

Homes Together Limited

Knarborough Two Group

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Knaresborough Two Group is a residential care home, set across 2 separate properties, providing personal care to up to 10 people. The service provides support to people with a learning disability and autistic people. The service also supports people with sensory impairments and physical disabilities. At the time of our inspection there were 7 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 6 people using the service who received personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Appropriate fire safety measures were not always in place to minimise potential risks to people who used the service. There was not always clear and robust guidance in place for staff around some people's health conditions. People were not always supported to develop new skills and gain greater confidence and independence. Staffing levels and deployment of staff had improved. We made a recommendation around the continuous review of staffing levels. Staff supported people safely with their medicines. People were supported by staff who had been recruited safely. People were supported to make their own decisions wherever possible, including around their end-of-life choices.

People were generally supported to have maximum choice and control of their lives, although further work was required around supporting people's independence, goals and aspirations. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Assessments of people's needs were not always fully comprehensive and did not always consider each person as a whole, and the wide range of their needs. There was not always evidence that people were involved in reviews of their support plans. Staff treated people with dignity and respect. People told us they were happy and liked the staff. Staff had received suitable training to meet people's needs. People were able to personalise their own rooms and the houses were homely. The management of laundry was not in line with best practice guidance and we have made a recommendation about this.

Right Culture: Quality assurance processes were not always effective. The provider involved people through

house meetings, but we made a recommendation about ensuring engagement was as meaningful as possible. Documents were available in an easy read format for people but there were only limited aids available for people with a visual impairment. We made a recommendation about this. There was an open-door policy and people and staff told us the registered manager was approachable and knowledgeable. There was generally a positive culture within the service although some areas of support needed to be more person-centred. Staff managed incidents affecting people's safety well and there was evidence of learning from incidents. Staff worked well with professionals and lines of communication were good.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 June 2022) and there were 5 breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider had made some improvements but remained in breach of 3 regulations.

At our last inspection we recommended the provider reviews its approach to providing accessible information. At this inspection we found the provider had made some improvements, but we have made a further recommendation in this area.

At our last inspection we recommended the provider enhances its information sharing with staff to share lessons learned. At this inspection we found the provider had made improvements and shared lessons learned with staff.

At our last inspection we recommended the provider reviews end-of-life care planning and staff training in this area. At this inspection we found the provider had made improvements and had created an easy read document which facilitated discussions with people around their end-of-life wishes, and staff had received appropriate training.

The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

The provider has been responsive and taken action following our feedback.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Knaresborough Two Group on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to supporting the independence of people using the service, the management of risk, and governance at this inspection.

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

We have made recommendations about reviewing staffing levels, the safe management of laundry, engaging people fully in the service, and further improving the use of sensory impairment aids.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Knarborough Two Group

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 Health and Social Care Act 2008.

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

This 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.

Service and service type

Knarborough Two Group is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Knarborough Two Group is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 July 2023 and ended on 11 August 2023. We visited the service on 26 July 2023 and 1 August 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 3 people who used the service, 1 advocate and 2 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, the deputy head of residential services, the deputy manager, and support workers. We spoke with a further 3 professionals who work with the service.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including training data and quality assurance records were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess and consider all risks to people, placing them at risk of unnecessary harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Appropriate measures were not always in place to minimise potential risks to people who used the service.
- Although staff had received fire training, no staff members apart from the registered manager had carried out a mock fire evacuation. Staff told us they were confident they would know what to do in the event of a fire, but they had not practiced this.
- A fire evacuation plan for one person who used the service put them at risk of harm, and other options had not been robustly or thoroughly considered.
- There was not always clear and robust guidance in place for staff around some health conditions, how they may affect the person, and signs to look out for that a person's health might be deteriorating.

The provider failed to fully assess the risks to the health and safety of service users and do all that is reasonably practicable to mitigate any such risks. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had contacted the fire service for support following our feedback.
- The registered manager implemented plans and risk assessments for the risks highlighted, following our feedback.
- We found no evidence that people had come to any harm, and staff knew people well. One relative told us, "Staff understand [person's] needs."

Staffing and recruitment

At our last inspection the provider had failed to have a systematic approach to determine the level of staffing needed. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There had been some improvements to staffing. Systems were now in place to ensure people who used the service did not have to accompany others to medical appointments due to a lack of staff.
- The registered manager assured us the staffing levels were sufficient, although no clear evidence was provided as to how staffing levels were calculated.
- At one of the properties, during the day there was often just 1 staff member on shift. This staff member was responsible for supporting people, transporting them to day groups and evening clubs, in-house activities, cooking, cleaning, and record keeping. Staff told us this was 'manageable'.

We recommend the provider formally reviews staffing levels on a regular basis so they can continuously adapt to people's individual needs.

- Staff were recruited safely and appropriate pre-employment checks were carried out.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. The management of laundry was not in line with best practice guidance.

We recommend the provider seeks advice from a reputable source around the safe management of laundry.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting at the time of the inspection, which was in line with national guidance.

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

Learning lessons when things go wrong

At our last inspection we recommended the provider enhances its information sharing with staff to share lessons learned. The provider had made improvements.

- Staff managed incidents affecting people's safety well.
- There was evidence of learning from incidents. Incidents were reviewed to find out what had happened and what could be done better. This learning was relayed to staff in monthly staff meetings and staff supervisions.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. The provider had a policy in place and effective systems and

processes to deal with any concerns.

- Staff understood their safeguarding responsibilities and knew what to do if they had any concerns. One staff member told us, "We would deal with anything straight away and get in touch with the [registered] manager."
- People told us they felt safe living at Knaresborough Two Group. One person told us, "I like living here, I feel safe, and I know my routines."

Using medicines safely

- Medicines were managed safely. Systems were in place for safe storage, administration and auditing of medicines.
- Staff recorded when they administered any medicine. For medicines prescribed on a 'when required' basis, staff recorded the reason for administration and whether the medicine had been effective.
- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

- Assessments of people's needs were not always fully comprehensive and did not always consider each person as a whole, and the wide range of their needs.
- There was limited evidence to show how people were involved in reviews of their support plans. Key workers carried out a monthly review of people's needs, activities, and objectives. In most cases, there was no evidence that people had been involved or contributed to these reviews.
- Person-centred and varied approaches to supporting people to develop life skills and gain independence were not always used.

The provider failed to fully support people's autonomy and independence. This was a continued breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider failed to apply the principles of the Mental Capacity Act to protect and promote people's decision making. This was a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- Staff worked within the principles of the MCA. People were supported to make their own decisions wherever possible. This was recorded.
- Where staff assessed someone as lacking mental capacity for a certain decision, staff clearly recorded their assessments and any best interest decisions. Appropriate professionals and relatives were involved in best interest decisions.
- DoLS were in place where required and these were reviewed to ensure they were up to date.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff had the correct qualifications, competencies and skills. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this element of regulation 12. However, the provider remains in breach of regulation 12 for other areas identified on inspection.

- Staff had received suitable training to meet people's needs. One staff member told us, "The training is good and there is nothing missing."
- The registered manager and senior staff carried out spot checks and assessments on staff competencies.

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

- The properties met people's needs, however, there were limited adaptations to support people with visual impairments. The registered manager confirmed this would be looked into.
- Both properties were homely. People had their own rooms and access to communal spaces and garden areas.
- People had personalised their rooms and were able to choose how they wanted them.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Where people chose to have very limited diets, staff worked hard to introduce varied food and encourage a more balanced diet.
- People were given choice about what meals they wanted. One person told us, "We have a meeting about what we want to eat, and I can choose what I want."

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

- Staff worked well with other agencies and supported people to access healthcare and other support.
- Staff made referrals to other professionals when appropriate. Professionals told us, "Staff always contact me if required in a timely manner" and, "Home staff proactively seek out support from relevant health professionals."

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; respecting and promoting people's privacy, dignity and independence

At our last inspection the provider failed to fully support people's autonomy and independence. This was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 10.

- People were not always supported to develop new skills and gain greater confidence and independence.
- People were not always encouraged to help with tasks such as cooking or making a drink. Where people said they didn't want to help, different ways of making tasks interesting or rewarding for people, to encourage them to take part, had not been implemented.
- People did not always have meaningful goals in place. Goals were not always person-centred, and staff were not able to tell us what people were aiming for or working towards.
- Key workers set monthly objectives for people but in most cases, people had not been involved with this. Objectives were often the same for long periods of time and there was limited evidence of progress being made.
- There was limited consideration of people's long-term aspirations.

The provider failed to fully support people's autonomy and independence. This was a continued breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider failed to consistently treat people with dignity and respect. This was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this element of regulation 10. However, the provider remains in breach of regulation 10 for other areas identified on inspection.

- People were treated with dignity and respect.

- Staff interacted pleasantly with people and knew people well. Staff were mindful of individuals' sensory perception and processing difficulties.
- People told us they were happy and liked the staff. People appeared relaxed, comfortable and at ease. One person told us, "The best thing about living here is everything. I like the staff; they are kind and caring."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

At our last inspection the provider failed to deploy sufficient numbers of competent staff to meet people's needs. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported to follow their interests and further work was being carried out in this area.
- People regularly attended formal activities and clubs with local organisations, colleges, and charities.
- Staff had introduced an activity day every Friday for one of the properties. Each week people chose an activity they would like to do, or a place they would like to go to as a house. Recent activities included a trip to a farm, various museums, and a driving experience.

We recommend that the provider formally reviews staffing levels, so they continuously provide person-centred care and support people with activities of their choice.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection we recommended the provider reviews its approach to providing accessible information. Although some improvements had been made, further improvements were required.

- The provider had taken some steps towards providing information for people in a way which they would understand. They had produced various documents, such as the complaints policy, in an easy read format for people.
- There were only limited aids available for people with a visual impairment. People told us they were happy and did not express a desire for further aids. However, various tools and technologies had not been considered or trialled, which may improve people's independence and quality of life.

We recommend the provider considers further the use of sensory impairment aids to make things more accessible for people.

End of life care and support

At our last inspection we recommended the provider reviews the end-of-life care planning and training staff receive. Improvements had been made at this inspection.

- Staff were not supporting anyone on end-of-life care at the time of the inspection.
- People's end-of-life wishes were recorded. Staff used an easy read booklet to help them facilitate those discussions with people.

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

- Support plans were person-centred in some areas, but not others. Some areas of people's lives and potential needs were not fully explored. Meaningful aims and goals for people were limited. People were not always involved in reviews of their support plans.
- Staff knew people well, including their likes, dislikes, preferences and routines.

Improving care quality in response to complaints or concerns

- There had been no recent complaints at the time of the inspection. Procedures were in place should a formal complaint be received.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider failed to have robust oversight of the quality, safety or welfare of people. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance processes were not always effective. Regular audits were carried out and the provider had commissioned an external audit. Audits identified some of the issues we found on inspection, but not all. For example, the missing information about people's health needs had not been identified.
- Where issues had been identified by the audits, measures implemented in response had not always been effective. For example, audits highlighted that people were not encouraged to help at mealtimes. We observed this to still be the case during the inspection.

The provider failed to have robust and effective oversight of the quality, safety or welfare of people. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded immediately following our feedback and took steps to resolve the issues identified on inspection. The service was on an improvement journey and were committed to continued improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

At our last inspection the provider failed to act on feedback to evaluate and improve the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of this

element of regulation 17. However, the provider remains in breach of regulation 17 for other areas identified on inspection.

- People were involved with the service through regular house meetings. However, records from these meetings were limited in respect of recording people's opinions and engagement.

We recommend the provider reviews how it records the involvement of people in the running of the service, so there is evidence of meaningful engagement.

- Some improvements had been made following our previous inspection. However, further improvements were still needed.
- Lessons learned were shared with staff in staff meetings and handovers.
- Accidents and incidents were dealt with appropriately. However, data was not always analysed to identify if there were any overarching trends or patterns to learn from.
- There was an open-door policy and staff told us they could always approach the registered manager. Staff meetings took place, and one staff member told us, "The meetings are regular, and staff are able to put forward their thoughts and views."

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

- There was generally a positive culture within the service. However, some areas of support needed to be more person-centred to ensure the best possible outcomes for people.
- Staff morale was good. Staff were happy in their roles and felt supported. One staff member told us, "I love my job and as a team we work well together."
- Relatives were happy with how the service was managed and told us they were always contacted if there were any issues.
- People, staff, relatives, and professionals all spoke positively about the registered manager. One professional told us, "The [registered] manager is very approachable and knowledgeable about [people's] needs." One person told us, "Our [registered] manager now is the best, he sits and chats with me."

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; working in partnership with others

- The provider understood the duty of candour and complied with this when required.
- Staff worked well with other professionals. Comments from professionals included, "Staff have responded well to my advice and recommendations" and, "I am able to get in touch with the service whenever I need to."

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 10 HSCA RA Regulations 2014 Dignity and respect The provider failed to fully support people's autonomy and independence. Regulation 10(1) and (2)(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 failed to fully assess the risks to the health and safety of service users and do all that is reasonably practicable to mitigate any such risks. Regulation 12(1), (2)(a) and (b) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to have robust and effective oversight of the quality, safety or welfare of people. Regulation 17(1), (2)(a), (b), (c) and (f) |