Kulan Care Ltd

Kulan Care

Inspection report

Unit 1
228A Seven Sisters Road
London
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Date of inspection visit:
21 October 2021

Date of publication:
26 November 2021

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

About the service
Kulan Care is a domiciliary care agency that provides care and support to people in their own home. People receiving a service included those with dementia, mental health, physical disabilities and learning disabilities. 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. At the time of our visit the service was providing personal care to four people.

People's experience of using this service and what we found
Kulan Care is a small provider in the process of establishing itself in the care at home field. Although we identified that some improvements were needed (as described in the safe, and effective domain) the provider had taken the necessary steps to provide individualised service and support for people. There was a continuity of care from the same staff providing people with care workers who knew their needs well. People and relatives confirmed this as they told us they were happy with the care provided by this service.

Some care documentation had limited information about details of how people wanted to receive their care. Some processes around medicines management, gathering references from previous employers and seeking people's consent required further work to ensure they were fully established and consistent with health and social care regulations. We were assured that these shortfalls would be addressed. The registered manager provided us with evidence of engaging with an external consultant and their work on improvements. Seen documentation showed that this work started before our visit, and actions on improvements were scheduled for November and December 2021.

Staff knew how to protect people from harm. Staff had training in safeguarding people from abuse. Where people's health had deteriorated or needed additional support, staff knew what action to take to ensure people received the necessary care. The registered manager deployed enough care staff to support people as agreed. There were effective infection prevention and control measures to protect people from the risk of infection, including COVID-19. The registered manager monitored staff COVID-19 testing participation to ensure they were COVID-19 free when visiting people.

All staff employed by the service had previous experience of supporting people at home. Staff received appropriate training to help them to maintain and further develop their skills to provide good care to people. People and relatives spoke positively about the care staff at Kulan Care. They described staff as kind and very experienced. Staff protected people's privacy and dignity when supporting them and encouraged people's independence as much as it was possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

This service was registered with us on 1 October 2020 and this was the first inspection.

Why we inspected
We inspected Kulan Care as part of our inspection prioritisation programme. We carried out this inspection as we had not inspected this location since it was registered with us on 1 October 2020. We needed to carry out a comprehensive inspection to take an in-depth and holistic view across the whole service, looking at all five key questions to consider if the service is safe, effective, caring, responsive and well-led.
Enforcement
We have identified breaches in relation to risk assessment process and the principles of the Mental Capacity Act.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from 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**

Kulan Care

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
The inspection team included one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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
We gave the service over 48 hours' notice of the inspection. This was because it is a small service and 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 looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We received feedback from four relatives and one person using the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with the registered manager. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment. We looked at a variety of records relating to staff recruitment and training.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from three staff employed by the service.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely

● We identified some inconsistencies in how the service managed the administration of people's medicines. The provider did not always communicate with respective professionals, GP or pharmacists, to confirm what medicines were prescribed to people. Therefore, there was a risk that staff would not have correct information about people's medicines. We discussed this with the registered manager who said this would be addressed immediately.

● Staff recorded medicine administration on medicines administration records (MARs). Each administration was signed by staff to confirm they gave medicines to people. However, some MARs did not have all information required, for example, the route of administration of medicines or the strength. We discussed this with the registered manager who provided us with evidence that before our inspection they commenced work on improvements around MARs which aimed to address this issue.

● Although the above gaps were identified we were assured that the provider was working on improvements to ensure people were receiving medicines safely. This was because the registered manager started reviewing medicines management procedures before our visit. We were also told by a family member how the service identified unsafe medicines administration practices and introduced changes. By doing this they addressed the issue and followed the national guidelines and the provider's medicines policy.

Assessing risk, safety monitoring and management

● We identified shortfalls related to the risk assessment recording process. Risks to people's health and wellbeing were acknowledged. However, there were no appropriate risk assessments in place to guide staff on the significance of these risks and how to minimise them.

We found no evidence that people had been harmed. However, the lack of robust risk assessment procedure placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We discussed this with the registered manager, who provided us with evidence that they were working on improving risk assessment documentation. Shortly after our visit, the registered manager provided us with examples of updated risk assessment documentation on risks around nutrition, diabetes, medicines, and skin condition.

● People's care needs, and risks were frequently discussed with people and their relatives. One relative told us, "I am in touch with the registered manager as and when needed." Relatives also told us that staff understood and acted when needed. One relative told us how staff identified a concern with a person's

health and took effective action to ensure the person received support.
● The provider assessed risk within the environment people lived and staff worked. This helped to ensure people and staff were safe when providing care to people.

Systems and processes to safeguard people from the risk of abuse
● The provider had systems in place to ensure safeguarding matters were highlighted and dealt with. People and their relatives told us that people who used the service were safe in the presence of care staff. One person told us, "I feel safe with staff."
● The service had a safeguarding policy in place. It detailed the process of dealing with safeguarding matters and reporting concerns. Safeguarding concerns were discussed during staff supervision meetings.
● Care workers had received safeguarding training, and they understood their role in safeguarding people from harm. They told us that the service safeguarded people from abuse. They confirmed they received training about different types of abuse and how to recognise and respond if someone was at risk of abuse.

Staffing and recruitment
● Overall, the provider ensured that staff were recruited safely. Some improvements to the provider's vetting system were needed to ensure recruitment guidelines were always followed. When the provider approached referrers by phone, they have not always documented it. Therefore, it was not always clear how references were obtained. We discussed this with the registered manager who assured us that phone references would be appropriately marked and recorded for future reference and audit purposes.
● Other recruitment checks had been completed. This included undertaking a criminal record check to ensure that a prospective employee had not been barred from working with vulnerable adults. The provider also checked that the employees had the right to work in the UK.
● The provider deployed enough staff to visit people. People told us they were supported by the same staff, which ensured continuity of care and the development of a positive and friendly relationship between staff and people.
● People and relatives told us staff were very reliable, on time, completed agreed task fully and had time to chat with people. One person told us, "'Same carer each visit. They are reliable and on time and have never missed a visit." Relatives said, "The same carers and all the time keep to their time. They are more than happy to stay to finish the job. Even during difficult COVID-19 times always there. For us, as a family, it's very reassuring" and "Always the same male carer. It was our choice. The good guy knows what they are doing."

Preventing and controlling infection
● We were assured that the provider was using PPE effectively and safely. Relatives told us, "Care staff put masks, gloves, aprons on before going into the bedroom. They dispose of them in the bin outside on their way out."
● We were assured that the provider was accessing testing for people using the service and staff. Staff participated in weekly COVID-19 testing. The registered manager monitored it to ensure staff visiting people were COVID-19 negative.
● We were assured that the provider's infection prevention and control policy was up to date.
● Staff confirmed they had training in infection prevention and control and that they received ongoing COVID-19 guidelines. They told us they had enough PPE to provide safe care to people.

Learning lessons when things go wrong
● The provider had a system in place for managing accidents and incidents to analyse them and to reduce the risk of them reoccurring. This was to ensure the service could take remedial action to minimise the risk of another occurrence. The registered manager told us that there had been no accidents and incidents since the service was registered in October 2020.

Requires Improvement

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 the best available evidence.

This is the first inspection for this newly registered service. This key question has been rated 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 the 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.
- On review of the care documentation we saw that where people lacked the capacity to make decisions, their relatives signed the consent for people's care. However, there was no evidence available to show that these relatives had the legal right to make decisions on behalf of people.
- The provider had not completed mental capacity assessments to check whether people could make decisions about their care. Where people couldn't express their views, the provider sought support from people's families. However, they could not evidence that the best interests decision process was always followed and that decisions were made in people's best interest.

We found no evidence that people had been harmed. However, the provider did not have the system to assess people's capacity to make decisions and that the best decisions process was always followed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, the registered manager provided us with evidence that, with help of an external consultant, they were working on addressing gaps to work with the principles on the MCA.
- Staff understood people's right to make decisions about their care and used encouragement if people struggled with doing things for themselves. One relative told us, "My relative has dementia and declines to do things but carers just talk to them and encourage them to do things, for example, to eat."
- Staff received training in the Mental Capacity Act 2005 to help them to understand its principles.

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

● The provider assessed people's needs and preferences before they started receiving the service. The assessment included a discussion about people's care needs, health conditions, cultural and religious support, and preferences. Relatives told us that the service actively included them and people in the assessment process. One relative said, "Initially, we had a meeting with my relative and the manager. We discussed a plan of care." Family members also confirmed that care needs were reviewed within six months of the support commencing.

● Each person had a care plan. Some care plans had less detail on how staff needed to provide care safely and in line with people's preferences. There was a continuity of care because the same staff supported people. Therefore, the staff knew people's needs and preferences well. We discussed inconsistencies in the level of detail across people's care plans with the registered manager. Following our visit, they provided us with evidence that they updated care plans with needed details.

Staff support: induction, training, skills and experience

● New staff undertook an induction that included mandatory training, shadowing and an introduction to the service and the provider.

● All staff received training to help them to support people safely and effectively. Where staff supported people with specific needs and they required additional training to care for people safely, this was provided to them. At the time of our inspection staff completed or were in the process of completing training on Diabetes Awareness, Percutaneous endoscopic gastrostomy (PEG) training, Autism and Learning disability awareness. PEG is a medical procedure in which people receive food or medicines via a tube into their stomach when due to their medical needs they were unable to eat and drink by mouth.

● The registered manager supported and monitored care staff through regular supervisions and spot checks in people's homes. Topics covered during supervision and spot checks included staff wellbeing, matters related to providing safe care during the COVID-19 pandemic, training, safeguarding, communication about people's changing needs, and additional support staff needed to support people well.

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

● Most people did not need staff support with nutrition as family members led on this aspect of care. Relatives provided food and care staff served it to people at the mealtimes. People and relatives were happy with how staff contributed to ensuring people had sufficient food and drink. One relative said, "Family prepare food, but carers are always asking what my relative would like and they gave it to them. Sometimes they have to encourage them to eat."

● Overall, people's care plans had information on what support people needed with food and drink. In the case of one person with more complex dietary needs, there was limited information on how to support the person to ensure these needs were met sufficiently and safely. The registered manager told us there was a continuous involvement of external health professionals in the care for this person, and the family and staff were providing the person with a suitable diet. Following our visit, the registered manager provided us with updated care documentation around the person's nutritional needs.

● Staff had training in food hygiene and safety to ensure they handled people's food safely.

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

● Staff understood the importance of acting when people's health had changed. For example, a relative told us about one incident where staff had concerns about a person's wellbeing and acted to ensure the person received safe care. One relative told us, "If my relative is not feeling well, carer's will let the family know. On one occasion carers let the office know my relative was unwell and as a result GP visited."

● Where external professionals were involved in people's care, this was reflected in people's care

documentation. However, when the registered manager communicated with external professionals, they did not always record these conversations for future reference. We discussed this with the registered manager who told us they would address it.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- The staff treated people with care and kindness. People and relatives were very positive about the support provided by staff. Their comments included, "The carer, is very loving and kind to my relative. My relative is very happy with the quality of care provided" and "I know when I am not around, that my relative is cared for."
- Care staff told us people were well cared for and they spoke kindly about people. Staff said, "Having a good relationship with the people is the key here. You need to be able to get to know them and listen to them to build that trust" and "The provider train and support me to build a good relationship with people so that I can support them in a caring way."
- People's care plans described who people were before needing support, what their occupations and hobbies were. Therefore, staff had a good understanding of what people liked and what was important to them. High continuity of care achieved through the same staff always supporting people further increased staff person-centred knowledge about people and what they needed.
- The provider had an equality and diversity policy at the service, and staff had received training around this.

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

- People had care plans which were created as a partnership between people, relatives and staff. One relative told us how they worked together with the service to create the most suitable plan of care for the person. They said, "I have discussed my relative's exact needs at the outset to formulate the care plan and I give continuous feedback to the carer on any changes in their needs, which they takes into account."
- Staff involved people as much as possible in making decisions about everyday care. One person told us, "The carers listen to me and ask me what I want. They are quite friendly." Family members told us, how they observed staff asking their relatives about aspects of care, for example, what people would like to eat.
- Staff understood the importance of involving people in making decisions about their care. They said, "I empower the people I support to make their own choices. I involve them in decisions about their own care. I empower them to manage their own health" and "I empower people to make their own decisions by letting them pick their outfit, what they want to eat, and giving them different choices."

Respecting and promoting people's privacy, dignity and independence

- Care staff respected people's privacy, dignity and treated them with respect. One relative told us, "The carer treats my relative, with kindness and respect at all times."
- People's care plans provided staff with information on what personal care people needed. However, there was less detail on how people wanted to receive this aspect of care. We discussed this with the registered

manager who said the records would be updated.

● People could choose if a female or male worker supported them. One relative told us, we were asked at the beginning if we had a preference and we said, female. They have respected what we want."

● Staff knew how to respect people's privacy and dignity. They said, "I make sure to respect people's dignity when providing personal care by maintaining a personal space and ensuring the door is closed" and "I make sure I provide them the privacy they need by closing the curtains around the bed, maintaining a personal space and boundary."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The service provided person-centred care. One person told us, "I get appropriate care." Relatives told us they were especially happy with the continuity of care provided by the same staff. They said it helped their relatives to build positive relationships with staff and feel conformable when staff visited. One family member told us, "My relative has dementia and new people are very difficult for them to accept/understand."
- Relatives said people had care plans, and they participated in the care planning process. They told us planning of people's care included discussion on people's care needs, religious and cultural preferences, and end of life wishes.
- Some care plans had less information on how people would like to receive their care. We discussed this with the registered manager. Shortly after our visit, they provided us with examples of updated care documentation. Positive feedback on the support offered by the care staff assured us that staff supported people as people wanted.
- Care plans provided staff with information on people's life history, medical condition, emotional wellbeing, religious and social needs, things they liked to do. Staff told us they had enough information about people and that people received care they needed. They said, "The service does provide the care and support that my client expected "and "I respond to overall care needs by being open and getting to know people more. I have been trained for that."

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.

- Preferred methods of communication for each person were discussed during the initial assessment of people's needs. People's care documentation reflected this.
- Staff knew how to best communicate with the people they supported. This included conversation in the language preferred by people. One family member told us, "The carer has learnt basic words and sentences in my relative's language to communicate with them better." Another family member described how speaking the same language helped their relative develop a friendly relationship with the care worker. They said, "The carers speak my relative's language. She looks forward to the carers coming.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

● Where agreed, staff supported people in following their interests and maintaining activities that were important to them. For example, in one case, the care plan prompted staff to ensure they suitably prepared the person for participation in religious customs.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy. People and relatives knew how to make a formal complaint. They told us they were provided with contact details and the complaints procedure, in case they wanted to raise concerns about the care provided by the service.

● People and relatives could also raise concerns during regular contact with the registered manager. One relative told us, "The agency calls regularly, once a week to check if everything is ok, or any problems. They support my relative well.'

● The service had not received formal complaints since they registered with CQC in October 2020.

End of life care and support

● End of life wishes were discussed with people and relatives. One relative told us, "We were asked about the end of life wishes before the service commenced. We discussed it, and everything is clear, there is a plan."

● The service was not providing end of life care at the time of our visit.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had quality and assurance systems in place to monitor the quality of care provided to people. These systems had highlighted some gaps in the service delivery, for example improvements needed around care plans and risk assessments. However, improvements around MCA were generalised and did not reflect specific issues and actions around gaps identified by us during our visit.
- At this inspection, we identified some shortfalls in how this newly established service maintained the level of detail in care documentation on what care people needed and wanted. Nevertheless, through the feedback from staff and people using the service, we determined that people receive the care they required.

- The registered manager was aware of their legal responsibilities. No notifiable events took place since the service registered in October 2020. However, the registered manager was able to explain what type of events they would need to report to the CQC, (for example a safeguarding concern and a serious injury) if they happened.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The series provided personalised care to people aiming to achieve good outcomes for people. People and their relatives were complimentary about the service. Relatives told us, "I met the manager at the initial assessment. Very approachable, friendly and cares about the service users" and "The service has always been in contact with us. Even during difficult COVID-19 time, they were always there. Totally reliable."
- Staff were positive about the management team and the culture within the service. One staff member told us, "I get all the supports I need through my workplace, I'm very welcomed there. The registered manager supervises me to make sure I'm doing everything right."
- People received person-centred care. Although we identified some care plans and risk assessments that needed more details about how people needed and wanted to receive their care, we were assured that staff provided people with the care they needed. This was achieved through the continuity of care by the same staff, frequent communication between people, their relatives, care staff and the managers at the service and ongoing review of the quality of the service.

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

- The registered manager understood their responsibility under the duty of candour. They were in

continuous communication with people and their relatives to ensure they had been receiving good care and that any issues of concern could be addressed straight away. The registered manager said, "If a service user is unhappy about something we need to apologise and resolve that issue. We would do a follow up on the issue and send an apology letter."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider had worked with staff to improve the service. The managers asked staff for their thoughts and suggestions. Staff told us, "The manager is always asking for feedback. I'm so happy to be working here especially in this pandemic" and "I was asked about how the service is run and had the opportunity to suggest how the service could make improvements."

● People and their relatives said they were asked for feedback about the care provided by the service. They told us they received quality review forms and were able to provide regular feedback during care reviews and ongoing communication with the managers. Relatives told us it was easy for them and people to communicate with the service.

● Examples of quality review forms from three people and relatives showed that people were happy with all aspects of care provided by Kulan Care.

Working in partnership with others

● Where external health and social care professionals were involved in people's care this was reflected in their care documentation.

● The registered manager told us they worked with health and social care professionals to provide effective care to people. These included dementia, end of life care, tissue viability, nutrition and reablement services and others. In the provider's information return document (PIR) the registered manager stated, "We believe a positive relationship and an open communication with other specialist services should be maintained to prevent unnecessary attendances at A&E Departments and crisis admissions to acute or community hospitals." We discussed the limited contact with GP and pharmacists around medicine support. The registered manager assured us this would be addressed.

● People and relatives confirmed that when needed the service reached out for advice and support from external health professionals.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person had not always ensured that care and treatment was provided with the consent of the relevant person. The registered person had not always acted in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure care was provided in a safe way for service users because: They did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service. Regulation 12 (2) (a) (b)