Care Support Force Limited

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Inspection report

Unit A (The Yard)
2 George Street
Pocklington
York
East Yorkshire
YO42 2DF
Tel: 01759 307436
Website:

Date of inspection visit: 27 & 28 October 2015
Date of publication: 18/12/2015

Ratings

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

Overall summary

The inspection took place on 27 and 28 October 2015 and was announced. At our last inspection of the service in July 2013 the registered provider was compliant with all the regulations.

Care Support Force Limited is a small domiciliary care agency that provides care for approximately forty people in the West Wolds area of East Yorkshire. It is based in Pocklington and provides services such as but not limited to personal care, bathing, assisting with dressing and medication reminders. On the day of our inspection the registered manager told us the service was supporting around 35 people.

The registered provider is required to have a registered manager in post and there was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 people who used the service told us that they felt confident about their safety. We found that the staff had a good knowledge of how to keep people safe from harm and they had been employed following robust recruitment and selection processes. There were enough staff on duty to meet people's needs.

The staff received induction, training and supervision from the registered manager and we saw they had the necessary skills and knowledge to meet people's needs.

People were happy with the assistance they received with the preparation of meals.

People were treated with respect and dignity by the staff. Every person we met or spoke with, agreed that they received a very personal service from staff that they knew and trusted.

People told us that they had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions.

People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that the registered manager met with people on a regular basis to discuss their care and any concerns they might have. This meant people were able to voice their opinions about the service and they were listened to.

Records about the people who used the service enabled the staff to plan appropriate care, treatment and support. The information needed for this was systematically recorded and kept safe and confidential.

The people who used the service and the staff told us that the service was well managed. The registered manager monitored the quality of the service, supported the members of staff and ensured that there were effective communication and response systems in place for people who used the service.

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?

Good

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to the people who used the service and the staff team. Written plans were in place to manage these risks.

There were enough staff on duty to meet people's needs and ensure the hours required for domiciliary visits were met. Staff were recruited using robust policies and procedures.

Medication systems were robust and people were supported to manage their own medicines where possible.

Is the service effective?

Good

The service was effective.

The staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for the people who used the service. They were aware of the requirements of the Mental Capacity Act 2005.

We saw that people who used the service were provided with appropriate assistance and support and the staff understood each person's nutritional needs.

The people who used the service reported that care was effective and they received appropriate healthcare support.

Is the service caring?

Good

The service was caring.

The people who used the service had a good relationship with the staff who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the staff and this was confirmed by the people who we spoke with.

The people who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. The staff were knowledgeable about each person's support needs, their interests and preferences in order to provide a personalised service.

The people who used the service were able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

Summary of findings

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well led.

The registered manager made sure they were available to the people who used the service and the staff team. The people who used the service said they could chat to the registered manager and the staff said they were approachable.

The staff received input and direction from the registered manager. There were frequent communication opportunities and the staff felt comfortable discussing any concerns with the registered manager.

The registered manager regularly checked the quality of the service provided and made sure the people who used the service were happy with the service they received.

Care Support Force Limited

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 registered 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 27 and 28 October and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Prior to our visit we looked at information we held about the service, which included notifications. This gave us information about how well the registered provider managed incidents that affected the welfare of the people who used the service. The registered provider had completed a provider information return (PIR) for this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the first day of the inspection we spoke with the registered manager, deputy manager and four people who used the service and visited them (with their permission) in their own homes. We looked at six people's care files and spent time in the registered manager's office looking at records, which included the recruitment, induction, training and supervision records for three members of staff and records relating to the management of the service. On the second day of the inspection we contacted two staff and a further three people who used the service and one relative to talk with them about the service.

Good

Is the service safe?

Our findings

People who used the service said they felt safe within their own homes and that they could discuss any worries or concerns they may have with the registered manager or the staff. One person told us, "I feel safe when I go out with the staff on activities. I prefer female staff for personal care but even the male staff are okay." Another person said, "I always feel safe when staff use the moving and handling equipment. They talk me through the process and they are competent and professional."

The registered provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse (SOVA) and whistle blowing. The registered manager and the members of staff on duty were able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse. This demonstrated to us that the service took safeguarding incidents seriously and ensured they would be fully acted upon to keep people safe.

Checks of three staff files indicated that the staff had completed SOVA training during their induction and again as refresher training. The registered manager described the local authority safeguarding procedures and our checks of the safeguarding file showed that there had been no alerts raised by the registered manager in the last year. Discussion with the local council's safeguarding and commissioning teams prior to our inspection indicated they had no concerns about the service.

The registered manager told us that the service supported around 35 people and employed 10 staff. Checks of the staff rotas and conversations with people who used the service indicated there were enough staff employed to meet people's needs. Discussion with the registered manager indicated that they had a system to work out the number of staff needed to meet the needs of the people who used the service based on the number of hours paid for by each individual. We were shown how the rotas and the staff work schedules were worked out to ensure everyone received the care they needed from their preferred staff. This was reviewed weekly by the registered manager.

The service operated from 07:00 to 22:00 with an on call person for staff on a weekend. The registered manager showed us evidence that the on call texts and telephone calls at a weekend were logged and discussed with the team each week. Staff safety was considered in that staff texted the registered manager with a list of people they were visiting each day and also texted when they arrived back at their own home.

The registered manager and the deputy manager carried out occasional shifts during the week to cover for staff sickness or leave; they told us this helped them keep up to date with people who used the service and gave them an overview of any problems. Staff received their rotas on a Monday morning for the following week's work. Some staff had set days and set customers and others were more flexible. People who spoke with us were happy with this arrangement and told us "I get a mix of staff, but that is okay as they all do a good job" and "I usually get the same staff each week, but I know all of them really well. I cannot remember names so they always introduce themselves. I feel safe in their care and they are trustworthy." One relative told us, "The size of the agency works both for and against it. They only have a small workforce so you sometimes get different staff on the visits. However, the best thing is that you know all of the staff so [name] gets continuity of care from the same people. This gives [name] a stable routine which is incredibly valuable to them."

The service had a recruitment policy and procedure that the registered manager understood and used when employing new members of staff. We saw that application forms were completed, interviews held and that two employment references and Disclosure and Barring Service (DBS) checks had been obtained before people started to work at the service. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. This information helped to ensure that only people considered suitable to work with vulnerable people had been employed.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. For example, accident forms were available in each person's care file for use as needed and we saw that the registered manager had a copy in their office. The last recorded accident in the file kept by the registered manager was in February 2015 when a person who used the service had told staff they had fallen. We saw that staff

Good

Is the service safe?

had completed an accident form for the person who had fallen and had notified the office and the person's family. No further action had been needed as the person was uninjured.

One person who used the service told us, "I feel very safe with this service. Because of my medical condition I do have a lot of falls. The staff are very good and make sure I am safe and well before they leave each day. I have input from the falls team and the occupational therapy team." People who received a service from the agency and who we spoke with told us that, if their care plan identified that two people were needed to carry out a task such as transferring from a wheelchair to a bed, they received support from two people. One person told us "I have a routine that the girls work with. They are always on time and are pleasant and cheerful."

The care plans we looked at included up to date risk assessments for daily tasks such as moving and handling or medication giving as well as environmental factors such as the space available to work in and the presence of any pets. There were more personalised risk assessments for each person that described their individual wishes and choices around care and support. The risk assessments in the care files identified any activities that could potentially put the people who used the service at risk of harm. These were addressed through care plans and agreed with the person who used the service. We saw that people signed their agreement to their risk assessments. For example, one person who spoke with us said they wanted to remain as independent as possible, for as long as possible. They were determined to mobilise independently whilst able, even though they had moving and handling equipment in place for their 'really bad' days. This indicated that staff respected people's wishes and choices whilst monitoring them to keep them safe and well.

Appropriate arrangements were in place in relation to the ordering, handling, administration and disposal of medicines. There was a medication policy and procedure in place that was being updated to meet best practice guidance from the National Institute of Clinical Excellence (NICE). The registered manager told us this would be completed by the end of October 2015. We were told that medicine management training was supplied by the local pharmacist and the local authority. We were able to confirm this by looking at staff training records and the staff training plan which showed that staff were given regular updates and refresher sessions.

Checks of four medication administration records (MAR) showed that these were completed appropriately. The registered manager said that they checked the MAR charts in people's homes every now and again as part of their quality assurance process. If any errors were found such as missing signatures then a note would be left for the member of staff to improve their practice immediately and it would be followed up during their next supervision session. At the end of every month the registered manager gathered in the MAR charts and these were audited. These checks helped to make sure that people received their medicines safely and as prescribed.

People who used the service told us they received support and assistance from the staff to take their medicines on time and as prescribed. One person told us, "I have regular pain relief and it is important this is taken on time. I have no complaints about the staff, they make sure that I get my tablets regularly." Another person said, "My memory is shocking so although I can take my medicine myself I rely on the staff to prompt me otherwise I would forget." A third person told us,"I rely on the staff to sort out my medicines. They make sure these are ordered from my GP, they pick up my medicines from the pharmacy and deliver them to my house. They administer these and make sure any that are left over at the end of the month go back to the pharmacy so I don't have unwanted items left lying around." We saw that each person's care plan detailed what medicine they were prescribed and where necessary included a risk assessment for self-administration. This information was reviewed by the registered manager on a regular basis.

Through conversations with the registered manager, staff and people who used the service we found that staff did not routinely handle any money for the people whose care they delivered. If they did carry out shopping tasks for anyone then the money received from and returned to the person using the service was documented in the care folder and receipts were obtained. One person told us "The staff come with me to the supermarket, but I handle my own money." We saw that the registered provider had a policy and procedure for handling financial transactions and staff who spoke with us were aware of their role and responsibility regarding this.

Good

Is the service effective?

Our findings

We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. The registered manager showed us the induction paperwork completed for staff in their first three months of employment. We found that the registered provider used the 'Care Certificate' induction that was introduced by Skills for Care in April 2015. Skills for Care is a nationally recognised training resource.

We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork. All new staff were introduced to the people who used the service during their induction, so there was already a degree of knowledge before new staff worked alone with an individual.

We saw that the staff team had access to a range of training deemed by the registered provider as both essential and service specific. Evidence in the staff files showed us that staff had completed essential training such as fire safety, medicine management, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. The staff training plans also showed that they had completed courses on person centred care, communication, diabetes, dementia care, catheter care and control of substances hazardous to health (COSHH).

Checks of the staff files showed that they received regular supervision from their line manager and had a yearly appraisal of their work performance. Records seen indicated that supervision meetings were held every three months and we found that the supervision sessions were written in detail and included action plans.

The registered manager told us that they completed a check of the staff's competency and work practice at the end of their three month probationary period and then every six months. We saw evidence of this documentation and the feedback given to the staff. This meant there was evidence to show that each member of staff's progress was monitored by the agency to ensure they were carrying out their role effectively.

We asked people who used the service if they felt the staff were sufficiently skilled and experienced to care and support them to have a good quality of life. Everyone we spoke with was very satisfied with the staff who looked after them. We were told, "The staff are very nice. I am well looked after", "The care given to me has made all the difference to my daily life. I can now relax and know everything is being taken care of" and "The staff are wonderful, I have waited a long time for a service this good." People whose care included use of equipment such as a hoist told us "The staff know what they are doing. They are very competent when using the equipment." and "I have no worries when staff visit, they know what they are doing and always talk to me when doing my care tasks."

People who used the service either had full capacity to make their own decisions about their care and well being or they had a family member acting on their behalf and this was recorded in each of their care files. People who spoke with us about their care said the staff only carried out tasks with their consent and in accordance with their wishes. Two staff who spoke with us were clear about their role and responsibilities in promoting people's rights, choices and independence.

We were told that restraint was never used when caring for anyone receiving support from the service. Discussion with the registered manager indicated that those staff who had not completed Mental Capacity Act 2005 (MCA) training were booked to complete this on 24 November 2015. We were shown evidence of this during our inspection.

We saw that mental capacity assessments were completed by a person's social worker as needed. This was carried out as part of the initial risk assessment process and was reviewed regularly. Discussion with the registered manager indicated they understood the principles of capacity and if required would organise a best interest meeting. Best interest meetings take place when informed choice cannot be made by the individual, and includes the views of all those involved in the individual's care. This indicated the service was working within the principles of the MCA.

People who used the service confirmed to us that they were able to discuss their care and support at any time. One person told us, "I see [registered manager and deputy manager] several times a year to discuss my care and needs. I can call them at any time if needed" and "The office is very responsive. I phoned them the other day to change something and it was done straightaway." One

Good

Is the service effective?

relative said, “I can discuss [name] care with the staff who then let the registered manager know. They are easy to talk to and quickly get back to you with a response.” This indicated that there was effective communication between the service and people who used the service.

We found there was a communication folder in every home containing the person's care plan, communication sheets and assessments. Information in the care folders indicated the people who used the service received input from health care professionals such as their GP or the district nursing team. We were told by the staff and the registered manager that the service did not take people to hospital appointments, but did support people with visits to their local GP’s, dentists and chiropody. Staff documented any interaction with these health care professionals in the person’s care folder. This ensured that staff were aware of people’s health care needs so that they could provide appropriate support.

Some of the people who we spoke with at the inspection told us that they had assistance with meal preparation. People told us that they were always asked what they would like to eat and the care worker would then go about preparing it. People praised the staff saying, “They always come in and make sure that I have had a hot meal” and “The meals they make are lovely, nothing is too much trouble for them.”

Good

Is the service caring?

Our findings

People who used the service said they were very happy with the care and support they received from the staff. We saw that there was a good rapport between staff and the people who used the service. People told us they, “Trusted and had confidence in [the staff]” and we observed that staff acted in a caring and friendly, but professional manner at all times.

The staff and the registered manager showed a good response to people’s equality and diversity needs. For example, people’s wishes around the gender of staff who delivered personal care was always respected. One person told us “I prefer female staff when I am getting showered and the service always respects this and sends appropriate staff.” A relative told us, “The staff are very good. They cope with [name] dementia needs very well especially their ‘ups and downs’ in mood, they understand the frustration [name] feels and support them well.”

People were treated with respect and dignity by the staff. Every person we met or spoke with agreed that they received a very personal service from staff that they knew and trusted. We were told "I get the care I need in the way I want it", "Nothing is too much trouble for them" and "They treat me with respect and listen to me when I talk about my care. I have no worries or complaints about the support I receive." One person told us, “The staff are helping me get organised. They let me do my own thing and respect my need for independence. If I make a mess of things they just tidy up and don’t interfere.”

Discussion with people who used the service indicated that they did not use independent mental capacity advocates (IMCA) as they were either capable of speaking up for themselves or had a member of their family who acted in this capacity for them. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Care plans recorded information for staff on how to support people with personal care needs. The registered manager told us that two copies were produced, one to be kept in the agency office and the other was for people to keep in their home. We saw that the documentation in each person’s care folder included a ‘Weekly Contact Record Sheet’ where staff recorded the daily tasks they carried out. In addition to this the record included a daily entry for each person’s health and wellbeing, where staff recorded how each person was feeling, their moods and outlook on life. Staff said this helped them assess how each person was doing in general and if they had any concerns about an individual’s well being they would give feedback to the registered manager. The registered manager reviewed the wellbeing entries as part of their monthly audit process.

Discussion with people who used the service, the registered manager and the staff indicated that the care provided was person centred and focused on providing each person with practical support and motivational prompts to help them maintain their independence. One person told us, “The staff are great, they help me with my personal care. They are so professional I don’t feel embarrassed at all.” Another person said, “The staff are kind and patient. The care is always to a good standard, the staff respect my privacy and dignity and they are always on time.”

People who used the service told us they were confident that their records and information about them was kept confidential and safe. The records we saw in the head office were kept locked in a filing cabinet with access only available to the registered manager, deputy manager and registered provider.

Good

Is the service responsive?

Our findings

People who wished to use the service were involved in a robust assessment process as part of their introduction to the service. Discussion with the registered manager indicated that referrals to the service, which is based in Pocklington, usually came through East Riding of Yorkshire Council (ERYC) who are the local authority. The local authority sent the registered manager basic information about the individual and their needs, plus an outline of their care package. If the registered manager felt the service had sufficient resources to meet this person's needs then they would arrange to go out and visit the new person in their own home.

We were told by the registered manager that during their assessment they discussed the person's care needs including any support with medicines. Risk assessments were also carried out for the environment and the person who needed the care package. We saw that copies of these assessments were in the care files people held in their homes and the people we spoke with confirmed that they had been part of this initial assessment process. Discussion with the registered manager indicated that they visited people every six months to review their care and support. This was confirmed by the people who spoke with us during our inspection.

People who used the service were involved in their own care reviews with input from the staff team, the registered manager, their family and the funding authority (where applicable). We saw copies of the care reviews in people's care folders when we visited them at home. People told us how happy they were; one person said, "I am well looked after and [staff member and the registered manager] listen to me when I want to talk about my care." Discussion with people indicated they were aware of the contents of their care file and we saw that they had signed the paperwork to say they agreed with the care plans.

The care plans we looked at were written in a person centred way. One person who spoke with us said that staff helped them with personal care, domestic tasks and gardening. Staff also took them out for a walk into the local village. Another person said they went out shopping with the care staff to buy groceries and pay their bills. This meant the service enabled these individuals to retain their links with their local community and the support from the staff meant people maintained a level of independence.

People who used the service told us that the care was "Marvellous" and "I do not know what I would do without them." From talking to individuals who used the service it was clear that each person received a care package that was specifically tailored to meet their individual needs. The care people received took account of their different lifestyles, wishes and choices. One person told us, "I have been with the staff to Scarborough, I go to concerts and I am planning a trip to Newcastle" and another person said, "I am more than happy with the service, the staff are wonderful and friendly. They carry out their regular tasks and then they look around to see what else they can do to help me. They are respectful and mindful of my belongings and my home."

The registered manager handled complaints, niggles and grumbles effectively. For example, we saw that people had a copy of the registered provider's complaints policy and procedure in their care folders and a list of the contact details for the office and registered manager. People who spoke with us said they found it easy to get hold of the registered manager if they had any problems, and they were confident about talking with them.

Checks of the complaint file kept by the registered manager showed that they had not received any formal complaints in the last year. We saw that the registered manager had investigated a number of minor niggles and grumbles raised by people who used the service and that these had been quickly resolved by them visiting individuals or telephoning them and talking through their issues. One person told us "I know how to complain if I had to, but there has been no need" and another person said, "I would talk to the staff if I had any minor issues, they are very good at listening to me and can usually sort anything out."

Good

Is the service well-led?

Our findings

We sent the registered provider a provider information return (PIR) that required completion and return to CQC before the inspection. This was completed and returned with the given timescales. The information within the PIR enabled us to contact health and social care professionals prior to the inspection to gain their views about the service. The professionals who responded to us said they had no concerns about the service.

There was a registered manager in post who was supported by a deputy manager. This was a small service and both the managers were an integral part of the staff team. They regularly covered early and late shifts so had a good understanding of people's needs and working practices. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received.

Although this was a small domiciliary care service it had a good quality monitoring and quality assurance system. We saw that the staff team and the registered manager carried out regular checks of care records, reviews of the documentation were held monthly and care plans were updated when each person's needs changed. The registered manager also completed audits on risk assessments, capacity, medication, staff training, staffing levels, falls, accidents and complaints. The audits for 2015 contained action points which were fed back to staff during their meetings and at supervision sessions. This demonstrated that learning from events was taking place.

Our observation of the service was that it was well run and that the people who used the service were treated with respect and in a professional manner. We asked the staff team what their views were on the culture of the service. They told us, "There is a very open and honest feel to the service; people's views and opinions are sought and listened to. The focus of our work is on the people using the service making sure they receive a high standard of care that meets their needs and is in accordance with their wishes." People who spoke with us described the service as "Professional", "Friendly" and "Efficient."

The service had strong links within the local community and we saw that the registered manager and the staff team spent time and made an effort to make sure that people who used the service were able to take part in local community events. One member of staff took two people living with dementia to a local group meeting every week and recently the service held a coffee morning and invited the people they supported to attend, during which they raised funds for a local charity. People told us about the pantomime they were going to with the staff, they paid the entrance fee themselves and the service provided the transport and the staff free of charge. We were also told about the Alzheimer's party being held in January 2016 at the local community centre. All proceeds raised were for this charity and provided people, staff and the local community with an opportunity to get together in a social setting.

Discussion with the registered manager, staff team and the people who used the service indicated that the registered manager and the deputy manager were always contactable and came out to visit people several times a year to review their care and progress. Records of these visits were made available to us for inspection.

Feedback from the people who used the service and the staff team was obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was usually analysed by the registered provider and where necessary action was taken to make changes or improvements to the service. We were able to look at a selection of documents that confirmed this took place; a meeting was last held with the staff team in September 2015 where they spoke about documentation and person centred care. Staff confirmed that they met every two months formally and had a chat with the registered manager in the office every week.

We saw copies of the staff supervision sessions. The information recorded indicated that this gave each staff member an opportunity to discuss their work, any concerns they might have and was also a time for them to be updated with any changes needed. The staff told us they felt well supported by the registered manager; they told us that conversations were kept confidential and that they felt there was a good level of communication between the staff and the office.

We found that staff records were kept within a locked cabinet in the registered manager's office. Information within them was up to date and monitored by the deputy manager and registered manager. We saw that there were policies and procedures in place with regard to confidentiality and these had been reviewed by the

Good

Is the service well-led?

registered manager. Policies and procedures for practices such as medicine management, safeguarding of vulnerable adults, recruitment of staff and infection prevention and control were all up to date and reflected current legislation and guidance.

All care files and associated care records were stored securely by the person in their own home and at the organisation's office. These documents were accessible to the staff and easily located when we asked to see them. The registered manager said they used the services of a professional confidential waste company for shredding documents once they had been kept for the correct period of time in line with the Data Protection Act.