Marshall Homecare Limited

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place over three days on 31 October and 1 and 2 November 2017. This service is a domiciliary care agency which supports people with their personal care needs in their own homes; some people received twenty four hour care. At the time of our inspection there were eighteen people receiving personal care. At the last inspection, in March 2017, the service was rated Requires Improvement. At this inspection we found that the rating for the service remained Requires Improvement.

At the last inspection we found that recruitment procedures required strengthening, training had not been updated as required in some areas, staff had not received sufficient training in MCA 2005 and the provider had not ensured that notifiable incidents were reported to CQC as required.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider was also the registered manager; they did not have sufficient oversight of the service. Ineffective quality assurance systems were in place to monitor the care and support people received. The improvements that were required to the service had not been identified, and there had been on-going shortfalls as a result.

Staff did not always have the skills that they needed to provide people's care safely. Arrangements in place to ensure that staff had sufficient skills and knowledge to provide people with appropriate support were not sufficient. Staff had not been provided with sufficient training in key areas such as safeguarding, mental capacity and manual handing. There was a lack of oversight of staff training.

The provider had not consistently followed safe recruitment procedures; they had not ensured that all necessary risk assessments had been completed as part of the staff selection process. People could not always be assured that their care visits would be attended by the appropriate number of staff needed to meet their care needs appropriately.

The systems in place for responding to people's feedback required strengthening. People had mixed views regarding how the service had responded to concerns and complaints. Some people and their relatives were dissatisfied with the manner in which the provider had handled their feedback.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible. The risk assessments in place would benefit from regular auditing to ensure that they remain current.

People were protected from harm arising from poor practice or abuse; there were clear safeguarding procedures in place for care staff to follow if they were concerned about people's safety. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

There were systems in place to manage medicines safely and people had specific care plans relating to the provision of their medicines. Medicines were audited regularly.

Care plans were written in a person centred approach and detailed how people wished to be supported and where possible people were involved in making decisions about their care. People's care plans would benefit from regular auditing to ensure that they remain current.

People were actively involved in decisions about their care and support needs as much as they were able. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA2005) and there were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

The provider had values and a clear vision that was person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

At this inspection we found the service to be in breach of three regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Full details regarding the actions we have taken are added to reports after any representations or appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Safe recruitment procedures were not consistently followed and staffing arrangements did not ensure that staff were suitably deployed to meet people's needs.

Risk assessments that enabled people to receive safe support were in place, but these were not always regularly reviewed.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

People were safeguarded from harm as the provider had appropriate systems in place and staff understood their responsibilities.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not consistently receive the training and support required to ensure that they had sufficient knowledge and skills to provide care to people safely.

People were actively involved in decisions about their care and support needs and how they spent their day.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Requires Improvement

The service was not always caring.

The provider had not ensured that people's support was provided in a caring, dignified and respectful way.

People were encouraged to make decisions about how their care was provided.

People were supported to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People and their relatives did not always feel their concerns and complaints were responded to appropriately by the provider.

Care plans contained personalised information that described the support that people required, but these were not always regularly reviewed.

People were supported to engage in activities that reflected their interests.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People were not assured of a good quality service as there were insufficient systems and processes in place to effectively monitor the quality of people's care.

People had not had sufficient opportunities to provide feedback regarding their experiences of the service.

A registered manager was in post and they were available to provide support to staff.

Marshall Homecare 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 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 was carried out in response to concerns we had received regarding the safety and quality of care being provided to people. We referred these concerns to the local safeguarding authority and the police; they are subject to a police investigation. We took these concerns into account as we carried out the inspection.

As the inspection was completed in response to concerns we had received, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Inspection site visit activity started on 31 October and ended on 2 November and was carried out by one inspector. We visited the office location on 31 October and 1 November to see the manager and office staff; and to review care records and policies and procedures, we carried out visits to people in their own homes on the 1 November and made telephone calls to people, their relatives and staff on the 2 November. The provider was given 16 hours' notice of our inspection site visit because the location provides care for people in their own homes; we needed to be sure that staff would be available to support the inspection.

We reviewed the information we held about the service, including information sent to us by commissioners and other agencies; including the local authority safeguarding team. We also checked whether the provider had sent us statutory notifications when required. A statutory notification is information about important events which the provider is required to send us by law

During this inspection we visited two people who used the service and spoke with them and their relatives. We also spoke to seven people and six relatives on the telephone. In total we spoke with nine members of staff, including support workers, the care supervisor, the company secretary and the registered manager and provider. We looked at care records relating to six people. We looked at the quality monitoring

arrangements for the service, six records in relation to staff recruitment, as well as records related to staff training and competency, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

People were not protected against the risks associated with the appointment of new staff. During our inspection in March 2017 we identified that improvements were required to recruitment procedures, to ensure that staff were of sufficiently good character. During this inspection we identified on going concerns regarding the way staff were recruited. The provider had not assured themselves of the suitability of staff as they had not consistently acted upon the findings of unsatisfactory Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. Where past criminal convictions had been identified on a staff member's DBS certificate the provider had not carried out a risk assessment to assess the person's suitability to work with vulnerable people.

People could not be assured that staff were of sufficiently good character to work in the service as the provider had not consistently followed safe recruitment procedures. Two staff did not have a reference from their last employer; there was no evidence that these references had been requested and no risk assessments in place to mitigate the risks to people. The provider did not have a record of interview for one member of staff and there was no photo identification available for another member of staff. The provider could not be assured that the staff providing care and support to people in their own homes were fit and proper to do so. This put people supported by the service at risk of receiving care from people that were not suitable to carry out their role.

This is a breach of Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed.

People could not be assured that staff would attend their care visits to provide care that met their assessed needs. Due to staff shortages people who required two staff to provide their support, did not consistently have two staff deployed to attend their care visits. Staff also told us that they sometimes attended care visits to people assessed as requiring two staff for their mobility needs on their own. One member of staff told us that the person's relative then supported staff to assist the person to move. We viewed call monitoring records for four people, these recorded several occasions when only one member of staff had been deployed. The provider had not taken sufficient, timely action to ensure that people's care and support was provided in a safe, consistent manner.

As a result of staff shortages one member of staff had taken their own family member with them to help them to assist people to move. One person's relative said, "I think they are short staffed. We require two staff on our visits due to [person's name] personal care needs. They have only sent one staff member on several occasions. One staff member got here and then called their own family member to come and help them which can't be right." We viewed call monitoring records and saw that this person had attended two people's support visits on several occasions. This person was not employed by Marshall Homecare Limited and as such had not undergone any recruitment checks, training or supervision. We discussed our concerns with the provider, who told us that they were aware that this person was providing care that had been commissioned to be provided by Marshall Homecare Limited, they said that their priority was to ensure

people were supported with their care needs. They had not recognised the risks involved in this arrangement.

This is a breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014, Staffing.

People who required support from one member of staff for their care and support were happy with the way staff were deployed to meet their needs. People and their relatives told us that staff attended the visits at the agreed time and stayed for the amount of time agreed. One person said, "I have a regular team of carers, I always know when to expect them and they always come at the right time." Another person's relative said, "We've had no missed visits, we have regular staff and they visit at the right time."

People had risk management plans in place to cover the areas of risk that were present within their lives. They listed any activity which may pose a risk, what the hazards might be, and how to manage the risk appropriately. The risk assessments we saw covered areas in a positive risk taking manner, allowing people to be as independent as possible. Environmental risks which may be a hazard within people's home were also assessed. Staff were given relevant information about each person's home so that they could support people as safely as possible. This included information around fire safety and security of the house. Risk assessments we saw were not always regularly reviewed. The service did not have any systems in place to monitor the risk assessments and to regularly review or check the information contained.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us that they were treated well by staff and felt safe when they were in their home. One person said, "I feel safe and have trust and confidence in the staff." Staff were knowledgeable about safeguarding and had a clear understanding of the signs of harm they would look for. Safeguarding policies and procedures were in place and were accessible to staff. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described to us how they would report concerns if they suspected or witnessed abuse. One member staff said, "I know the signs to look out for that could indicate someone was being abused and I would report my concerns to the manager."

There were systems in place to ensure that people received their prescribed medicines safely. One person said, "The staff know exactly what they are doing with my medicines, they count them all out and check that they are the right ones before they give them to me." The provider had a policy in place to cover receipt, storage and administration of medicines. Medicines administration records (MAR) were clear and information regarding people's medicines was available in their care plans. The provider carried out regular checks of people's medicines and MAR charts and any issues were discussed with staff.

Requires Improvement

Is the service effective?

Our findings

People could not be assured that they would receive care and support from staff that had received appropriate training to enable them to work effectively in their role. During our inspection in March 2017 we identified that improvements were required to the training provided to staff, as not all training had been provided and updated as required. During this inspection we identified that staff had still not been provided with the training required. People told us that they did not think staff always had all the necessary training. One person's relative said, "I don't think they are well trained. [Person's name] requires support to drain a leg bag [for their catheter], but they don't always do it right. They don't know how to, so I have to make sure it is done properly myself." Another person's relative said, "Sometimes when it's a different carer, they don't know how to move [person's name] properly, the person they're working with has to show them."

Training records were incomplete, however records viewed indicated that staff had not been provided with suitable training in several areas. We viewed records that showed staff had not been provided with training in mental capacity or refreshed mandatory training such as safeguarding, health and safety and infection control in the timescales identified by the provider. Staff had also not been provided with updates of manual handling training, at the intervals advised by the training provider. These staff were actively deployed by the service to provide care to people who required support to move. People were at risk of receiving inappropriate care and support.

The systems in place to provide staff with supervision and appraisal required strengthening. Staff had not received appropriate on going or periodic appraisal or supervision in their role to ensure their competency was maintained. The registered manager informed us that few staff had received an annual appraisal; no records were available to demonstrate how many staff had received an appraisal. A plan for staff supervision had been implemented in October 2017, however many staff were still to receive a supervision. Prior to this there had been no plan in place and supervision meetings had occurred on an ad hoc basis, when staffing pressures allowed. We were informed that no observed practice spot checks of staff performance had taken place since February 2017. The provider was not able to assure themselves of the ongoing suitability and competency of staff.

This is a breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014, Staffing.

People received support from staff that had undergone a period of induction, during which they shadowed experienced staff and completed the Care Certificate. Staff undertook training based on the Care Certificate, which includes mandatory training such as basic life support and equality and diversity. The Care Certificate is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff did not work with people on their own until they had completed sufficient shadow shifts to ensure that they felt confident to undertake the role.

As staff had not consistently received training in Mental Capacity; there was a risk that staff would not have an appropriate understanding of the requirements of the Mental Capacity Act 2005 (MCA 2005), resulting in

support being provided that was not in people's best interest. Staff that we spoke to during the inspection did have the knowledge of Mental Capacity and what they needed to consider when supporting people.

The MCA 2005 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.

During this inspection we saw that people were asked to give consent for their care and support and staff followed the principles of the MCA 2005. The provider and staff we spoke to were aware of their responsibilities under the MCA and care plans contained assessments of people's capacity to make decisions. Appropriate plans of care were in place to ensure that people's care and support needs were met in the least restrictive way and staff asked for people's consent before providing care and support.

People were supported to have sufficient food and drink. People's needs with regards to eating and drinking were assessed and plans of care were in place to mitigate identified risks. People told us that staff supported them appropriately with eating and drinking. One person's relative said, "They [staff] help [person's name] with their meals, they talk to them whilst helping them as that encourages them to eat."

People received the support they required to access health professionals. We saw that people's health conditions were recorded within their files and information around input from health professionals was updated as required. The provider had made a referral to an occupational therapist on behalf of one person after identifying a need for increased support.

Requires Improvement

Is the service caring?

Our findings

The provider had not ensured that people were provided with care that respected their dignity. People who required two staff to provide their support did not consistently have two staff allocated to their care; as a result staff could not support people in a dignified way. One person's relative said "[Person's name] can use the commode when two staff support with moving them. On occasions when only one staff has shown up, [person's name] has not been able to use the commode, so has just had to soil their pad. The staff support with personal care but [person's name] shouldn't have to do that."

The provider had also not assured themselves that people's support was provided by staff of good character, who would provide their support in a caring manner. Due to staff shortages, staff had asked their own relatives, who were not employed by the provider and therefore not subject to satisfactory checks to support them with care visits. The provider was aware that people who had not undergone the necessary checks, training and supervision were going into people's homes to support them with their personal care needs. There was a risk that people's support would be provided in a way that was not caring or respectful of their needs and choices.

People who were provided with regular staff had developed positive relationships and were treated with compassion and respect. One person said, "The staff are lovely and chatty, they cheer me up, I feel a lot happier since they've been coming." Another person said, "They [staff] are very friendly and kind, if they can do something to help you, they will." Staff told us they knew people really well. They told us they were able to spend time getting to know people's likes, dislikes and personal histories. One staff member commented, "We spend quality time with people, we are allowed that time and don't have to rush in and out."

There was information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff; these had been produced with the person or their representative, if they were unable to do this. One person told us, "I have a folder that tells the staff what they need to do, I told [provider] what I needed and that's what is in the folder." Another person's relative said, "Any changes in [person's name's] needs we discuss with the staff and they speak to [provider] and we decide what needs to change." One person's relative told us that they felt confident that staff read the information in people's care plans as they had heard staff talking to their family member about information contained in their "All About Me" document.

Staff understood the importance of promoting independence. One member of staff told us, "[Person's name] came out of hospital and they were very frail, we worked hard with them to maintain their mobility." Another member of staff said, "[Person's name] can still do some of their own personal care, so we encourage them to do what they are able to. Also we encourage them to write things down in their memory book, so they can keep track of what's been happening."

The service had a confidentiality policy and staff were provided with a code of conduct that highlighted the importance of confidentiality. One staff member said, "I know not to discuss the people we provide care to with others, only relevant people who need to know, also not to discuss other carers' personal lives with

clients."

Requires Improvement

Is the service responsive?

Our findings

Arrangements in place for managing complaints required strengthening. Feedback from people and their relatives regarding the provider's response to complaints was mixed. The service had a complaints policy and procedure in place, but this was not always adhered to. We saw that responses had been provided to several complaints made in 2015 and 2016, but no recent complaints were recorded. People we spoke with told us they knew how to complain and were happy to do so when needed. One family member said, "I have made several complaints to the carers and to the director recently." These complaints had not been formally recorded or responded to. We found that when people had provided negative feedback there had not always been recognition that they may wish to make a complaint and have their issues formally investigated. However, two people and two people's relatives, who had raised concerns, were happy with the provider's response to these. One person said, "As soon as we mentioned that we had a problem, they [provider] came round and dealt with it straight away."

Staff shortages had impacted on the provider's ability to meet people's assessed needs. People who required two staff to provide their support did not consistently have two staff allocated to their care. Staff were then unable to follow people's care plans to meet their needs in the way that had been assessed and planned. One person's relative said, "Occasionally we only get one member of staff; [person's name] stays in bed all the time, so they have to support them with personal care on the bed on their own."

People who were allocated one member of staff to support them with their care were happy with the way in which their care and support was provided. People and their relatives told us that having a regular team of staff meant that the staff providing their care knew them well and provided their care appropriately; one person's relative said, "The staff really monitor what is going on, [person's name] has dementia and staff are really good at making sure they are eating and drinking enough, they don't just accept it when [person's name] says they have already eaten."

People received a detailed pre assessment before the service started providing any care to them. Staff went out to visit people and conducted the assessment of their needs with family members wherever possible. One family member we spoke with confirmed that this process had taken place, they said, "The registered manager came out to see us and talk about [person's name] needs. They were very good and we felt like we trusted them right away." We saw that the service provided people with a guide to their services. This outlined the ethos that the service had, and what could be expected from the support they provided.

Care plans were centred to each person's needs. We saw that people's support needs were listed in a personalised way, and clearly described the support that people required. This included information around communication, nutrition and hydration, personal care, and medical health. We also saw that staff were able to download information electronically via an app for each visit. Staff could access personalised information for each person, including choices, preferences, likes and dislikes. However, care plans we saw were not always regularly reviewed. The provider did not have a system in place to monitor the care plans and to regularly review or check the information they contained.

The assessment and care planning process considered people's hobbies and past interests as well as their current support needs. Staff supported people to do the activities that they chose and were knowledgeable about people's preferences and choices. One person who received twenty four hour support said, "The staff are terrific, they support me to do whatever I want to do, we go shopping, go out for a drive in the car, go to the theatre, anything really."

Requires Improvement

Is the service well-led?

Our findings

During our inspection in March 2017, we found that improvements were required to the quality monitoring of the service. During this inspection we found that the provider still did not have a clear picture of the issues affecting the quality of the service. Procedures to review the quality of the service were insufficient and required significant improvement.

The provider had not recognised the risks posed to people's safety by the lack of staff available to cover their care visits, timely action was not taken to rectify this. There was no recognition of the risks involved in allowing a person not employed by Marshall Homecare Limited to work with staff to provide people's care. A call monitoring system was in place but people's calls were not systematically audited and the provider was not aware of the number of care visits that had not been covered by Marshall Homecare Limited staff until this was raised during the inspection.

Quality assurance systems had failed to effectively monitor and improve the arrangements in place for staff training, supervision and appraisal. There was no managerial oversight of staff training, supervision and appraisal. There was no overview of the training, supervision and appraisal that had been provided to staff and no plan in place for future training that staff required. As a result staff had not received sufficient training and support to ensure that they were competent to provide people's care.

We identified that four members of staff did not have appropriate recruitment checks in place and no risk assessments had been carried out to mitigate the risks posed by this. We also found that insufficient action had been taken in response to convictions recorded on the Disclosure and Barring certificate for one member of staff. Personnel files contained an audit sheet designed to confirm all recruitment checks and arrangements for training and supervision were in place, however these were not consistently completed. Staff personnel files were chaotic, with no defined order in which information was to be held. The lack of auditing and systems in use meant that these shortfalls had not been addressed in a timely way.

There was no system in place to monitor people's care records and risk assessments and ensure they were reviewed regularly. Four of the six service user's care plans and risk assessments we viewed had not been regularly reviewed. The provider stated that the service user's needs had not changed, however, there was no oversight or plan in place detailing how often care plans and risk assessments should be reviewed. No audits of care plans and risk assessments took place, the provider could not be assured that the reviewing process was effective at ensuring the information they contained was current. There was a risk that due to the prolonged periods between reviews taking place, the information in service user's care plans and risk assessments would not be accurate.

The provider did not have a current overview of people's experiences of the service. Policies in place stated that people and their relatives would have the opportunity to complete a quality survey on an annual basis. A survey had been completed in March 2016 and had been planned for March 2017; this had not yet taken place. People and their relatives had not had the opportunity to provide their feedback regarding the service provided and how it may be improved. Where people had expressed dissatisfaction with the service the

provider had not satisfactorily addressed these concerns or responded to people's feedback and complaints.

These concerns constitute a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

The provider had recognised that the arrangements in place for the leadership and management of the service were not sufficient. A new manager had recently been recruited; in response to the concerns identified during the inspection they began implementing the action needed to drive the improvements required. The new manager was in their induction period at the time of inspection and these improvements need to be co-ordinated, sustained and embedded to ensure that people's experience of the care they receive is improved.

The management team were active and visible in the service. People and their relatives knew who the management team were and said that they were accessible and approachable. One person's relative said "Whenever I have needed to contact them, if they don't answer straight away, they always ring back very quickly and are happy to help." Another person said, "Any problems, [provider] is on the end of the phone, I can call any time."

The ethos of the service was based around providing personalised care in people's own homes and supporting people to maintain their independence. Staff understood the culture of the service, they worked with people at their pace and listened to and respected their choices. One person's relative said, "The staff are all lovely, they come in in the morning and they are instrumental in getting [Name] going."

The provider had a process in place to gather feedback from staff through regular meetings.
During staff meetings, staff had the opportunity to make suggestions for improvements to the service. We saw meeting minutes which recorded discussions about the timeliness of people's care visits, infection control, people's care plans and the need for a professional approach.

Some policies and procedures were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies such as the service's code of conduct, safeguarding and whistleblowing.

At the last inspection in March 2017, we found that the provider had not notified the Care Quality Commission (CQC) of notifiable incidents, as required by the HSCA 2008 (Registration) Regulations 2009. At this inspection we found that the provider had a good understanding of what notifications the Care Quality Commission required and sent these promptly when necessary.

The provider had displayed their current inspection rating prominently within the location and on their web site.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were insufficient systems and processes in place to effectively monitor the quality of people's care. Regulation 17(1)(2)(a)(b)(d)(e)

The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment procedures were not consistently followed. Regulation 19(2)(a)(b)(3)(a)

The enforcement action we took:

Impose a condition

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People could not be assured that the arrangements in place for staff deployment would provide suitable staff to meet their assessed needs. Staff did not consistently receive the training and support required to ensure that they had sufficient knowledge and skills to provide care to people safely. Regulation 18(1)(2)(a)

The enforcement action we took:

Impose a condition