

Gold Care Services Ltd

Goldcare Services Limited

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Gold Care Services Limited provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including learning disabilities and autism with some people requiring 24-hour support. At the time of our inspection 14 people were using the service living in three separate supported living settings. Most people rented an en-suite room from a private landlord and used shared facilities such as kitchens, living rooms and bathrooms. Four self-contained flats were available for those people who were more independent.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Risk assessments in place were detailed and person centred. However, some people's risk had not been identified. The provider did not always properly assess risks relating to the environment and people's healthcare needs.

The service applied the principles and values of Registering the Right Support. This meant people who used the service were able to live as full a life as possible and achieve good outcomes that include control, choice and independence. However, some best practice and legislation around how people were supported in the least restrictive way possible and in their best interests had not been followed.

The provider did not have effective systems in place to monitor, assess and improve the service. The provider had not identified the issues we found during our inspection so had not made the necessary improvements to be compliant with the fundamental standards.

Staff knew how to keep people safe and used lots of different way to communicate with people to find out how they were feeling and what choices they wanted to make. Care records helped staff know what was important to people and how they wanted to be supported. Information was available for people in a way they could understand.

There were enough staff to keep people safe, staff received training to keep them up to date with their skills

and knowledge and recruitment checks made sure staff were safe to support people.

Staff supported people to follow their interests in the community and at the service. They helped people keep in contact with their family and friends. During our inspection people were very active getting ready with staff to go out or making plans for their day.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Goldcare Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed information about the service such as notifications they are required to submit to the CQC about significant events. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During our inspection we observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. This was because some people were unable to express their experiences of the service verbally. We spoke with four people who used the service, the general manager, the registered and six staff members. We looked at records which included nine care plans, three staff files, medicines records and other records relating to the management of the service.

After the inspection

After our inspection we spoke with four relatives of people using the service for their views. The registered manager sent us additional information we asked for, including staff training, staff meetings and quality checks. We also spoke with the local authority and the local fire service with regard to concerns we had about the fire safety at one of the supported living settings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always identify, assess or manage risk appropriately. Although the landlord was responsible for the upkeep and safety of the supported living settings people lived in, we found the provider had failed to assess risks to people concerning the environment and not acted to help people stay safe.
- People were not protected from harm. For example, in two of the supported living settings we visited we found strong cleaning chemicals such as bleach in unlocked kitchen cupboards. People's care records did not contain any information about the risk that this might pose to them. We were concerned because some people using the service had complex needs and may not be safe if left unsupervised with these products. We spoke to the general manager and the registered manager about our concerns and they assured us they would take steps to secure the cupboards. After the inspection we received confirmation that this had been done.
- Safety checks for hot water temperatures were not carried out in one supported living setting. The general manager explained staff would test the water temperature by using their hands. We were concerned because people using the service may be at risk of scalding from hot water and the provider had not taken adequate measures to make sure people were safe. On the second day of our inspection the registered manager had bought a thermometer and confirmed staff would use this to check water temperatures. After our inspection the registered manager gave us written confirmation of action taken to improve people's safety in this area.
- People were not protected by suitable fire safety arrangements. One supported living setting did not have a working fire alarm system in place. The general manager explained a fire alarm panel had been fitted two weeks prior to our inspection but this was not working. Although people had personal evacuation plans in place staff confirmed there had been no fire drills. We were concerned people and staff may not know what to do if there was a fire and could not see how people were supported to understand fire risks and how to keep safe. After the inspection the registered manager told us about additional work the landlord had completed to ensure people's safety at the supported living setting and confirmed they had started fire drills to help raise fire safety the awareness for people and staff.
- People's care records contained detailed risk assessments with guides to staff on how to support them at home and in the community. However, two people did not have information in their care records about their health care needs. For example, one person was at risk of seizures, but there was no epilepsy protocol or risk assessment in place to give staff the information they needed to keep the person safe during a seizure. Another person had diabetes but there was no guidance in place for staff on what they should do if the person's blood glucose levels were too high or too low. Although the staff we spoke with knew about these risks and gave us assurance people would be safe we needed to be sure new and agency staff had the information they needed. We spoke to the registered manager about our concerns and after our inspection

we received confirmation that appropriate risk assessments were now in place.

- Staff told us people who had epilepsy were closely monitored at night. They explained they left people's doors open so they could listen for any movement or indicators that the person may be suffering a seizure. Staff told us people did not mind having their doors left open and people would shut their doors if they wanted some privacy. However, when we looked at people's care records there was no information about the risk to people at night and how this should be monitored. People's wishes about how they wanted to be supported to reduce risk had not been considered. We spoke to the registered manager and asked them to look at the practices in place with regard to recording risk and involving people in decisions relating to their risk.

We found no evidence that people had been harmed, however, the provider had failed to identify, assess and manage risk appropriately and this was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection there were several health and safety issues identified that could be a risk to people. This included uncovered heat sources, and lack of window restrictors in some areas that meant people may be at risk of falling. Although we do not regulate the premises, we do look at issues that could potentially cause harm and we expect the provider to work with the landlord to make the environment safe for people. The registered manager confirmed after the inspection that action had been taken to address these issues.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with either told us or indicated that they were happy living in the supported living setting. Relatives told us they were happy with the care and support their family member received.
- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission.

Staffing and recruitment

- There were sufficient numbers of staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate outings, activities and healthcare appointments as well as give staff time to give people the one to one support they needed. During our inspection staff were always visible and on hand to meet people's needs and requests.
- There had been a recent increase in night staff from one to two. Staff told us this had made things easier for them and improved the quality of care for those people that required extra support at night. People told us this change made them feel safer at night knowing there would be staff to support them if needed.
- People and their relatives told us there had been a high turnover of staff recently. Relatives said their family members were happier when there were the same staff to give continuity of care. However, they were happy with the support from new staff.
- The provider continued to follow safe recruitment practices. Checks were carried out before new staff started work to make sure they were suitable for the role.

Using medicines safely

- People received their prescribed medicines safely. People's medicine records had been completed appropriately and there were no errors in the documents we saw. Staff checked the amount of medicines people had so there was less chance of medicine errors.
- When people received their medicine 'as required' or PRN there was some guidance in place for staff to follow, however, this could have been more detailed for some people. For example, when to give people medicine including verbal and non-verbal cues and what, if any, alternatives there may be PRN. Staff gave us

assurance they would not use PRN inappropriately and confirmed they would add more detail on people's medicine records.

- Medicine storage was well organised in two of the supported living setting we visited, however, we found medicine was not stored securely or in an organised way in one setting. We spoke to the general manager about our concerns and they assured us they would put more robust and organised storage in place to prevent future medicine errors occurring. After our inspection we received confirmation that his action had been completed.

Preventing and controlling infection

- The communal areas of each supported living setting were clean. Staff had received training in infection control and food hygiene and cleaning schedules were in place.
- The registered manager told us staff did not use personal protective equipment such as gloves unless there was a specific need to do so and in certain circumstances.

Learning lessons when things go wrong

- Incidents were recorded giving a detailed account by staff on what happened. However, there did not appear to be any arrangements in place for reviewing the information and making sure action was taken when things went wrong. The registered manager gave us examples of actions taken to improve people's care but these were not always recorded. We spoke to the registered manager about improving the way they recorded any action taken and improvements made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to care was not always sought in line with legislation and guidance and when people lacked the capacity to make a particular decision this was not always assessed, recorded, and managed appropriately.
- Staff told us some people lacked the capacity to make decisions about their care and support. They told us they had received training in MCA and deprivation of liberty safeguards and always offered people choice.
- Records indicated some people may not be able to make decisions in certain areas and prompted staff to offer people choice whenever possible. Records included generic guidance around the MCA and providing care in the least restrictive way and in people's best interests. However, we found people's records did not contain individual mental capacity assessments to inform staff when the person may not have the capacity to make specific decisions, details of any best interest decisions that may have been made or what staff needed to do to ensure they were acting in line with the legal framework.
- Some people lacked capacity, required constant supervision and were restricted from certain areas of the service at certain times to keep them safe from harm. We were concerned because we could not see any evidence that authorisations for a deprivation of liberty had been made.
- We asked the registered manager if people had MCA assessments in place or if any applications had been made to the Court of Protection. The registered manager explained this had not happened and they relied on the local authority to make these assessments.

Decisions were being made for people without an appropriate decision specific assessment being undertaken in relation to their capacity. When a person was unable to make a decision, we did not see

evidence of those decisions being made for the person in their best interests.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection the registered manager confirmed they were working with the local authority to meet the requirements of the MCA and would make sure those people who were unable to make certain decisions had appropriate assessments in place, with any decisions made on their behalf recorded in line with best practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed when they first started to use the service and continued to be updated as people's needs changed. Assessments included information about people's support and healthcare needs so staff could provide the appropriate care and support.
- Regular care reviews were conducted involving people, staff and family members, if appropriate.
- Staff applied learning effectively in line with best practice, which meant people were supported to have a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us they received enough training to provide people with the care and support they needed. Staff thought the training provided was very good and focused on the needs of people living at the service.
- The provider monitored staff training and reminders were sent to staff when their yearly refresher training was due. When training was not completed within a specified deadline the provider took appropriate action to prompt staff to get this done.
- Most staff felt they were well supported by their managers and regular supervision, team meetings and yearly appraisals gave opportunities to discuss any issues including learning and development. However, after the inspection we received concerns that some staff did not feel supported by managers. We have forwarded their concerns to the provider so they can investigate appropriately and make things better.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to make choices about their food and drink. Those people who were able to, told us they were able to choose and shop for their own menus.
- For those people who were non-verbal staff told us how they helped people make food choices. For example, by using pictures, or offering actual food choices. They knew people well and when people refused a meal they would always offer an alternative.
- People's likes and dislikes for food and drinks were recorded in their care records along with any special dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access the healthcare services they required. Care records confirmed that there were good links with local health services and the GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals.
- Records contained health action plans and hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used by people to take to hospital or healthcare appointments to show how they liked to be looked after.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us they liked the staff. One person said, "The staff are very caring, very caring indeed." Another person told us, "The staff are OK, they get to know me."
- Some people were non-verbal so we spent time observing how people were with staff. We saw people appeared comfortable approaching staff. Staff knew how people communicated and were able to provide the support people needed because they understood the body language and gestures people used.
- Relatives told us they found staff kind and caring and always felt welcome when they visited the service.
- Staff continued to have a good knowledge of the people they were caring for and supporting. They were able to tell us about peoples' likes, dislikes and history. They spoke about people with kindness and compassion and explained how they supported people while promoting their independence. One staff member told us, "I really love this job, it is my joy to support these clients." Another staff member told us, "It's great, I love my job. I love supporting people to fulfil their day to day living."

Supporting people to express their views and be involved in making decisions about their care

- People were involved with choices about their day to day care and support. One person did not like to wake early in the mornings and staff respected their wishes. Another person told us they could choose where to go on outings and trips.
- Relatives gave examples of how their family members made decisions about some aspects of their day to day care. For example, what they wanted to do during the day and when they wanted to get up or go to bed.
- Care records contained detailed information about people and how they would like to be supported, their likes and dislikes and daily routines.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- People were encouraged and supported to be as independent as they could be. Staff gave examples where they encouraged people to be involved in everyday tasks, such as making meals, hot drinks, cleaning and laundry.
- Staff told us how they respected people's privacy and dignity and made sure they gave people choice in their everyday decisions. People we spoke with confirmed they were able to choose the clothes they wore and the food they ate. One person told us about their trip to the shops that morning and how they liked to go to their favourite place to have a cup of coffee.
- People's care records identified their religious and cultural beliefs, and staff supported people to celebrate religious holidays and celebrations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. People and their family members were involved in the care planning process and records confirmed people's views were recorded. For example, what made people happy or sad, their likes and dislikes and preferred routines were recorded and staff were knowledgeable about these.
- Care records were regularly reviewed and reflected any changes in people's care and support needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities of their choice.

- People were supported to follow their interests and take part in activities that were relevant to them. One person told us about their hobbies and interests and another person told us about their schedule for the week. They told us, "I'm always busy."
- Each person had an activity schedule that was relevant to them and staff told us they were able to spend time with people supporting them either at home or in the community.
- Staff encouraged people to maintain relationships that were important to them. One person told us about the friends they had made at a local club and how they enjoyed their weekly visits to see them all. Staff explained how they maintained people's relationships with family members, for example, when family were unable to visit staff would drive people to meet their families and support them on their trip. Relatives confirmed they worked with staff to make sure they kept in touch with their family member through regular visits and telephone calls.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records included information about their individual communication needs and how these should be met. Staff used symbols, pictures and objects of reference to help people communicate.
- Staff knew people's communication needs well and were able to support people appropriately to gain people's views and choices.

Improving care quality in response to complaints or concerns

- People told us they knew who to make a complaint to if they were unhappy. One person told us, "I would speak to the [registered manager] if I was unhappy. She does an excellent job...she is so for the clients and

fighters for what we want and need all the time."

- Systems were in place for people to report concerns or make a complaint. Records indicated there had been no complaints in the previous 12 months.
- Relatives told us they knew who to make a complaint to if they were unhappy but had never needed to. They told us they had confidence that when they spoke to the registered manager about their family member's care, they would be listened to.

End of life care and support

- At the time of our inspection no one was receiving end of life care. The registered manager told us they had not discussed or recorded people's wishes for their end of life care, however, confirmed they would contact local healthcare professionals for advice and support with a view to recording people's preferences and choices in this area. We will check on this again at our next inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- At our last inspection there were two registered managers supporting three supported living settings. At this inspection one registered manager was in post. They were supported by a general manager who provided cover when needed. Senior staff supported the registered manager at each of the supported living settings. However, we were concerned the change in management structure and additional workload may have had an impact on the day to running of the service and making sure regulatory requirements were met.
- The provider did not have systems in place to make sure risk and regulatory requirements were recognised, understood and managed. Although the registered manager told us they visited each of the supported living settings as part of their quality assurance process, there were only limited records in place to show how the service identified or acted upon risk. There were no robust quality audits in place to recognise areas where improvement was needed and record actions taken to put things right. This meant the provider had not identified the issues we found during our inspection. For example, some people did not have risk assessments in place for their specific health needs, environmental risks to people had not been identified and plans were not in place to help staff manage these risks and people may have been deprived of their liberty unlawfully.
- Although the registered manager assured us of the action they would take to make things better, we were concerned the lack of systems and processes in place to recognise risk and act accordingly may have a negative impact on people's care.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives felt listened to and liked the registered manager and staff. They told us they always felt welcomed by the service and involved in their family members care.
- People knew the registered manager well, asking questions and engaging in conversation with them. Staff told us they felt the registered manager listened to them. Comments included, "This job can be challenging

and sometimes I feel overwhelmed but when I feel stressed I talk to the [registered manager] and she asks if there is any way she can help" and "Any problems we talk to the managers and they try to make staff happy."

- Staff encouraged people to attend regular meetings to have their say about how the service was run. When people were non-verbal staff used other forms of communication to gather people's views.
- People, their family members and staff were asked for their views and opinions on how the service was run. The provider sent surveys to people using the service, their family, staff and health care professionals.
- Staff meetings and supervision gave the opportunity for the registered manager to share examples where things had gone wrong and discuss improvements to be made. Staff told us they found meetings and supervisions were useful and felt they could openly discuss any issues with the registered manager.

Working in partnership with others

- The service worked in partnership with other agencies including local authority safeguarding teams and multi-disciplinary teams. The registered manager gave us examples of effective working with outside agencies. This included working with healthcare professionals to seek advice for the best healthcare options for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person failed to act in accordance with the requirement of the Mental Capacity act 2005 and associated code of practice. Regulation 11(1)(2)(3)(4)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for people by assessing the risks to the health and safety of people of receiving the care and doing all that is reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not assessed the risk to the health, safety and welfare of people using the service. Information was not always managed in line with current legislation and guidance Regulation 17 (2)(a)(b)(c)</p>