**Requires improvement**



# Lindisfarne Hartlepool

## 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 22 July 2015 and was unannounced.

The inspection team consisted of one adult social care inspector, one inspection manager, a specialist advisor in nursing care and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. This included the notifications we received from the provider. Notifications are changes, events or incidents the provider is legally required to let us

know about. We contacted the local authority commissioners and local authority safeguarding before the inspection visit to gain their views of the service provided at this home.

During the inspection we met with nine people who used the service, six of their family members and three external visiting professionals. We spoke with 12 staff members including the manager, senior care staff, care staff and support staff.

We looked at six people's care records and seven staff files including recruitment information. We reviewed medicine records and supervision and training logs as well as records relating to the management of the service. We looked around the home, visited people's bedrooms with their permission and spent time with people in the communal areas.

We carried out an observation using the Short Observational 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 undertook general observations of how staff interacted with people as they went about their work.

# Is the service safe?

## Our findings

People we spoke to told us they felt safe. One person said, "Yes I am as happy as a sand boy here" and another told us, "They look after me well, I feel like I am one of the staff."

One family member said, "Yes [my relative] is safe here, [my relative] still has some independence."

The provider had a policy on recognising and reporting abuse. We saw this included signs and symptoms of abuse, action to take in an emergency and the training staff were required to attend. All staff we spoke to were confident they knew what to do should they suspect a safeguarding concern. We saw the provider had alerted the local authority to one safeguarding incident in June 2015 but all appropriate action had been taken and staff had responded accordingly.

The home had documents which included general risk assessments for the building and day to day processes. For example, these included food preparation areas, food personal hygiene and lift safety. We saw that each person living at Lindisfarne Hartlepool also had risk assessments depending upon their individual requirements. For example, we noted one person had a falls risk assessment and the results of this were linked into their moving and handling care plan. One visiting family member told us how the service continuously assessed risks. They explained how their relative had a small fall. They said, "They knew straight away there was risk so they did an assessment and got a motion sensor for the floor. They were very reactive."

We saw the home had produced an emergency evacuation for everyone living at the home. The evacuation plan categorised people's needs into a colour coding system depending upon how much support would be required. For example, red coding was someone who was being nursed in bed and therefore would require a lot of support for evacuation. Green however was for people who could walk out of the building if required with staff support. We saw the emergency evacuation plan was updated regularly and detailed the support each individual required.

As well as planning for evacuation in emergencies we saw the home had a clear emergency contact list which included all of the relevant contractors and suppliers and

their emergency contact numbers, this included contacts for things such as the home's heating supply, the plumbing and the lift. We noted this meant all staff had access to emergency support irrelevant of the time of day or week.

Records showed the senior care staff who were responsible for medicine administration had been assessed as competent within the past 12 months.

Medicines at the home were stored safely. We saw that checks were in place to ensure storage; disposal and receipt of medicines were done so in a safe way. On reviewing the Medicine Administration Records (MAR), we noted administration of medicines were clearly documented, and the care plans for each individuals also supported safe administration of medicines. We saw that when 'as required' medicines were administered; staff recorded on the back of the MAR the time they were administered and the reason.

The pharmacist regularly supplied an up to date folder with everyone's medicines and the supporting paperwork which covered side effects and contraindications.

We saw the home managed medicines liable to misuse (controlled drugs) in a safe way. We noted stock checks were done every week on a Sunday and double signed by the senior carer and team leader. We saw each weekly stock check was completed in red to clearly show any discrepancies. We noted all stock checks were up to date and recorded no concerns. One family member told us, "As far as I know she gets them, a record is kept and I look at the Care Plan."

We viewed the staff rota for a four week period and noted the shifts were planned and covered consistently. For example, day shift consisted of one team leader, one senior carer and six carers on duty. The night time care team was one senior carer and four care staff. In addition to the care staff the home had an activities coordinator who worked three days a week from 9:30-2:30 and 12 to 5 on a fourth day. We saw the home employed a handyman who worked three days a week, an administrator and a range of domestic and kitchen staff.

We asked people who used the service and relatives whether there were enough staff. One person said, "Yes there must be as we are well looked after." One relative told us, "Yes but they need more at meal times."

## Is the service safe?

The home had a clear and up to date recruitment policy. It stated that following a successful panel interview, all successful applicants should provide two written references, one of whom is the current employer as well as complete a disclosure and barring service check (DBS). DBS

checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults. We looked at four staff records and saw the recruitment policy was consistently followed.

# Is the service effective?

## Our findings

At the time of the inspection the provider employed 41 staff members. We were told there were eight mandatory training courses for all staff members including fire safety, food hygiene, safeguarding and moving and handling. The manager told us all courses were required to be refreshed yearly except for fire safety which was every six months.

At the time of the inspection we saw all staff members' fire safety training had expired. Some fire safety training expired in December 2014, however we noted that some staff's fire safety training had expired in 2013 and some were recorded as having not received the training at all as of yet. We saw the person who was responsible for doing the fire audits and weekly tests was recorded as not having received this training; we discussed our concerns about this with the manager who told us they were in the process of arranging some further training in a number of courses.

We saw that all staffs training in food hygiene and COSHH was also out of date and only seven staff members had received training in nutrition in the last 12 months.

We saw the provider did complete some additional training for staff members such as risk assessments, Mental Capacity Act 2005 (MCA) including deprivation of liberty safeguards (DoLS) and equality and diversity. However, we found noted this wasn't consistently rolled to all staff and a large volume of the courses had been delivered in 2012 and 2013.

The manager advised they had just signed up for Hartlepool Borough Council to provide their training, but had been waiting a while for this to start. They said, "I know the training is out of date but I've been looking at resources and suppliers. I've signed up to HBC; they've got all the staff email addresses to start the eLearning."

The manager told us that supervisions took place every six to eight weeks and all staff should have an appraisal once a year. However, they added that if there was concerns reference staff performance then this would increase.

We viewed the supervision matrix and noted it only had 34 staff members on. The manager said she was aware that it needed to be updated and changed to reflect the current staffing team. We found supervisions were not up to date in line with the manager's expectations. We saw that only

three staff members had received three supervisions since January 2015, four staff had received two supervisions, ten staff had only received one in the seven month period and 17 staff were recorded as not having had supervision.

We viewed the appraisal matrix and noted it only had 38 staff members listed. Five staff members had received an appraisal in September 2014, one in October 2014 and one in March 2015. We noted all other staff members had no record as having had an appraisal.

We spoke to the manager about the supervision and appraisals. She advised she had, "two or three appraisals to finish signing off and they could be recorded." However, she continued to say, "I'm aware there's a bit of work to be done to get them up to date. It all needs to be improved."

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals.

We saw that where people had an authorised DoLS in place, a care plan had been produced to explain what this meant for the person. This referenced the people that were to be involved in best interest decisions, such as family members, doctors and the reviewing officer, as well as what this process looked like. We noted that to support the care plan was a copy of the original mental capacity assessment, which documented clearly how the person demonstrated they did not have capacity.

One family member told us they had been involved in the DoLS process. They said, "They explained to us what DoLS was, we had a meeting and the GP came and we discussed all the options. It made lots of sense."

Where people had legally appointed individuals to support them and speak on their behalf this was clearly documented and the appropriate paperwork was in place to ensure all



## Is the service effective?

staff were aware. For example, we noted that one person had someone appointed as a Lasting Power of Attorney for their property and financial affairs. The documentation was clearly available and explained the role the individual had.

We saw that where required people were supported to get assistance from external professionals. At the time of our inspection one person was receiving a visit from social workers who were supporting their transition into the home. In addition we saw from records that GP's, district nurses and occupational therapists were regularly involved in people's care.

Where required people had diet notification forms available in their care plans. This covered information such as people's dietary requirements and their likes and dislikes. We saw that if a person required a special diet, for example fork mashable foods or a pureed diet that this information was also clearly documented. We noted the detail available for people was sufficient for staff to understand their preferences. For example one person's care plan said, 'I'm a fussy eater – I love scrambled egg and toast. I like grapes, apples and pear but not bananas,

strawberries or ham.' We observed the person did not like to sit still for very long so staff gave them hand held snacks throughout the day. We noted these correlated with their specified preferences.

We noted on arrival the menu in the dining room was not up to date and did not reflect the options for the day. We saw the menu was a chalk board in each dining room and this was not clearly visible to people whose sight may have deteriorated. The registered manager told us they did have visual picture cards but these were not always used. We noted the meal time was a busy time of day and all staff members came to support this. We observed domestic staff and administration staff supporting people to eat at the lunch time meal with care staff serving the food. We asked the manager about this who confirmed that all staff were trained in all aspects of care. We raised concerns that domestic and administration staff may not know people and their daily likes and dislikes as well as those staff who cared for them on a daily basis.

We asked people and relatives their thoughts on the mealtime experience. One person told us, "I eat what I am given." Another said "There is no choice offered, if I don't like the dinner they bring me sandwiches."

# Is the service caring?

## Our findings

People and relatives told us they thought the registered provider provided good quality care. One family member said, "She moved in two years ago and I can't praise it highly enough." Another told us, "This place is wonderful." One visiting professional said, "The staff are friendly and always appear kind and caring towards the residents."

Family members we spoke with told us how well the staff knew their family members. One visiting relative said, "She can be challenging at times but they know so many strategies, they know when to leave her alone. They even remembered her wedding anniversary; they know she loved to dance so they use that to get through to her."

We spent time in the lounge area observing how staff interacted with and treated people who used the service. We saw a care worker sitting next to a person reassuring them after they had expressed they had felt unwell. The care worker immediately made another care worker aware of the situation. They then alerted the senior care worker whilst they remained to comfort the person. We heard staff explain their actions when using a hoist to assist a person from their wheelchair to an armchair in the lounge. Staff were attentive to people's needs. People were offered refreshments throughout the day and were regularly asked if they needed assistance with anything.

We spent time observing how well people were supported over the lunchtime period. We saw most interactions between staff and people were positive. However, we witnessed one care worker sat between two people supporting both to eat at the same time. We spoke to the manager about this matter. They told us this was a practice they discouraged and would speak to the care worker.

We observed family members visiting throughout the day. Family members told us they could visit their relative at any time and staff were always welcoming. We heard one care worker refer to a family member by name. They advised the family member of their relative's whereabouts and updated them on how they were. The interaction demonstrated the care worker had knowledge of people who used the service and the people important to them.

We heard one person asked a member of staff for a cup of tea. The care worker said they would get one for them. However, they returned and told the person, "There are no tea bags you will have to have juice or wait for the tea trolley." When the person became agitated the care worker repeatedly told the person to calm down. We spoke to the manager about the incident. They stated they were shocked and advised they would address the matter with the staff member involved. Staff did not always respond to people's needs in an appropriate manner.

People we spoke with told us they were treated with dignity and respect. We noted when people went to their rooms for personal care to be delivered doors were always closed and staff knocked before entering. One person told us, "They treat me very well." And another person said, "Yes they are very nice people." A family member said, "The staff are respectful of [my relative]." Another family member told us, "They never raise their voices; my wife gets agitated when they dress her but they are very patient with her."

We spoke with family members who told us they were involved in the care and support their relative received. We saw documentation in people's care records confirming their involvement.

One family member told us, "They are very kind, I am involved with the Care Plan, I used to be a carer." Another family member said, "Yes I am involved with the care plan."

Information was clearly displayed in the home in relation to advocacy and how this support could be arranged if required. We saw that advocacy was also referred to in a number of the provider's policies. For example, the complaints policy referenced that if a person was not able to complain on their own that staff should support them or seek an advocate to help them raise their concerns. Although there was no one at the home who had an advocate at the time of the inspection, due to a number of people having a DoLS authorisation in place, we saw people had been appointed a relevant person's representative (RPR). An RPR is appointed to support and represent the person in all areas whereby they are deprived of their liberty.

# Is the service responsive?

## Our findings

We found people did not receive sufficient engagement or stimulation. We observed people spent a long period of time sat in the lounge areas; some remained in the same seat for their lunch and dinner. The television was on but people did not appear interested in the programme and a large majority were asleep for large portions of the day. We noted there was little interaction with staff and people using the service. No attempts were made to suggest or organise an activity for people.

In the entrance hall we saw an activities notice board with a timetable; every day was empty apart from hairdresser for the day of our inspection. There was no indication of activities which were up and coming. The manager told us the hairdresser was also the activities coordinator and they were recruiting a further part time activities coordinator.

One person said, "I am not interested in activities." Another said, "I do crosswords, read, watch TV and walk round the home." One family member said, "There is little to do. The television is on loud, it's hard for people to concentrate." An external professional visiting the home told us, "People need more activities there is no stimulation for people. No thought is given for individual activities for people."

We saw there was a garden area which was accessed through the main lounge with the use of a key code. We noted no one made use of the area during our inspection. We saw the ground was littered with cigarette ends and planted pots and troughs had not been maintained.

We noted there was a lack of activities designed for people living with dementia.

We saw that some people had documents which explained what was important to them. However, this was not consistent across all care plans. For example, we saw one person had a map of their life, which included areas such as their parents, childhood memories, their employment

history and interests and any close friends and family they had. Another person had an Alzheimer's Society 'This is me' document which was not as detailed, it covered their personal likes and dislikes and who was important to them.

We noted that care plans were thorough and covered a variety of topics. We also saw that where required the care plans had been linked to show how one healthcare need may impact on others. For example, we saw that one person had a care plan in place for communication. This also had reference to the person's mental health as it was explained the person sometimes struggled with finding the appropriate words. We saw the care plan then covered how this would be demonstrated and what to do to support the person and not make them feel overwhelmed.

We saw the provider had an up to date complaints policy displayed in the home. It indicated that all written complaints would be acted upon within two working days and responded to in writing within 28 days. We saw the home also had the complaints policy available in an easy read format, should the full policy not be suitable for people.

People told us they would be confident raising concerns. One person said, "I would go straight down and tell them off, I would let them know I was not satisfied." One family member said, "I visit two to three times a week, at all different times and I have no concerns. If I did I would be happy to staff to the staff though, they are all lovely." Another family member said, "If I had any concerns I would go straight to the manager."

We saw complaints were dealt with in isolation and no consideration was given to identify any trends or contributory factors which may require investigation. The manager told us complaints formed part of the monthly audits which had just been introduced.

**We recommend the registered provider considers current guidance on caring for people living with dementia including the provision of meaningful activities and takes action to update their practice accordingly.**

# Is the service well-led?

## Our findings

At the time of our inspection the manager had completed the first part of documentation for their application to become a registered manager.

We noted within the accidents log an incident which resulted in an injury to a person using the service. We had not received a notification for this incident. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. We advised the manager that such future incidents should be notified to the CQC.

We noted the home completed regular health and safety audits. However, these were not always successful in addressing concerns identified. A previous audit had identified a number of concerns over a three month period with some of the emergency lighting not working. We found this this had not yet been rectified. For example, we noted from the audit in April 2015 that one light in the corridor was not activating. In May 2015 the same ceiling light was broken but there was an additional two emergency lights recorded as not activating as well as a double socket that was broken. We noted on the June 2015 audit all items were still outstanding. We spoke to the manager about this during the inspection who advised that she had requested an electrician to fix the lights. We noted that in the meantime they had not completed any risk assessments in relation to how these missing lights may impact on people and whether any contingency plans could be put in place.

We saw the home had two places where it recorded fire related tests such as fire extinguishers, fire instructions, fire alarm tests and fire drills. However, we noted both sets of records weren't the same and therefore it was difficult to identify when the relevant tests or checks had last been done.

We saw the provider had a policy which indicated that all staff were required to attend a fire drill annually. We viewed the fire drill records and saw three drills recorded in the last 12 months. We noted it recorded how many staff had attended the drill. In total over the three tests there was 32

staff recorded as attending but due to lack of names it was not clear if any of these were duplicates, whether they were day or night staff or which staff hadn't attended a fire drill within the 12 month period.

People and family members said the manager was approachable and managed the service well.

One staff member told us, "I've worked here for 10 years and I wouldn't want to go anywhere else. Things are a lot better since the new manager and I can go to them with any problems."

We observed the staff worked well as a team supporting each other when required. Staff told us it was a happy place to work. One new starter told us, "I feel part of the team and everyone is so helpful."

The manager told us they carried out a daily 'walkabout' the home checking areas for cleanliness, staff interaction with people and the well-being of people using the service. They also said they often conducted flash meetings pulling staff together to discuss issues identified.

Documentation related to the flash meetings was not available for us to view.

We found the information gathered from complaints, accidents and incidents and general audits was not used to drive continuous improvement. The provider had a quality assurance system which included the monitoring of care plans, accidents, incidents, bed rails, dining experience and safeguarding. We noted this had recently been introduced and had been completed for one month. However no other audits were available prior to the month we viewed.

People and family members had opportunities to give their views about the service. One family member said, "I have been to one or two meetings and filled in a questionnaire, they always take notice." However, one person and their family member said they were not aware of any meetings.

Another family member had not been to meetings and said, "No they are the wrong time of day."

Another family member said "We got a quality questionnaire asking for improvements and they were carried out. The manager is top-dog, the owner got in touch with me to say things were not the right standard and now things have improved."

We saw a relative's survey had been conducted in November 2014. We viewed the survey and saw that areas

## Is the service well-led?

for improvement had been identified, including staffing levels and activities. The manager advised, “We aim to gather feedback where ever possible and the annual surveys are part of that.”

We saw a relative’s meeting was also held in November 2014. We saw activities, introduction of therapy dolls and request for Pets As Therapy were discussed. We asked the manager if these ideas had been implemented. They told us they hoped to arrange for a dog to come in to the home.

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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Training records were not up to date and staff did not receive regular supervisions and appraisals. This meant that staff were not properly supported to provide care to people who used the service.</p> <p>18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>