Care Quality Commission

Xtracare Limited

Xtracare Ltd

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

The inspection took place on 10 and 11February 2015 and was announced. '48 hours' notice of the inspection was given, as this is our methodology for inspecting domiciliary care agencies. At the previous inspection on 23 November 2013, we found that there were no breaches of the legal requirements.

Xtracare Ltd provides personal care and support to adults in their own home. It mainly provides a service to older people, some of whom have been discharged from hospital. It also provides a service to younger adults with a physical or learning disability and people with mental health problems. At the time of the inspection it provided a personal care service to around 100 people.

The service has a registered manager who was available and supported us during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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

Summary of findings

and associated Regulations about how the service is run. Comprehensive checks were not carried out on all staff at the service, to ensure that they were suitable for their role. Applicants were interviewed and criminal record/ barring checks were undertaken. However, the provider had not always assessed the person's suitability to work with people. This included not checking the reference of one person's last position in a health or social care setting.

Risks to people's health and welfare had been assessed, but were not always personalised. Where a risk had been identified, details of the risk and how to minimise the risk were recorded on the assessment.

People were informed of their right to raise any concerns about the service and most people were satisfied with the action that the service had taken when they had raised a concern. We have made a recommendation about informing people of their right to independent advice if they are not satisfied with how the service has dealt with a complaint. We have also recommend that the service record all complaints raised by people, to show how they manage complaints.

Systems were in place to review the quality of the service. Feedback from people who used the service was that 83% of people rated the service overall as very good or good. However, the service had not identified and taken action to address shortfalls in relation to the recruitment of new staff and the recording of risks to ensure these were managed effectively.

People told us they received their medicines as they were prescribed. Staff had received training in the administration of medicines and clear procedures were in place which defined staff's roles and responsibilities.

People felt safe whilst staff were supporting them in their own homes. Safeguarding procedures were in place and staff had received training in this area. Staff and the management team demonstrated a good understanding of what constituted abuse and how to report any concerns swiftly so that people could be kept safe.

The service had a programme to continually recruit staff to ensure that they were available in sufficient numbers. Staffing numbers were kept under constant review. New staff underwent a thorough induction programme, which including relevant training courses and shadowing experienced staff, until they were competent to work on their own. People felt that staff had the right skills and experience to meet their needs. Staff received training appropriate to their role and were encouraged to undertake training to further their knowledge. Staff's performance was monitored during unannounced checks on their practice by the management team.

Staff were aware of people's health and dietary needs and took these into consideration when providing care. People told us their consent was gained at each visit and they had also signed their care plan to confirm their consent to their care and support. Staff had received training in the Mental Capacity Act 2005 and supported people to make their own decisions and choices. The MCA 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The registered manager knew that when people were assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

People said the support was delivered by a staff team who were kind, caring, usually knew them well and that staff took time to talk to them. People were treated with dignity and respect and their privacy was respected.

People were involved in the initial assessment and the planning their care and support. They told us that they received personalised care as recorded in their plans of care. Care plans included

people's preferred routines. People said a member of the management team visited periodically to review their care plan and discuss any changes required.

Staff understood the aims of the service. They said they treated people as they would want to be treated. They had confidence in the management of the service which they said was supportive and there was good communication in the staff team.

We found three breaches of the health and social care act 2008 (Regulated activities 2010). You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

Enough staff were employed to meet people's needs, but comprehensive checks were not carried out on all staff before they worked independently.

Risks to people's health and welfare had been assessed but were not always personalised. The provider had taken reasonable steps to protect people from abuse.

Staff were trained to support people with their medicines and guidance was in place to ensure that staff administered medicines safely.

Is the service effective?

Good

The service was effective.

People received care and support from staff who were trained and whose competency had been assessed to make sure they had the knowledge and skills for their roles.

Staff encouraged people to make their own decisions and choices.

Staff understood their responsibilities in ensuring that people ate and drank regularly and if there were any concerns with in a person's health, that their family or a health or social care professional should be informed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People said that they were supported by staff that were kind, caring and also made them laugh.

Staff supported people to maintain and develop their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were given information about how to complain and said the service responded to any concerns and complaints that they made. However, complaints were not always recorded in the services' complaints log.

People were involved in assessments and planning their care. Care plans contained detailed of people's preferred routines.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Summary of findings

Staff said the management team were approachable and always there to support them. There was good communication within the staff team and staff understood their roles and responsibilities.

People were regularly asked for their views about the service.

Quality assurance and monitoring systems were not effective as they did not identify shortfalls in staff recruitment and records.

Xtracare Ltd

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 checked 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 10 and 11 February 2015 and was announced with 48 hours' notice being given. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked 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. The provider returned the PIR within the set time scale. Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

We visited two people in their own homes and telephoned 20 people and four relatives to gain their experiences of the service. We spoke to the registered manager, one of the owners of the service, the assistant manager and four care staff. After the inspection we received feedback from one of the local authority commissioners of the service.

During the inspection we viewed a number of records including five care plans, three staff recruitment records, the staff training and induction programme, medicine records, staff meeting minutes, compliments and complaints logs and quality assurance questionnaires.

Requires Improvement

Is the service safe?

Our findings

People told us staff were competent in keeping them safe and making them feel secure. Comments included, "I feel safe" and, "Staff check that I am OK". People said that staff checked that they were safe on arrival and at the end of their visit, as directed in their plans of care. People who received support from staff to lift them using specialist equipment, said that they always felt safe and secure when being supported to move and transfer. One person told us, "When I am anxious, staff reassure me that I am safe".

We looked at the recruitment and selection records in place for the last three staff who had been employed by the service. Staff had completed an application form, which asked them for their employment history and any gaps in their employment history. Applicants attended an interview where they were asked a number of questions about their experience and their values in relation to giving care, such as what care meant to them and what makes a good carer. Checks of the person's identity and a Disclosure and Barring Service (DBS) check were undertaken. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people. The registered manager told us that it was the agency's policy to receive two references from an applicant, before they were assessed as safe to work alone in the community. Each applicant had two references. However, we found that proper checks had not been made about the applicant's suitability to work with people who needed safeguarding. For one applicant, a written reference had been received and a file note stated that a verbal reference had been received, but no record had been made of the applicant's suitability for employment. For another applicant, two references had been sought. However, this did not include a reference from their last employment which involved working in a care setting, nor had their reason for leaving been verified.

The lack of effective and safe recruitment processes is a breach of Regulation 21 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people's safety had been assessed such as risks in people's home environment, the risk of people falling, moving and handling people and whether people could safely administer their own medicines. Guidance was in place about the action staff needed to take to make sure people were protected from harm. For example, for a person who was assessed as at risk of poor fluid intake, there were clear directions for staff to offer drinks at each visit and to place the drink in a mug in the person's hand, so they were able to drink. A record was made of the person's fluid intake so that it could be monitored. For another person, it had been identified that they were at risk of their skin breaking down but no associated risk assessment was in place to guide staff about how to minimise the risks of this happening. This information was in the person's assessment and included information about maintaining healthy skin from the district nursing team and the provision of pressure relieving equipment to help minimise the risks. However, this information had not been transferred to the risk assessment to show how the service was keeping this person safe.

The lack of accurate records about how to keep people safe is a breach of Regulation 20 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The equipment that people used was identified in their plan of care. Staff ensured that the equipment they used was regularly maintained, and therefore safe, by checking the servicing sticker on the equipment before they used it.

There was a system in place to record accidents and incidents. There had not been any accidents since the last inspection. Protocols were in place in the event of bad weather to make sure that people would be visited and kept safe. These plans had been discussed at the last staff meeting, to ensure that staff knew how to implement them.

The service had assessed how many staffing hours were required to meet the care needs of the people for whom they were responsible. The service only took on new packages of care, if they had assessed that they had sufficient staff to meet people's needs. One member of staff was responsible for allocating staff to people and if there were shortfalls, other staff would cover, including the assistant and registered manager. The service recorded the reasons for any missed calls and the action they had taken to address this so that it did not reoccur. We saw that the action was effective as these were not frequent events and

Is the service safe?

did not affect the same person. There was an on-call system if assistance was required outside office hours. Staff reported that the support given was useful and made them feel safe when working alone.

All staff had received training in how to recognise and respond to the signs of abuse at induction, and that this training was regularly refreshed. The registered manager was familiar with the local authority protocols for reporting suspicions of abuse and had the contact details of the local safeguarding coordinator so that swift action could be taken if any concerns were reported to them.

The service had a safeguarding policy which set out the definitions of abuse, staff's responsibility to report any concerns to their line manager and the registered manager's responsibility to take action in line with the local authorities Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway. This contained guidance for staff and managers on how to protect and act on any allegations of abuse. Staff knew how to recognise and report concerns so that they could be acted on. They said that they knew people well and reported any changes in their behaviour, as this may be due to ill health or a sign of abuse. Staff reported that they felt confident that their concerns would be listened to, but that if their concerns were not taken seriously, they said that they would refer them to the local authority.

The service had a medicines policy which clearly set out the circumstances when staff could and could not support people with their medicines. It set out the circumstances when staff could remind people that it was time to take their medicines, and when they could support people to administer their medicines. These details were contained in each person's care plan.

All staff received training in medicine awareness and those staff that administered medicines received training in administering medicines. Staff's competency in administering medicines was assessed at staff spot checks. This is an observation of staff performance undertaken at random by a senior member of staff. When staff administered medicines they recorded how many medicine tablets the person had taken and that they had observed the person take their medicines. People confirmed that staff checked to make sure that they had taken their medication. Each person's care plan contained a list of medicines that the person was prescribed and details about the colour and shape of each medicine. This meant that if a person refused to take a medicine that the medicine could be identified and the person's doctor contacted for advice. If a person's medicines changed, then the person was visited so that the information that the service held about a person's medicines could be updated to ensure that it was accurate.

Good

Is the service effective?

Our findings

People told us that staff were trained to support them with their needs. One person told us, "The carers are very competent". People who were moved using specialist equipment, such as a hoist, said that staff had received the training that they required to effectively support them. People said that new staff shadowed a senior member of staff or a member of the management team before they worked on their own.

New staff received an in-house induction which was based on Skills for Care's Common Induction Standards (CIS).CIS are the standards people working in adult social care need to meet before they are assessed as being safe to work unsupervised. Training was presented via video presentations of topics such as health and safety, food hygiene, infection control and how to effectively communicate with people. After each presentation staff were required to complete a workbook so that their knowledge could be assessed. The assistant manager was a 'Train the trainer' in moving and handling and provided practical training to staff in this area. The registered manager had obtained information about the new 'Care Certificate' which comes into effect in April 2015 and replaces the Common Induction Standards.

New staff were given a staff handbook which contained basic information to help them in their new role. They shadowed senior staff before they worked independently and were on a three month probationary period during which their skills and experience were assessed to make sure they were competent in their role. Staff said that the induction programme and support was effective in providing them with the knowledge and skills that they required. Regular unannounced visits were carried out with staff, by a member of the management team, to check their skills including, skin care, communication, record keeping, following the dress code and bed making.

There was an on-going programme of development to make sure that staff were kept up to date with required training subjects. These included health and safety, moving and handling, emergency first aid, infection control, safeguarding, nutrition, dementia awareness and palliative care. Advanced courses were also available in equality and diversity, end of life care, dementia, diabetes and nutrition, hydration and learning disability awareness. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively. Around three quarters of the staff team had completed Diploma/Qualification and Credit Framework (QCF) levels two or above in Health and Social Care. These qualifications build on the Common Induction Standards and are nationally recognised qualifications which demonstrate staff's competence in health and social care.

Staff said that they received good support from the management team. This was achieved through individual supervision sessions, spot checks and an annual appraisal. After a spot check staff were telephoned and given constructive feedback. Staff said feedback was valuable in identifying what they were doing right and any areas in which they needed to improve. Staff said that they could ring the office at any time and that the advice given was useful and made them feel well supported.

Staff had received training in the Mental Capacity Act 2005. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff's detailed knowledge of the principles of the act varied, but all staff demonstrated that they would only support people when they had gained their consent and according to their wishes and choices. The registered manager understood that people should be supported to make day to day decisions and that if they were assessed as not having the capacity to make a decision, a best interest meeting should be held involving people who know the person well and other professionals, where relevant.

People's needs in relation to support with eating and drinking had been assessed during their initial assessment. This included if people needed physical support to eat, their meals prepared for them, their drinks left within reach or food and drink provided in specialist cups or bowls. Meals were prepared for people as directed by the person receiving care. Staff recorded what people had eaten and drunk and any concerns were reported to office staff so family members or health professionals could be informed as appropriate. Staff explained how they supported one person to maintain their nutrition. When they visited this person, they would often say that they did not need a meal as they had already eaten. This person was living with dementia and sometimes forgot when they had eaten. Staff responded by making a hot snack and asking if they would like to eat, which they often did, or leaving a cold snack out so that they could eat it when they were hungry.

Good

Is the service effective?

Care plans included people's health needs and contained guidance for staff about how to provide personal care for people whilst taking these needs into consideration. People told us that the District Nursing team was involved in their care if this was required. They said that staff understood the nursing support they received and how this affected how they should support them with their personal care. Staff were not directly responsible for providing health care for the people they supported. However, staff were aware of their responsibility to report any concerns about a person's health to more senior staff so that they could take the appropriate action, such as informing the person's relative, care manager or doctor.

Good

Is the service caring?

Our findings

People said that they received support from staff that were caring. Comments included, “They are really nice girls: Very polite and caring”; “I am more than happy with the care I get”; “The care I get is excellent in every way”; “The carers are absolutely great”; “They give me a lovely bed wash”; and, “They chat to me whilst giving me personal care”. A relative told us, “I hear laughter and joking when the staff are here”.

One person, who was not able to travel independently in the community, told us about a particular act of kindness by a staff member. They said that they had mentioned to staff that they would really like to eat fish and chips prepared in a fish shop. The staff member visited the fish and chip shop in their own time before their shift started and gave them to the person for lunch. The person who used the service said, “It was very kind. It was lovely”.

People told us that staff looked at their plan of care to ensure that they supported them according to their needs and wishes. Care plans contained details of what support people required and staff were knowledgeable about people’s needs and preferences. Staff explained how they involved people in making their own decisions, such as what they wanted to wear, what they wanted to eat and how they wanted to be supported with their care needs. One person told us that staff knew what they liked to eat and drink for breakfast each day. However, they said that staff always asked them what they would like, to make sure that they involved them in their care and met their wishes and choices.

Staff talked about people in a caring and meaningful way. They explained how they promoted people’s independence by supporting people to undertake tasks that they were able to do by themselves, and also how they promoted people’s wellbeing. One person had low self-esteem and as a result found it difficult to deal with daily tasks such as attending to their personal care. Staff supported them to have a bath and put on clean clothes so that they could feel better about themselves and go out in the community.

People told us they were always treated with dignity and respect and had their privacy respected. Staff demonstrated that they knew how to respect people’s dignity. They said that when they were supporting people with their personal care, they tried to think how they would feel if they themselves were being supported, and act accordingly.

The assistant manager introduced us to people when we visited them in their own homes. People requested that the assistant manager was present when we spoke them as they told us that they had confidence to speak openly in front of her. People were at ease with the assistant manager as she visited them on a regular basis to review their care needs, or to support them with their care needs. The assistant manager spoke in a kind and caring manner and listened to what people had to say, letting them finish speaking before she replied. At all times she treated people with dignity and respect, added humour to the conversation and supported people in a personalised way.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us that if they raised a concern with the management team that they were resolved to their satisfaction and that they felt listened to. One person told us that they had occasion to complain about a member of staff and that as a result, they had not been supported by that member of staff. Another person told us that they had raised a particular concern and that it had been effectively dealt with by a member of the management team.

The service made a record of complaints that it received and the person who made the complaint was informed of the action that had been taken to minimise any reoccurrences. However, when people had raised concerns they had not always been recorded as a complaint in the service's complaints log. Therefore, the service does not have an accurate record of how many complaints have been received and the action that they have taken to address each complaint.

The complaints procedure was contained within people's service user guide, which was given to them when they first started to use the service. It explained who to contact at the service if they had a complaint and what to do if they were not satisfied with the response. However, it did not inform people that they could contact the local government ombudsman. This is an independent organisation, which can look into complaints once a care provider has been given a reasonable opportunity to deal with the situation.

A local authority commissioner told us that they had received very few quality issues and complaints from people who used the service or from case managers. The service had received a number of compliments. These included, "Please thank all the staff for everything they have done. She would not have managed without their help"; "The carers absolutely understand Mum. The company keep the family informed at all times"; and, "Staff acted with patience, compassion and friendship while performing their work. I liked you. I admired you. And I am so glad you came".

People's needs were assessed by senior staff before they received a service from the agency. This included a visit to the person so that a joint decision could be made about how their individual needs could be met. If the person was funded by the local authority, then information was also obtained from social care professionals to make sure that the service had the most up to date and comprehensive details about the person. These assessments included information about the person's health, social and personal care needs such as their mobility and history of falls, nutritional needs, medication and social activities and formed the basis of each person's plan of care.

People said that they had a care plan, that it was updated as required to make sure that it contained the correct guidance about how to support them and that a member of the management team visited them regularly. People said that they felt able to ask staff to deliver their care according to their wishes and choices. Care plans contained details of people's preferred daily routines in a step by step guide. This informed staff about how to support the person with their personal care, what the person could do for themselves and what support they required from staff. Staff were knowledgeable about people's individual preferences such as what they liked and did not like to eat and whether they responded to and enjoyed humour. Essential information, such as if a person had a specific medical condition that affected how care was given, was highlighted to make staff aware of its importance.

The office was open between usual working hours and outside this time an on call service was available. Staff told us that the support they received from this service was excellent. They gave examples of when they had travelled to visit someone and had got lost. Staff said that the on call person gave them clear directions and made sure that they could safely go to their destination.

We recommend that the service seeks advice and guidance from a reputable source, about the management of complaints. This is in relation to the recording of complaints and people's right to seek independent advice when making a complaint.

Requires Improvement

Is the service well-led?

Our findings

People told us they would recommend the service to others. Comments included, 'The staff are marvellous". "It's uplifting when staff come"; "This service has improved recently. I feel now I can recommend this company"; and "I have only had this company for three weeks. They seem very good and the manager has called to check that everything is alright". People said that they were asked for their views about the service and sent a questionnaire to assess the quality of the service given.

The registered manager monitored staff training, staff appraisal, staff spot checks and when people had last had a care review weekly, in order establish the action that needed to be taken. In addition, all conversations between people who used the service and office staff were recorded and made available to the registered manager and assistant manager. This enabled them to get an overview of what had taken place each week and to identify any trends or patterns in relation to one person's care, so that action could be taken to investigate further. However, the service's systems to monitor the quality of the service were not always effective. The provider was not aware of shortfalls in relation to the lack of safe and effective recruitment procedures; and that there was insufficient information in people's records to show how they were protected from risks.

The lack of a fully robust quality monitoring process is a breach of Regulation 10 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was managed by the registered manager, who owned the company. They and the assistant manager regularly supported people with their care. They said that this was an enjoyable aspect of their roles and that it helped them to keep in contact with people who used the service. It is showed that they led by example and ensured that they had a good understanding of the role of their care staff.

A local authority commissioner told us that in their view, the agency were professional and provided an "Overall good" standard of care. They said that the service responded promptly to any queries or issues that they brought to their attention and appeared to be managing the service well.

Staff told us that the service was well led and that they felt well supported. They said that the management team took any concerns or questions that they had seriously and that there was always someone available to talk to, at the office or on the end of the phone. Staff said there was good communication between all staff. The registered manager and senior staff had friendly conversations with the care staff who visited the office on the day of the inspection.

Staff were provided with a staff handbook which contained policies and procedures and other information necessary to their role. Regular staff meetings were held to keep in contact with staff and to keep them up to date with how the service was operating.

The philosophy of the service were included on the company website. This was, "To provide a genuine helping hand rather than making people feel like they cannot care for themselves". Staff understood their roles and responsibilities and the importance of supporting people to remain in their own homes. They said that they tried to treat people as they would their own relative.

The service were members of the Kent Community Care Association and the providers attended a care conference on the second day of the inspection. This helped them remain up-to-date with changes and best practice. The views of people who used the service were sought every 6 months via a telephone call, at annual reviews and through a quality assurance questionnaire. The last time this survey was undertaken was in March 2014. The results were displayed in graph format so that they were easy to understand. People were asked questions such as, "Do staff understand your needs", "Are staff friendly and honest", "Do you have choses", "Do you feel safe", and "Do staff hurt you when they provide care". The results were that 83% of people rated the service overall as very good or good, 11% as average and 1% as poor. As a percentage of satisfaction was given for each area, the service was aware of which areas in which it needed to improve.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers People were not protected by robust recruitment procedures. Checks were not always undertaken of people's previous employment in a health or social care setting. Regulation 21 (b) schedule 3 (3) (a) (b) and (4) which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The provider had not always ensured that people's records gave clear information about how to protect people against the risks of unsafe care and treatment. Regulation 20 (1) (a) which corresponds to regulation 17 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The provider did not have an effective system in place to identify and take action to address shortfalls in the provision of the service. Regulation 10 (1) (a) (b)

This section is primarily information for the provider

Action we have told the provider to take

which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.