

Malsis Hall Limited

# Malsis Hall - Mental Health Rehabilitation Service

## Inspection report

Malsis Hall  
Malsis Drive, Glusburn  
Keighley  
BD20 8FH

Tel: 01535286240  
Website: [www.echouk.net](http://www.echouk.net)

Date of inspection visit:  
10 February 2021  
18 February 2021

Date of publication:  
23 April 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?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Malsis Hall Mental Health Rehabilitation Service is an independent mental health hospital and care home based in Glusburn, North Yorkshire. The service is based in a Grade II listed former country house and has three other buildings on site.

The service is registered as both a care home without nursing and care home with nursing. The service supports up to a maximum of 19 younger adults both male and female; there are three named units across four separate buildings. The service was registered to provide Regulated Activities associated with a care home and care home with nursing in October 2019.

Worth Suite has six en-suite bedrooms with a shared communal kitchen and one large self-contained apartment. This is registered as a care home with nursing.

Pullen Cottages is two attached buildings with four self-contained apartments in each building. There is one shared communal area and garden. This is registered as a care home with nursing.

Frost House has four individual self-contained apartments and is registered as a care home without nursing.

The service also provides four long stay mental health rehabilitation wards, for working age adults, based in the Shelton Hospital. Each ward has eight en-suite rooms. The service registered to provide Regulated Activities associated with a mental health hospital in March 2020. The service has not previously been inspected and as such has been unrated until this first inspection.

This report refers to the care home element of the registration only. The hospital inspection has been reported on in a separate inspection report which is also linked to this provider.

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

Policies and procedures around safeguarding were not effectively embedded in the service. This put people at risk of avoidable harm. Accidents and incidents were not thoroughly reviewed so that lessons could be learnt to improve the quality of the service. Risk assessments and care plans were not always in place or did not provide enough detail for staff to appropriately support people.

Staffing levels did not always meet the needs of people, taking into consideration the environment and layout of the buildings. This led to people not being able to get support from staff in a timely manner. Medicines were not always managed safely.

People's cultural, religious and ethical needs were not always identified or support evidenced. People were not always supported to have maximum choice and control of their lives, and staff did not support them in the least restrictive way possible and in their best interests; the providers policies and systems in the service

did not support this practice.

The providers quality assurance processes and audits had failed to identify the shortfalls we found during this inspection. The provider did not always share significant information with CQC where there was a legal obligation to do so.

The care plans were person-centred to support staff in understanding people's likes, dislikes, background and history. Staff demonstrated a good understanding of people's care and support needs and were caring in their interactions. People were encouraged and supported to be independent in their daily living and the model of the service supported this.

Infection prevention and control measures were in place and effective. The environment was clean and hygienic.

The provider and registered manager were responsive to the concerns and shortfalls we identified at the inspection. They took immediate action to address concerns and demonstrated their commitment to improving the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 30 October 2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about infection prevention control, staffing issues and general concerns about the management of the service. A decision was made, in accordance with our inspection methodology, for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, and well-led sections of this full report. There were no improvements needed in the way the service responded to people's needs.

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

The provider took action to mitigate any immediate risk identified on inspection. Further time was needed to ensure these improvements were effectively embedded within the service and sustained.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to person-centred care, safe care and treatment, safeguarding, good governance, consent and staffing at this inspection.

We recognised that the provider had failed to notify CQC of incidents. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any enforcement activity is taken and concluded, this may include any representations and appeals against any actions deemed

necessary.

#### 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 not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# Malsis Hall - Mental Health Rehabilitation Service

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out over two days by three inspectors and a pharmacy specialist. An Expert by Experience also assisted with the inspection. They made phone calls to people using the service, and some family members, to gather their views on the service provided. 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

Malsis Hall- Mental Health Rehabilitation Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced on both days of the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

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

#### During the inspection

We spoke to eight people who use the service and two relatives about their experience of care provided. We spoke to 14 members of staff including the nominated individual, registered manager, care home manager, clinical lead nurse, nurse, activities co-ordinator, the head of maintenance, administrator and 6 recovery workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures.

#### 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 also spoke further with two professionals who have been working with the service.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguarding people from abuse were not embedded. The processes set out in the provider's own safeguarding policy had not been followed.
- Whilst the service reported concerns to the local authority through their local authorities reporting methods, these were not always notified to CQC, as required by law. Some incidents were not always recognised or reviewed under safeguarding and therefore not shared externally.
- Safeguarding concerns were not always thoroughly investigated by the provider.
- Whilst risk assessments were in place, they did not always reflect risks presented by people. Care plans did not reflect the potential and actual risk of harm and abuse to people. Guidance for staff and control measures to prevent and reduce the risk were not in place. This contributed to other people experiencing avoidable incidents.

Failure to protect people from avoidable harm and abuse was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received up to date safeguarding training. Staff knew how to raise safeguarding concerns with the provider and external agencies.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Safety concerns were not consistently identified, documented or addressed in a timely way. Information about identified risks and safety was not always comprehensive or up to date. There was a lack of guidance for staff to follow to keep people safe.
- Thorough investigations had not always taken place when things went wrong. We found examples where sufficient control measures had not been implemented following incidents. People's risk assessments and care records had not been updated to include any new risks or guidance for staff to manage them.
- Consideration had not been given to how people could seek support from staff. For example, some people had been required to self-isolate due to Covid-19. These people did not have access to a call bell in their bedrooms to request support from staff when needed.

Failure to assess and mitigate the risks to people's health, safety and welfare was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded to concerns raised around risk assessments and the call bell systems and took



steps to put these in place following the inspection. Sustained improvements will need to be demonstrated to show that new procedures have been embedded and adhered to.

- The environment, equipment and risk relating to fire had been regularly checked, documented and audited.

#### Staffing and recruitment

- Staffing levels were not always safe or sufficient to meet the needs of people using the service. The core staffing levels determined by the providers dependency tool had not always been met.
- People funded for additional 1:1 support from staff did not always receive it. This was due to; insufficient staff being on duty, the layout of the building and deployment of staff. At times staff were not available to support people as they were in another building within the service.
- People told us they did not always get support when they need it. One person told us, "There is not enough staff on the ward. On [Pullen Cottages] staff disappear for ages, so you have to go to the female side to find them. I find it annoying that I have to wait long periods during the day. Sometimes it takes them two hours to come back."
- Staff also told us that staffing levels, at times, prevented them engaging with people and supporting them with activities and staff had given this feedback to management.

Failure to ensure safe staffing levels was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider operated a safe recruitment process.

#### Using medicines safely

- Medicines were not always managed safely and administered as instructed.
- Medicines were not always available in the service and administered as instructed. For example, topical medicines, such as creams were not given as prescribed, and time specific medicines were not given at the correct time.
- Discrepancies were identified around the counting and stock checks of medicines. This put people at risk of potential harm as it was not clear if medicines were being administered as prescribed.
- The provider routinely secondary dispensed medicine (re-packaging a medicine that has been previously dispensed by a pharmacist or dispensing doctor), when people were accessing the community. The provider should review their process for secondary dispensing for residents to help minimise risk.

Failure to safely manage medicines was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

The provider had effective infection control measure in place and Personal Protective equipment available throughout the home. However, a service user was able to access a suite that was in isolation. The provider addressed this immediately and is aware of how to manage this more effectively in the future.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

# Is the service effective?

## Our findings

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

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.

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

- People's specific care and support needs were highlighted in their pre-admission assessment. However, not all staff had received specific training to meet these needs. For example, specific mental health training to support people living with autism. Some staff had chosen to access available on-line training around autism. The service was also working with a person who used the service to develop a service specific training package for staff
- Assessments of people's needs were carried out before admission to the service. They were holistic and identified people's physical, mental and social needs.

Staff support: induction, training, skills and experience

- Staff had received a detailed induction of face to face training and shadow shifts to provide them with knowledge and skills. However, the provider had not ensured that certain essential training was mandatory for staff, where this was required.
- Staff at times supported people with medicines. However, some had not received appropriate training to do so. Some nurses had not had their competency to administer medicines assessed.
- Nurses had not received training in "Immediate Life Support". The provider took action to schedule this training in when this was identified.

Failure to train and support staff to carry out their role and to meet people's specific needs, was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was no evidence or guidance for staff around meeting people's cultural, ethical and religious needs. The storing and preparation of meals was not in line with a person's religious requirements. The provider can now evidence that equipment is provided where needed.
- People using the service had access to kitchen facilities to make their own meals. People told us staff supported them to cook. However, there were no specific risk assessments, or detailed guidance for staff to follow, around the level of support people needed. There was a risk of harm occurring in a high-risk area such as the kitchen due to lack of guidance, support and monitoring.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Some restrictions which impacted on people's human rights did not follow the correct legal processes or the providers own policy. This meant that people were not afforded the safeguards of the MCA.
- Consent had not always been gained where required. For example, one person had access to their mobile phone restricted by staff and their calls monitored. There was no recorded consent to this arrangement or regular reviews documented for this decision.
- Mental capacity assessments were not always completed correctly or reviewed. Some outcomes of assessments were not clear.
- Where care plans stated people had consented to restrictions, this was not always clearly documented or reviewed.

Failure to follow the processes in accordance with the Mental Capacity Act 2005 is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people had been assessed under the MCA and appropriate applications made to authorise restrictions on people's liberty.

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

- Staff supported people where needed to access support from external agencies. The service promoted people arranging these appointments independently where possible.
- Where required the provider had made referrals to other agencies and there was evidence of previous engagement. This has been limited more recently due to COVID-19 restrictions and good practice guidance.

Adapting service, design, decoration to meet people's needs

- The service is new and has undergone extensive renovation and refurbishment.
- The facilities available within each suite enabled people to live independently.

# 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 requires improvement. This meant people were not always supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The service did not always recognise factors that could impact on a person's privacy and dignity. The provider did not always discuss these with the person and clearly document their views.
- On the Worth unit we observed "vistamatic screens" on bedroom doors. These are panels which allow staff to look into the room from the outside to observe people, on inspection these were closed. It was unclear if these were used as there was no clearly defined policy or protocol around when these would be used and how use would be recorded. There was no evidence that the presence or use of these screens had been discussed with people on the Worth suite. Staff had not been provided with guidance on when these screens should be used.
- CCTV was in use throughout the grounds and communal areas of the service. There was no evidence this had been discussed with people before they came to the service. Not all people had consent forms in place around the use of CCTV as per the provider's policy. For one person, this was completed several months after their admission. Signage around the use of CCTV was in place however signage was small and not always obvious or in key areas of the service.

Failure to comply with the Mental Capacity Act 2005 to gain appropriate consent from people was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were encouraged to be independent around their daily living skills and the service model and environment supported this. For example, there were communal or individual kitchens and laundry facilities.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were observed to engage positively with people using the service, speaking to them with respect and kindness.
- Staff had a good understanding of the care and support needs of the people they supported.
- The feedback from people about the care they received was mixed. Most people we spoke to were happy with the service they received. However, one person told us, "Staff can be aggressive, and the staff don't always treat me with dignity and respect."

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

- Peoples care plans included the individual's views and opinions. There was a lot of detail in the care plans

about the persons history, which helped staff understand people's mental health needs.

- Advocacy services were used in the service to support people. Families were updated where appropriate.

# 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.

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.

- At the time of the inspection all the people using the service were able to verbally communicate and make their needs known. Where people chose alternative means of communication this was not identified in the care plan.
- One person told us, "I use cards to tell people how I feel, like if I'm suicidal, I put them on my door but staff don't take them seriously." We found no guidance for staff around using these as a communication aid in the persons care plan.

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

- Care plans outlined, and staff had a good understanding and knowledge of peoples likes, dislikes and hobbies. We observed people engaging independently with activities they enjoyed such as building models. There were also scheduled activities such as, walking group, baking and arts and crafts.
- The service had risk assessments and guidance in place for all visitors to the service and people leaving the service in relation to the COVID-19 pandemic. There was evidence of positive risk taking to avoid social isolation and support people's mental well-being and right to make unwise decisions.
- An activities co-ordinator supported with activities in the care home throughout the week . The provider was also looking to increase the amount of staff support for activities being provided.
- People were encouraged to engage within the community and attend groups such as gardening and support groups. At the time of the inspection these had to stop in line with national restrictions because of the COVID-19 pandemic.

Improving care quality in response to complaints or concerns

- A complaint process was in place and followed. The registered manager had carried out thorough investigations following complaints made.
- People told us they were comfortable raising issues with staff. One person told us how they had made a complaint to the manager which had been dealt with.

# 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

- Systems and processes in place to identify and respond to shortfalls within the service were not always effective.
- The provider had not always followed their own policies in relation to the management of accident and incidents and safeguarding.
- The provider failed to identify the need for risk assessments and guidance for staff to manage certain risk.
- Quality assurance arrangements, such as audits, were not always robust enough or effective in identifying the shortfalls found on inspection. For example, care file audits failed to identify when appropriate risk assessments and care plans were not in place.
- The providers governance processes failed to identify that records were not always accurate, complete, up to date and did not contain enough information to fully understand peoples care and support needs. This made it difficult to know when records were written, by whom and whether they were still relevant or valid.
- The providers quality assurance systems failed to identify when risk assessments had not been completed in line with the care plan to keep people safe. One person's care plan stated that a risk assessment by the nurse was required before using the bath due to risk. This was not being documented and so it was unclear if this was happening.

Failure to establish and operate effective systems and processes to monitor and improve the safety of the service and keep complete, accurate and contemporaneous records was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Some legal requirements around notifying CQC of incidents were not met or fully understood by the registered manager.
- The provider failed to notify CQC of four incidents when they were legally required to do so. This meant CQC were not always aware of safeguarding and/or police incidents that had occurred in the service.

Failure to notify the Commission of an incident is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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



outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from staff on the culture of the service was very variable. Some staff felt the management were not approachable and did not respond to concerns seriously, whilst others were comfortable raising concerns.
- The provider had sought feedback on the quality of care from both people using the service and staff. Responses had been reviewed and an action plan put in place to address shortfalls staff identified. Due to COVID-19 national restrictions in place around visitors to the service, there was limited opportunity for relatives and friends to provide comprehensive feedback on their experiences.
- People were empowered and supported to take positive risks. However, this was not always documented in care records.
- The service engaged well with other professionals involved in peoples care and support. However, the COVID-19 pandemic had impacted this and involvement was limited. Plans were in place to re-engage as soon as restrictions allowed.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The Provider failed to notify the Commission of incidents when legally obliged to do so.</p> <p>18</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider failed to act in line with the Mental Capacity Act 2005 to gain appropriate consent of the relevant person.</p> <p>13(1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to assess the risks to the health and safety of service users. The provider failed to manage medicine safely</p> <p>12(2)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to protect people from avoidable harm and abuse. They also failed to</p>

ensure that safeguarding systems and processes were established and operated effectively.

13(1)(2)(3)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider failed to assess, monitor and improve the quality and safety of the service. They also failed to establish and operate effective systems to assess, monitor and improve the service.

17(1)(2)(a)(b)(c)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider failed to ensure staff received appropriate training and support to carry out their role. They failed to ensure a suitable number of staff were on duty to meet people's needs.

18(1)(2)(a)