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Northampton Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
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

We inspected Northampton Lodge on 18 and 19 August 2016. The inspection was unannounced. At the previous inspection in December 2014 the service was meeting the Regulations we inspected.

The service provides care and accommodation for up to four adults with learning disabilities, mental illness and physical disabilities. There were three people using the service at the time of the inspection.The service does not require a registered manager under the conditions of registration.

The provider had not ensured the safety of the premises and the equipment in it. We identified issues around maintenance, lighting, hot water checks, legionella checks and equipment. Although the provider informed us there were problems with the landlord maintaining the building it was the responsibility of the provider to ensure it was safe. The service did not support staff with risk assessments that were regularly reviewed and updated which provided clear guidance on how to address those risks. The provider had not ensured medicines were managed properly. Procedures were unclear. Records were poor and it was not possible to reconcile the quantity of some medicines with those records. Poor procedures and records increased the risks of medicines not being administered as prescribed. The provider had not ensured there were appropriate procedures in place in relation to the prevention and control of infection. Despite the interior of the building being tidy we were not satisfied with the overall cleanliness and hygiene. We found damp patches in rooms and mould in bathrooms. Both increased the risk of respiratory symptoms and infections. There was no clear leadership, policies and auditing in relation to infection prevention and control. You can see what action we told the provider to take at the back of the full report. People using the service told us they felt safe. There were enough qualified and suitable staff to meet people's needs.

Although staff had completed appropriate training there were significant gaps in refresher training. For example there had been no refresher training or competency checks in relation to medicine's management. There was a risk staff did not have the most up to date information to support them to provide safe and appropriate care. You can see what action we told the provider to take at the back of the full report. The service was acting within the principles of the Mental Capacity Act. People were supported with nutrition, hydration and maintaining good health. We have made a recommendation about nutrition and hydration.

People and those acting lawfully on their behalf must be actively encouraged and supported to be involved in decisions about their care and treatment. Records did not show the involvement of people or their relatives in the planning and delivery of care and support or how the service supported people to understand care options and express their views. You can see what action we told the provider to take at the back of the full report. Care was delivered in a patient, friendly and sensitive manner. Staff respected people's privacy and dignity. People's choices and preferences were respected by staff but were not clearly recorded. People were supported to maintain and develop independence.

People received personalised care that was responsive to their needs which were recorded in a variety of

documents including assessments and reviews by relevant authorities. However, this information had not been used by the service to develop their own care plans to support and guide staff to deliver safe and effective care and support. You can see what action we told the provider to take at the back of the full report. People were involved in activities. There were opportunities for people to provide feedback about the service.

The provider did not have effective systems in place to make sure the quality of service they provided was regularly monitored and assessed to prevent inappropriate or unsafe care. The service was not actively seeking the views of a range of stakeholders in order to learn and improve. You can see what action we told the provider to take at the back of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe. The provider had not ensured the safety of premises and equipment in it. Risk assessments relating to the health, safety and welfare of people using the service were not developed and regularly reviewed. Medicines were not managed properly. The provider had not ensured there were appropriate procedures in place in relation to the prevention and control of infection. There were enough, suitable and qualified staff to meet people's needs.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. There were significant gaps in staff refresher training. The service was acting within the principles of the Mental Capacity Act. People were supported with nutrition, hydration and maintaining good health.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring. Records did not show how people or their relatives were involved in the planning and delivery of care and support. Records did not show how people were supported to understand the care options available and express their views. Care was delivered a patient, friendly and sensitive manner. People's choices and preferences were respected by staff but were not clearly recorded. Staff respected people's privacy and dignity.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive. People received personalised care. The service had not developed care plans for people to support staff to deliver safe and effective care. People were involved in regular activities. The service did not actively seek feedback from a range of stakeholders to improve the service although there were opportunities for people using the service to do so.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. The provider did not have effective systems in place to make sure the quality of

service they provided was regularly monitored and assessed. Records were not always accurate, up to date and fit for purpose. Feedback was not actively sought from a range of stakeholders to help improve the service.

Northampton Lodge

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 took place on 18 and 19 August 2016 and was unannounced.

The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information we held about the service. We spoke to two social care professionals for background information about the service. During the inspection we spoke with three people using the service and three members of staff (including the provider). We looked at the care records for the three people using the service. We examined all other records made available to us in relation to the carrying on of the regulated activity including records relating to medicines, infection control and staff recruitment. We examined the interior and exterior of the building. After the inspection we gave the provider the opportunity to provide any further documentation relating to the regulated activity.

Inadequate

Is the service safe?

Our findings

We found the service was not always safe. People, visitors and staff were not provided with a well-maintained and safe environment because some areas required repair or refurbishment. We examined the interior and exterior of the premises including the driveway at the front and garden to the rear. The driveway comprised an area of paving slabs approximately the same width as the building. Some of the slabs were uneven with grass and weeds growing in the gaps. This presented a potential trip hazard for anybody using the driveway.

The hallway was dark as only one of the two light fittings had a light bulb and there was a limited amount of natural light. The stairway was poorly lit as there was no bulb in the fitting at the top of the stairs and this was during daylight hours with a window providing some natural light at the top of the stairs. The lights on the landing could only be switched on downstairs as the switch on the landing was not working. Stairways and landings should be clearly lit at all times. We were concerned about risks to people living above the ground floor being unable to turn on the landing light. We also found the ground floor bathroom for one person using the service only had one of four bulbs working in the single light fitting. There was no natural light in this room.

In the records we examined, there was no evidence of daily checks of hot water temperatures and we could not find any thermostatic controls to prevent hot water exceeding safe temperatures. There were no records relating to water checks associated with the prevention of legionella. There was no legionella certification from an appropriately certified body demonstrating the service was free from or had taken action to prevent legionella outbreaks. The provider sent us a certificate showing the boiler had recently been serviced.

We were concerned there was a glass table top in the dining room. Such glass should meet certain safety standards and carry permanent labelling to identify it. The glass top did not have any such labelling. One person using the service lived with epilepsy and experienced seizures. A glass top table was not appropriate. The fact that the type of glass could not be identified as 'safety' glass increased the risk of injury if the glass was broken. In addition, this person sat at the table in a computer chair on wheels. Other people sat on flimsy fold away chairs when they sat at the table. We sat on all the chairs and found they were not sufficiently sturdy and stable to safely support people particularly when hot food and drinks were being consumed.

The provider informed us the owners of the premises were not regularly maintaining the building or responding to specific maintenance requests. As a result, the provider was in the process of purchasing premises for the service where they could ensure regular and appropriate maintenance took place. In relation to the table the provider told us the glass top was made of safety glass but was unable to provide evidence of that.

The provider had not ensured the safety of premises and the equipment within it. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at care records for the three people using the service. The person who had recently arrived at the service did not have any risk assessments completed by the service. Staff were using the risk assessments created by the person's previous service. Some risk assessments for other people were outlined in needs assessments or reviews completed by the funding authorities. Although these identified some risks they did not provide staff with clear guidance on how to address them. We did find a risk management plan completed by the service for one person but it was dated July 2013. The provider was not ensuring people's risk assessment records were reviewed periodically or in response to specific incidents. We spoke with staff and found they had a good knowledge of people using the service and associated risks.

The provider did not ensure risk assessments relating to the health, safety and welfare of people using the service were completed and regularly reviewed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service dealt with medicines. We saw medicines were stored in a lockable cabinet in the office. Room temperatures were recorded daily. However, we found that medicines were not always being managed appropriately.

The provider did not ensure there were sufficient medicines stored to meet people's needs. One person attended the hospital every Thursday for blood checks related to the use of blood thinning medicines. The hospital altered the person's dosage starting the first day of the inspection. Staff were unable to obtain the medicines that day and were still trying to obtain them the following afternoon. Consequently, the service was unable to comply with the directions of the hospital. We noticed there were not many medicines in the medicines cupboard. Staff explained a delivery was due.

We also noticed medicines were not being returned to the pharmacist when they were no longer required or where medicines were leftover. We found a returns book for this very purpose but it was blank. Staff were unable to tell us the procedure for returning medicines. In the absence of these processes it was not possible to accurately audit and be confident medicines were being administered and managed appropriately.

We examined medicines administration records (MARs) which record when people were given their medicines. The MARs were up to date and fully completed. However, we struggled to distinguish between some staff initials and the coded letters used to identify when and why a medicine was not given on MARs. Staff were using the initial of their first name and some could be mistaken as a coding letter. We found the service was not recording allergies on the MARs. For example, one person's care records showed they were allergic to peanuts. This was not recorded on the MARs and they had not informed the pharmacist as there was no record of allergies displayed on the monitored dosage system.

We tried to reconcile the medicines available with MARs. That was not possible because the service did not record medicines ordered, received, balances and medicines carried forward. Although MARs were completed and up to date it was not possible to verify the accuracy of these records.

Pro re nata (PRN) medicines, commonly known as when required medicines, were not recorded. One person had 83 tablets of Paracetamol out of a 100 packet. Another person had three packets all opened with tablets missing. There was no guidance as to when a person should be taking these tablets. There was a risk, in the absence of records, that people could receive PRN medicines exceeding the recommended dosages.

One person was administering their own medicines. This was based on information provided by the previous service. The service had not carried out a mental capacity assessment, consulted the prescriber or

carried out a risk assessment for the person. Staff told us they were prompting this person to take their medicines but this was not recorded on the MARs. Staff were recording prompts in daily records but this meant there was a risk prompts could be missed or not recorded. The service's policy on medicines clearly stated prompts should be recorded on the MARs which would provide staff with a timely reminder to prompt when they were completing other people's MARs. In fact, none of this person's medicines had been recorded by the service.

We have put these concerns into the context that staff administer medicines to one person using the service. Apart from PRN medicines, the medicines were straightforward and packaged in a monitored dosage system (MDS). We examined the MDS and saw the tablets had been dispensed each day as required. We had no evidence of medicines being given or taken incorrectly. The person who was self-medicating had been taking their own medicines for a long time and in the short time we spoke with them appeared to have capacity to make decisions about medicines.

These shortcomings in relation to medicines management were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some areas in the premises did not assure us people and staff were protected from the risks of infection. We found staff were responsible for cleaning the inside of the building but there was no cleaning schedule to ensure staff knew what to do each day. This meant there was no systematic cleaning of the home and clear guidance to staff about what to clean and how. Despite the interior of the building being tidy we had concerns with the overall cleanliness and hygiene.

We examined the kitchen. We saw the oven face and interior were covered in grease. The extractor fan was at eye level above the oven. The top of the extractor was covered in grease which was mixed with dust. We also found grease marks on plug sockets and kitchen cupboards. The walls were tiled from floor to ceiling. The tiles were not being cleaned above the height a person could reach. We could see a clear line above which the tiles were dirty. Any accumulation of dirt and grease provides potential food for pests and enables microbial growth. These increased the risk of food contamination.

In the lounge, we found there were damp patches on the wall by the kitchen. On the opposite wall a damp patch ran along the full length. We also found damp patches on the wall and ceiling above one person's bed and significant amounts of mould on the wall tiles and bath seal in one of the bathrooms. At our previous inspection of the service, in December 2014, we noticed mould in the same bathroom and the provider assured us it would be removed and cleaned. The presence of damp and mould put people using the service at increased risk of respiratory symptoms and infections and could exacerbate asthma.

There were three bathrooms being for people using the service. The ground floor bathroom and toilet opened directly onto the kitchen. Out of the four bulbs in the light fitting only one was working. There was no window meaning the bathroom was dark and we could not clearly see how clean it was. We could see the grouting on the tiles was dirty. In one of the upstairs bathrooms, where there was mould on the tiles and seal, we found the extractor fan was not working. In both upstairs bathrooms there were exposed water pipes and soil pipes that were covered in dust.

In addition to these issues we found there was no clear leadership, policies and auditing in relation to infection prevention and control. The service was not following the Department of Health Code of Practice on the prevention and control of infections and related guidance. In the absence of any system equal to or better than systems described in the Code the provider was not meeting the regulation.

These failings around the prevention and control of infection were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us they felt safe and happy. One person using the service told us, "I'm really happy here, I feel really safe." We spoke with staff who understood the processes and their responsibilities in relation to safeguarding. They had completed relevant training. A safeguarding poster designed by the local authority was displayed on the office door.

Staff completed an informal handover between shifts. Due to the small size of the service staff exchanged information when they were working together and at handover time provided information about how each person in the service was feeling and behaving and any incidents of note.

We spoke with staff and they felt there were enough staff to meet people's needs. The service had four permanent staff, one member of bank staff and the provider. One member of permanent staff lived on the premises. At the time of the inspection there were three people using the service although this was usually two. One person had just moved in and another was about to transfer out of the service. We checked rosters and staff on duty which tallied. Staff lived locally and were happy to provide extra support at short notice for a few hours at a time in addition to usual shifts. The service did not use agency staff.

We checked recruitment records and spoke with the provider. The service was operating safe recruitment practises. Every member of staff had been through checks with the Disclosure and Barring Service. These checks identify people who are barred from working with children and vulnerable adults. They also inform the provider about any criminal convictions. Other appropriate systems were in place to ensure suitable people were employed.

Requires Improvement

Is the service effective?

Our findings

There was a low staff turnover at the service which provided continuity of care for people. Staff received regular supervision sessions and appraisals. These took place every three months. Staff completed training on a regular basis that was relevant to the service including areas such as first aid, health and safety, food hygiene, moving and handling, mental capacity and deprivation of liberty safeguards and safeguarding adults. All staff had recently completed training about epilepsy and the administration of emergency medicines during seizures.

We found staff were suitably qualified. The permanent and bank staff were experienced in adult social care and had completed National Vocational Qualifications (NVQ) Level II in Health and Social Care. One member of staff had completed a NVQ Level III. The most recent member of staff to join the service had been there for 12 months. The staff we spoke with knew people using the service very well. We asked one member of staff about the person who had recently arrived. They were able to tell us about their needs, medicines and associated risks.

Although staff had completed appropriate training we found areas where staff had not completed refresher training. For example, three of the permanent staff had not completed refresher training in safeguarding for two years. There had been no refresher training around medicines management for staff and competency checks had not been carried out. None of the staff had recently completed training in infection prevention and control. Refresher training ensures staff have the most up to date information to support them to provide safe and appropriate care.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. Staff had completed appropriate training. People using the service had capacity to make most decisions. However, a best interests meeting had been held for one person in relation to their capacity to make specific decisions and applications had been to the appropriate supervising authorities in relation to two people using the service.

The service supported people to have sufficient food to eat and liquids to drink. People helped themselves or were supported to have breakfast and lunch. A hot meal was provided in the evening. People were able to choose what they wanted to eat and drink. We found there were no nutrition or hydration records for people identifying their nutritional needs and preferences or recording what they were eating and drinking. People were not regularly weighed to show any patterns of, or significant, weight gain or loss that might indicate health problems or dietary needs.

Recommendation: We recommend the service seeks advice and guidance from a reputable source about nutrition and hydration and take action to update their practice accordingly.

People were supported with their healthcare needs. Where necessary healthcare professionals visited people at the service. We saw one person had been referred to the speech and language therapy team. People were registered with a GP and visited a range of healthcare professionals such as the dentist and optician. People were supported to attend appointments. We saw one person had recently been accompanied to see a consultant at hospital. Another person was accompanied to hospital for blood tests. Apart from the most recent arrival, people using the service had a health action plan (HAP) and a hospital passport. The HAP was in an easy read format and had been created with the involvement of each person. However, the file copies of the HAPs had not been regularly updated or reviewed putting into doubt their accuracy and relevance.

Requires Improvement

Is the service caring?

Our findings

People and those acting lawfully on their behalf must be actively encouraged and supported to be involved in decisions about their care and treatment. The provider told us people and their relatives were involved but we could find no records to support this. Our previous experiences of the service and conversations with people's relatives suggested people and relatives were involved in care and support. However, we looked at records and were unable to identify any records created by the service demonstrating the involvement of people or relatives in the planning and delivery of care and support. Additionally, there was no evidence in records that showed how the service supported people to understand care options and express their views.

People should be involved in decisions about their care and the service should provide the appropriate support to enable them to do so. The provider had failed to ensure this happened. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care was delivered by staff in a patient, friendly and sensitive manner. We observed and listened to interactions between people and staff throughout the duration of our inspection. There were occasions when staff were unaware we were listening to them. We found the interactions between people and staff were friendly and positive. People and staff addressed each other by their preferred names. Staff had conversations with people about what needed to be done, things they had done and what they were going to do. When required, staff politely asked people to carry out daily living tasks such as clearing their plates away after a meal..

Staff respected people's privacy and dignity. Staff knocked on people's bedroom doors before entering. Personal care was delivered in private away from and out of sight of other people. We saw people were appropriately dressed in fresh, clean clothing.

People were supported to maintain and develop their independence in line with their capabilities and preferences. People were encouraged to carry out daily living tasks, visit shops, access the local community, take part in educational courses and partake, where able, in some low level physical activities. For example, people helped staff with various tasks such as clearing plates away after meals. One person enjoyed trampoline sessions once a week. People were supported to maintain relationships with families and friends.

People's choices and preferences were respected by staff. Apart from appointments that needed to be met people were free to do what they liked and discuss with staff. We saw people went to their rooms as and when they wished. Individuals chose what they wanted to wear each day and when appropriate staff provided advice. We heard staff encouraging one person to wear something more appropriate for the weather whilst explaining it was raining heavily. Staff were aware of the day to day preferences of individuals and accommodated them wherever possible. However, details and decisions around people's choices and preferences were not clearly recorded and up to date.

Requires Improvement

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at care records and saw they were person centred and addressed a wide range of people's needs and preferences. Most of the information was contained in assessments or reviews carried out by the appropriate local authorities that funded the placements. There was other information, such as letters from the hospital, which referred to people's healthcare needs. Although there was a significant amount of information about people's needs and preferences it had not been used as the basis for the service to develop their own care or support plans. This would have ensured the most up to date information about people and their needs was readily available to staff.

We spoke with staff who demonstrated a good knowledge of the people living at the service including their needs and preferences. Despite this and the information available the service had not developed their own care plans to support staff to deliver safe and effective care and support. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told people using the service attended and were involved in the first half of staff meetings which took place quarterly. Due to the small size of the service people were effectively feeding back to staff and the provider every day. One family member regularly spoke with staff and the provider about their relative's care needs. The service did not clearly record this involvement other than the retention of emails which were not always transferred to care files. There were systems in place to deal with formal complaints although the provider stated there had been none since the previous inspection.

We found that people benefited from various activities which reduced the risk of people becoming bored and increased their involvement with the community. These activities ranged from people carrying out day-to-day tasks to daytrips out. If able, people were encouraged to main as much independence as possible by carrying out daily living tasks such as personal care and making drinks and snacks for themselves. People were encouraged and supported to attend educational courses at colleges in surrounding areas. One person attended weekly trampoline sessions. Another person was supported with a personal relationship. Shopping trips took place on a regular basis. One person told us, "I really like going to the shops."

Requires Improvement

Is the service well-led?

Our findings

The provider did not have effective systems in place to make sure the quality of service they provided was regularly monitored and assessed to prevent inappropriate or unsafe care. We have reported on a number of failings that had not been identified by regular checks, reviews and audits. For example, we identified a number of concerns in relation to the management of medicines. We saw a review that had been carried out in September 2015 by the pharmacist supplying medicines to the service. That review referred to many of the concerns we identified. The provider had not used the information from the audit to drive improvement and make changes.

We spoke with staff and the provider and they told us staff meetings were held every three months or so. We did not see any records of what was discussed. The provider obtained regular feedback from staff whenever they were at the service as they worked in close proximity. Records were kept of accidents and incidents. Although the provider reviewed and addressed accidents and incidents with staff when deemed necessary to do so there was no evidence of analysing and using these to improve service provision.

There have been a number of issues around records identified in this inspection. For example, HAPs had not been regularly updated or reviewed. Details about people's choices and preferences were not clearly recorded. The provider had not ensured that records relating to the provision of the regulated activity were accurate, included decisions about care and support, were up to date and fit for purpose.

There were numerous opportunities for the service to seek feedback that had not been pursued. The service did not actively seek and record the views of a wide range of stakeholders, such as people using the service, relatives, social and healthcare professionals, in order to identify learning opportunities and improve the service.

We found no evidence of the provider completing and recording regular checks, reviews and audits to assess, monitor and improve the service. The provider had not ensured that records were accurate, up to date, included decisions about care and support, and were fit for purpose. The service did not actively seek feedback. These shortcomings were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure people, or their appropriate representative, were involved in decisions about their care and were not supported to understand care options or express their views. Regulation 9(3)(a) The provider did not ensure a clear care plan was developed and made available to all staff. Regulation 9(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safety of premises and equipment within it. Regulation 12(2)(d)(e). The provider did not ensure risk assessments relating to the health, safety and welfare of people using the service were completed. Regulation 12(2)(a)(b) The provider had not ensured medicines were managed properly. Regulation 12(2)(f)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured there were appropriate procedures in place in relation to the prevention and control of infection. Regulation 15(1)(a)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not actively seek the views of a range of stakeholders in order to improve service provision. Regulation 17(2)(e) The provider was not completing and recording regular checks, reviews and audits to assess, monitor and improve the quality of the service. Regulation 17(2)(a)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure staff received regular refresher training. Regulation 18(2)(a)