

## Newlife Care Services Limited

# Grizedale

### Inspection report

Pont Head Road  
Leadgate  
Consett  
County Durham  
DH8 6EL

Tel: 012075837087

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 26 June, 14 and 17 July 2017. The last inspection took place on the 29 January and 1 February 2015 and we rated the service as 'Good.' Without exception previous CQC inspections have found the service to be compliant with our regulations

Grizedale is registered with the Commission to provide accommodation for up to seven people who have learning disabilities and may at times have a mental health need. The home is located in Leadgate, Consett, County Durham. Up to seven people can live there and at the time of our inspection five people lived at the service.

There was a registered manager in post at the time of our inspection who had worked at the service since 2011. 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.

Over time as people's needs changed Grizedale had worked collaboratively with people to assist them to ensure their voices were heard by healthcare professionals. Staff went over and above expectations in order to ensure people had equity of access to healthcare and would vigorously assert the rights of people to good care and treatment. The community nurses we spoke with told us the tenacity of staff to advocate on behalf of the people and their dedication to the people who used the service had led to strong bonds being formed between them. The community nurses discussed how they worked closely with the staff from Grizedale and had formed a strong working relationship. We also heard how staff had worked with hospital staff when people had needed to be admitted to ensure the continuity of their care and demonstrate how medical devices were used.

The service was making a difference to people's wellbeing by working well as a team, in harmony with one another sharing the same values and principles. The service was proactive in providing people with a range of information to assist them to make decisions about their health and wellbeing. Staff worked with health and social care professionals in ways that benefited people and had supported individuals to improve their general health.

Staff were exceptionally caring and inspired people to do well in achieving their goals. People were cared for by staff who knew them well and understood how to support them and maximise their potential. The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. This was reflected in the care and support that people received. Staff understood people's different ways of communicating and how to make people feel valued. They supported people to make decisions for themselves and spoke with people about their wishes and preferences. People were listened to and their voice was heard.

We found staff were committed to delivering a service which improved the lives of the people who use the service in fulfilling and creative ways. Their drive and passion had created an exceptionally dynamic and vibrant service. The culture embedded in the service was an absolute commitment to deliver a service that focused totally on the wants and aspirations of the people who used it. The relatives told us the service provided care that was exceptional and contrasted dramatically from any other provision they had experienced and described the service as one that had dramatically improved people's quality of life. We found that the manager had encouraged staff to constantly think about improvements. We found that the management style had led to people who use the service and staff feeling that they were an integral and essential partner in the operation and enhancement of the service.

Staff were devoted to ensuring each individual found their lives were enriched. We found staff empowered people to voice their wants and aspirations for their lives and then supported them to achieve these goals. It was evident that people's voice was heard. Following feedback from people, decisions were made about who was employed to work at the service, trips were scheduled and activities were organised.

Staff took the time to explore each person's individual interests. Three of the people had used the service for over 20 years and the other people for between five years and 18 months. Staff still identified new and interesting experiences as well as areas for growth they could pursue. Staff had never become complacent about exploring new hobbies for people to enjoy and to assist each individual to develop their skills. People regularly tried new experiences such as craft work and gardening. We found staff had a clear drive and passion to support people to grow and develop.

Staff told us they received supervision on a monthly basis and they received annual appraisals. Staff were respected within the organisation and were provided with comprehensive training including specialist training. We found there was a culture within the organisation of striving for excellence and assisting all to reach their maximum potential. Staff were supported to achieve excellence in their roles by attending specialist training around working with people who live with a learning disability and through self-reflection. The provider also supported staff to complete external training.

We found staff had an understanding of safeguarding and how to whistle blow. The manager was aware of risks within the service and was undertaking an analysis of risks. The service had emergency plans in place and took action when they became aware someone was at risk.

Staff safely managed medications. People's care needs were risk assessed with risk management plans in place and support for staff when they needed it. Recruitment checks were carried out. Most of the staff had worked at the service for many years, some of whom since it opened, which provided consistency for people using the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Outstanding ☆

This service was exceptionally caring.

People were extremely well cared for. People were complimentary of staff and the support they provided. People were treated with respect and their independence, privacy and dignity were promoted.

Staff interacted with people in a way which was particularly knowledgeable, kind, compassionate and caring.

Staff took time to speak with people and to engage positively with them. People were consistently involved in conversations and reviews about their own care and contributed to making decisions with the help and support of staff and other professionals.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Grizedale

## **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.

One adult social care inspector completed this announced inspection on 26 June, 14 and 17 July 2017. We did this because the location is a small care home for people who are often out during the day and we wanted to make sure the people who lived there would be in when we visited.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are reports about any changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted external healthcare professionals and the placing authority commissioners to gain their views of the service provided at the service.

Over the course of the inspection we met the five people who used the service and spoke with four relatives. Some people who used the service had limited verbal communication skills but could show us what they liked and express their views about the care at the service. We spoke with the manager, four care staff, a social worker and a community nurse. We looked at three care records and medicine administration records (MARs). We also looked at two staff files, which included recruitment records, as well as records relating to the management of the service.

## Is the service safe?

### Our findings

People and relatives we spoke with told us they felt the service was safe. One person told us, "I love it here." A relative said, "I can't praise the staff enough." Another relative said, "[Person's name] has come on so much since they have been here and this home has really made a difference." Another relative said, "I can't fault the cleanliness at all and it is not like coming into a care home, you know it is so clean."

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, one person was at risk in relation to managing their catheter care and the person, staff and external professionals had developed a care plan to help keep them safe. Risk assessments were regularly reviewed to ensure they reflected current risk. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and the required maintenance certificates were in place. Accidents and incidents were monitored for any trends, and plans were in place to support people in emergency situations.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would be confident to report any concerns they had. There had not been any safeguarding incidents since our last inspection but the manager told us how these would be investigated, including making referrals to relevant agencies.

People's medicines were managed safely. Staff received safe handling of medicines training, and the administration records we reviewed were correctly completed. Medicines were checked, monitored and safely stored. People had access to their medicines when they needed them.

There were enough staff deployed to keep people safe. Three staff from Grizedale were on duty until 9pm and overnight there was one waking night and a staff member who slept over to support people if this was needed. The manager worked five days a week and a domestic worked three hours per day five days a week. One member of staff said, "There is always plenty of us and this means we never have to worry about organising the activities or going out on trips." The manager explained that they closely reviewed people's level of dependency and used this information to determine how many staff were needed per shift. Also that they deployed extra staff if people wanted to go to different activities, people experienced issues with their health or had appointments.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references from previous employers and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions. People who used the service took part in interviewing the prospective employees and their views were very much at the forefront of any decision to employ the candidate.

## Is the service effective?

### Our findings

Without exception the people and relatives we spoke with found the staff were extremely skilled and able to meet everyone's needs. People told us, "They [the staff] are fantastic and I can't fault them." Another person told us, "They [staff] are angels."

All of the relatives we spoke with told us staff were adept at meeting people's healthcare needs and went the extra mile to make sure people had equal access to healthcare. They said that when people had been unwell and needed a hospital appointment they were pleasantly surprised to find that staff visited the person every day and still provided support, although this was the role of the hospital staff. A relative said, "I would give them 100% and saying they go way above what you would expect, even to the point that they visit people in hospital to make sure they get consistent care. It is marvellous."

One relative said, "Sadly [person's name] couldn't continue to live with us and started using care services 20 years ago and they had some bad experiences but when they came here it made my life. The staff have been utterly wonderful and [person's name] has thrived here. In fact they have a much better quality of life to the one I could have ever offered." A social worker told us, "They will try everything in their power to support people and work closely with all professionals to see if what techniques can be used to help people manage their emotional needs and do this really well."

Relatives told us, "We have absolutely no qualms with Grizedale. The last placement [person's name] stayed at was dreadful and they were left in bed most of the time and got some awful sores. Here [person's name] needs; physical, mental and dietary are all taken seriously. The skills of staff go way above what you expect of a residential care home, they really keep a good eye on people and the slightest change is taken into account." Another relative told us "I know that over the years a lot of [person's name] health care need were overlooked but this is not the case at Grizedale. The staff make sure their healthcare needs are met and currently they have been looking into getting [person's name] an adapted chair."

The staff team had good working relationships with professionals such as community nurses and GPs and referred people to these services when needed. A social worker told us, "It is a fantastic service. The staff will go out of their way to make sure people get the equipment and treatment they need. I would recommend it to anyone and the person I placed at the home had a very good quality of life there." The community nurse told us, "This must be the best service I visit. You can trust the staff to support people to manage both their physical and mental health exactly as I have asked. They listen very closely to what is asked and do double check with me about treatment regimes. I have absolutely no concerns about whether people will get the right care at the right time."

The manager also discussed with us how they make sure staff are fully equipped to appropriately manage equipment such as catheters but also make sure that people are supported to do as much as they can for themselves. The manager outlined how people were able to manage many aspects of their care such as dealing with emptying catheter bags. We heard how when one person went to hospital with a catheter device that is not commonly used staff went up and showed the nursing staff what to do.

Staff recorded clearly in the records the advice provided by the health care professional whilst at the service or, if appropriate, when at home in order to support the person to follow the advice given. The care records provided very detailed information about how to meet people's physical healthcare needs and included both pictorial storyboards and diagrams detailing how to use the specialist equipment such as pressure relieving cushions, hoists, and slide sheets.

Staff were proactive in providing people with a range of information to assist them to make decisions about their health and wellbeing. For example, people were made aware of the benefits of exercise and healthy eating. We saw that people thoroughly enjoyed participating in the daily exercise sessions the staff ran and felt this improved their mobility and stamina. Staff worked very closely with health and social care professionals and we heard they consistently sought advice that would assist them to benefit the people who used the service. Staff were also actively contributing to supporting people to understand how to manage mental and physical well-being.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that where appropriate the manager had applied for DoLS authorisations and rightly determined that some of the people using the service did not require these as they were able to make decisions about whether to remain at the home.

We found that the manager and staff had attended several MCA and DoLS training courses. They had used this learning to inform the way they worked with people who may lack capacity to make decisions. Staff were very clear that even when people had a learning disability, this did not automatically mean they lacked capacity and all of the records reviewed showed they used all available mechanisms to enable individuals to make decisions. We saw mental capacity assessment forms had been completed when needed and these ensured staff adhered to the requirements of the MCA. Best interest decisions were clearly recorded.

We saw evidence that people had provided consent in care plans, for example consent to medicine support or holding information about the person. We saw evidence in care files to show that staff regularly checked with the people who used the service that they were still happy with the support being provided. People told us that they were fully involved in the development of their care plans and their agreement was always sought before any changes to the plans were made.

The manager was committed to ensuring staff had all the skills and knowledge needed to create an effective, person-centred service.

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is courses and updates the provider thinks are necessary to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as working with people who live with learning disabilities, using specialist equipment and epilepsy. Training was closely monitored by the manager and they ensured staff regularly attended refresher courses to ensure they followed current best practice guidance. Staff told us they found the training was really informative.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting,



by which an organisation provides guidance and support to staff. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

People's nutritional needs and preferences were assessed and recorded in their care plans. We saw that staff ensured that people were actively involved in managing their own diet. People were very complimentary about the meals on offer at Grizedale. One person said, "The food is really good and staff are good at cooking. Of course I do some baking as well and staff do think I'm a good cook."

## Is the service caring?

### Our findings

Without exception the visiting professionals we spoke with and the quality reviews they had completed for the service highlighted the compassionate nature staff demonstrated. A social worker told us, "Grizedale is an outstanding care home with lovely staff. You are always made to feel very welcome and nothing is a problem. I find the commitment to giving people a high quality care is exceptional." Another social worker commented, "I couldn't praise enough the work and level of care and support that [the manager's name] and staff team deliver. The people I oversee always comment on how great the staff are and how much they enjoy living there."

People, their relatives and visiting healthcare professionals were exceptionally complimentary about the caring nature of the staff. People told us that the staff were 'lovely', 'marvellous' and "the best in the world." One relative told us, "I have nothing but praise for the dedication of the staff and manager." Another relative said, "The atmosphere here is always lovely and you can feel the happiness coming from the staff and the people." Another relative said, "It's about going the extra mile here and not the money. They do so much more here than what you see in other care homes and really do go above and beyond." Another relative told us, "You can really feel the love when you come into the home. I have never looked back since [relative's name] moved here and I found no other place that compares to this. It is really people's home."

One healthcare professional told us, "I think the staff are a credit to Grizedale. I have had experience of working with [manager's name], staff and the people who used the service since I was at placement within the team in 2015. I think the service as a whole is very welcoming, the staff are approachable and from my experience of working with some of the people they all love living there."

Staff were passionate about their work. They actively listened to what people had to say and took time to help people feel valued and important. Staff understood people's communication methods and readily assisted people to express their views and join in conversations. There were very lively and multi-layer conversations going on with people using verbal and non-verbal communication. One person discussed with us their experiences of the service and how Grizedale staff made them feel truly cared about.

Staff told us how they worked in a way that protected people's privacy and dignity. They told us about the importance of encouraging the people to be independent and also the need to make sure people's privacy was maintained. For example, they had enabled one person to deal with the management of their catheter care and to find new adapted wheelchairs, which had led to them being able to spend the majority of their time out and about in the community. One staff member said, "I love working here and I am confident that we can make sure people are getting the best possible care and the most out of life."

We found great emphasis was placed on the service's visions and values, which aimed to promote people's rights to make choices, receive compassionate care and live a dignified and fulfilled life. This was reflected in every aspect of the care and support that people received. The manager and staff showed genuine concern for people's wellbeing. One staff member said, "I only started working here recently but can honestly say, after working elsewhere, you could not find staff who were any more considerate and dedicated to people

then here."

Staff were committed to delivering a high quality service for people and had created an environment that people thrived in. A staff member said, "We are determined that people will get the best care and will have a good quality of life. We aim to make sure that everyone feels very much the centre of our thoughts and that they feel truly valued." One of people wanted to show us how staff had respected their aims and aspirations by taking us to see the garden they had cultivated. Staff told us they had seen the person had a passion for gardening so had supported them to do this and now the person was growing plants from seeds and produced some wonderful vegetables such as chilli.

The culture embedded in the service was an absolute commitment to deliver a personalised and responsive service, which relatives described as fantastic. A social worker commented, "It is clear when visiting the home that there is a very strong, person-centred care team."

We saw many examples of staff providing support with compassion and kindness. Staff spent time chatting, encouraging, laughing, and joking with people. We saw that where people requested support, it was provided promptly and discreetly by staff. Everyone we spoke with was complimentary of the staff who supported them.

Throughout the inspection we saw that staff were not rushed in their interactions with people. We saw that the manager and staff all spent time chatting with people individually and supported them with their care and support needs and to engage in activities.

We spoke with one person who told us that staff took a real interest in them. Staff had wanted to make the service provided to this person the best it could be and so sought the person's views about what else they could put in place to support them. We heard that this person had asked staff to make it easier for them to contact their relatives and staff had responded by showing them how to text. Their relatives told us that this simple step had really enhanced the individual's life and meant that they could get in touch with them every day. The relatives felt this made maintaining positive relationships with family and friends so much easier.

Over the years staff had worked hard with people and set achievable goals for them to aim towards. This had led to a real widening of the scope of integration within the community and skills people were able to develop. Staff were devoted to ensuring each person found their lives were enriched by their experience of life within their local community. The manager and staff told us how they worked with people who used the service to support them to become more independent. People had been active members of a local church, which had widened their social networks. We found the staff empowered people to voice their wants and aspirations for their lives and then supported them to achieve these goals.

The manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the manager and staff had actively ensured people were enabled to voice their views and express their desires about how the care should be delivered. Where appropriate advocates had been utilised.

No one was needing palliative care at the time of our inspection, but the manager explained the actions they would take should the need for this type of care arise.

## Is the service responsive?

### Our findings

Grizedale provided personalised care for people by providing a rich service that enabled the five people using it to access a wide range of meaningful activities. We found that the staff had embraced the diversity of people's interests and views. They ensured each person was made to feel valued and encouraged to take an active role in orchestrating the care they received. Relatives and people reported that since moving to the service, which for some was over the last 20 years ago, they had led a life full of new and incredibly positive experiences.

A social worker commented, "Staff at Grizedale are very approachable and welcoming. They have a very good understanding of the needs of all the people who live at the home. It is clear that the individuals are very happy with the staff support."

People and their relatives told us the service provided them with the opportunity to have experiences many people took for granted such as holidays, day trips, learning crafts, developing their baking skills and being members of various clubs. We heard how people had been pleasantly surprised to find that their relatives had become more confident in themselves and had developed a wide range of skills. A relative said, "[Person's name] has really come out of their shell and in the old place we felt compelled to check on them every day. But now they tell us they are so happy we don't and [laughingly] really we have to make an appointment. They do so much more now and it is brilliant that staff have showed them how to text and use their mobile phone. "

Staff were passionate and determined to assist people to achieve their goals and celebrated every achievement people made towards reaching a goal or a success they had. Throughout the inspection we found there was a culture of striving for excellence including supporting people to reach their maximum potential. We found that staff did not have pre-conceived ideas about what people could or could not do, which meant that everything was explored. This had led to people routinely going on trips and always trying something new. We saw people joining in a wide range of activities and during our inspection they made some beautiful painted gnomes. One person expressed an interest in learning how to mow the lawn and on the second day of our visit we found the manager had bought a lawnmower. The person told us they were delighted with this purchase.

People were encouraged to take care of pets and we were introduced to the rabbit by one of the people who used the service. They told us it was their 'job' to feed and clean the rabbit hutch out and took a great deal of pride in doing this well.

Amongst this fun environment, staff skilfully and effectively supported each person. We saw staff keep everyone involved in any discussions and readily acted as interpreters for people who used non-verbal communication methods by providing a running commentary on what was being said. One person said, "I love being here and do so much more than I ever have before. It is great." A relative told us, "If anyone has an interest in doing an activity staff go above and beyond to make sure it happens."

We heard how one person had wanted to continue to go to church and so staff had introduced them to the congregation at the church in the village. They had enjoyed going so much they had shared this with the other people. Now a number of the people attend church on a weekly basis and the associated social activities. The manager told us, "The church members have been absolutely wonderful and made the people feel very much a part of their community. In fact they say the people have brought a great deal of warmth and cheer to the events and really appreciate them going."

It was evident from our observations and discussions with people and staff, that all staff knew people well, including their personal history, preferences, likes and dislikes. Individual care and support plans clearly identified any physical, social and emotional needs, how people presented when well or if they were developing an infection, and the support each person required from staff. Detailed records were kept and these were reviewed on a regular basis to identify any trends and if current management strategies needed to be adjusted.

We viewed documentation which demonstrated that the service was personalised in their consideration of the impact of the care they were delivering for people. Each person had a detailed and comprehensive assessment, which highlighted their strengths and needs. People had personal plans that presented the care plans in an easy read format as well as in a very full format for staff, which helped to ensure that the care needs of people who used the service were delivered in the way they wanted them to be. Each time the care plan was reviewed, a staff member involved the person and their main carer in the process.

Care plans provided guidance to staff about people's varied needs and how best to support them. For example, one person's care plan discussed the measures that needed to be taken to ensure that they were positioned on the bed in a manner that reduced the risk of their skin breaking down and another person's care plans detailed the signs that would indicate they were developing a urine infection. We found the care records were very well-written and were very informative.

We checked to see how the service was communicating what the complaints procedure was to people who use the service and heard from people that they knew how to complain. We saw that easy read complaint procedures were available. We viewed the complaints system in place and found all complaints had been investigated with an outcome presented for the person. Relatives told us they had no complaints but were extremely confident that the manager would address any issues if these arose.

# Is the service well-led?

## Our findings

On 24 April 2017 new directors took over the operation of the company. The directors also operate other care services but chose not to register the location with those under their main registration. We checked and confirmed that all the processes for continuation of the existing registration had been put in place, which meant their registration remained valid.

People, relatives and visiting professionals were extremely complimentary about the management of the service. One relative told us, "[Manager's name] runs a very tight ship and everything is always top notch." Another relative said, "I felt very guilty that I could not keep [person's name] with me at home but the staff here and the high quality of the care has really made me realise they are having a better life than I could have provided. [Manager's name] has really been the essential ingredient to making me feel like that."

We found staff routinely consulted the people and displayed the findings of recent services in a format everyone could understand. People thought the service was well run and completely met their needs. They found staff recognised any changes to their needs and took action straight away to look at what could be done differently.

The manager had been in post since 2011. People and staff spoke positively about the management style. They reported that the manager supported them and included them in the running of the service. Staff told us they thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service for each person. Staff told us, "I love working here because the manager really goes out of her way to look at ways we can make each person's life better every day." And, "We, as a team really take pride in making the home run for the people and making sure they receive quality care."

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the support delivered was completely person centred. We found the manager was the integral force ensuring the service was safe, responsive, caring and effective. We found that under their leadership, the service had developed and been able to support people with complex needs lead ordinary lives.

Feedback was sought from people on a daily basis. Feedback from staff was sought in the same way and as well via surveys. Relatives and visiting healthcare professionals were routinely asked to comment about their satisfaction with the service.

The provider had systems in place for monitoring the service, which the manager fully implemented. The manager completed monthly audits of all aspects of the service, such as medicine management and staff development. They took these audits seriously and used them to critically review the service. The audits had identified areas they could improve upon. The manager produced action plans, which clearly detailed when action had been taken. The provider also completed monthly reviews of the service and discussed the operation of the service. This combined to ensure good governance arrangements were in place.

The registration requirements of this service were met. The providers were fully aware of the responsibilities they had taken on in establishing and running their organisation and they understood the legal requirements of meeting relevant regulations. We found that the previous CQC rating was being displayed. All incidents and other matters that needed to be notified to the Commission in line with Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009, had been.