

Farnborough(War Memorial)Housing Society Limited

Knellwood

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 and 7 December 2016 and was unannounced. We last inspected the service in June 2015. At that inspection we found the service was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, they had failed to complete all the required recruitment checks for new staff. At this inspection we found the provider had taken appropriate action and was no longer in breach of the regulation. New recruitment procedures had been implemented and recruitment checks were being made to ensure staff were suitable to work with people living at the service.

Knellwood is a care home with nursing providing a service for up to 52 older people, some of whom may be living with dementia. At the time of our inspection there were 49 people living at the service. The service had a registered manager as required. A registered manager is a person who has registered with the 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 and associated regulations about how the service is run. The registered manager was present and assisted us during this inspection.

People felt safe living at the service and were protected from abuse and risks relating to their care and welfare. Staff knew how to recognise the signs of abuse and were aware of actions to take if they felt people were at risk.

People were protected from environmental risks to their safety. Premises risk assessments and health and safety audits were carried out regularly and any issues identified were dealt with quickly. Furniture and fixtures were of good quality and well maintained.

People received care and support from staff who knew them well. They received support that was individualised to their personal preferences and needs. Their needs were monitored and care plans were reviewed monthly or as changes occurred.

People received effective health care and support. They saw their GP and other health professionals when needed. Medicines were stored and handled correctly and safely. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure those rights were promoted.

Meals were nutritious and varied. People told us they enjoyed the meals at the service and confirmed they were given choices.

People were treated with care and kindness. People's wellbeing was protected and all interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity and always asked their consent before providing care.

People were aware of how to make a complaint and told us they would speak to the registered manager or one of the staff. They told us they could approach management and staff with any concerns and felt they would listen and take action. People benefitted from living at a service that had an open and friendly culture and from a staff team that were happy in their work.

People living at the service felt there was a good atmosphere and thought they were provided with a comfortable and homely environment to live in. People living at the service, relatives, staff and health professionals felt the service was well-managed. Staff told us the management were open with them and communicated what was happening at the service and with the people living there.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not always received appropriate training and training updates that were necessary to enable them to carry out the duties they were employed to perform. You can see what action we told the provider to take at the back of the full version of this report..

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Robust recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were stored and handled correctly.

Is the service effective?

Requires Improvement ●

The service was not always effective. Not all staff had received appropriate training and updates that were necessary to enable them to carry out the duties they were employed to perform.

Staff promoted people's rights to consent to their care. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. Where people were potentially being deprived of their liberty, the registered manager had contacted the local authority so that appropriate applications could be made for authorisation.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met. The premises were well-maintained, bright and homely.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who understood their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to live as full a life as possible, maintaining their independence where they could.

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs. The service provided was continually reviewed and improved in response to people's changing needs.

The registered manager and staff helped people maintain relationships with those important to them. People were able to enjoy a number of activities, based on their known likes and preferences.

People knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Requires Improvement ●

The service was mostly well led. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. However, the systems in place had not always resulted in management identifying and taking action where fundamental standards were not being met, such as staff training.

People were relaxed and happy and there was an open and inclusive atmosphere at the service.

Staff were happy working at the service and we saw there was a good team spirit. They felt supported by the management and felt the support they received helped them to do their job well.

Knellwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 and 7 December 2016 and was unannounced. The inspection was carried out by one 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, the registered manager completed 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. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 18 people who use the service, eight of them in depth, and two relatives. We spoke with the registered manager, the bursar, the office manager and the clinical lead nurse. We also spoke with two registered nurses and six care staff. We observed interactions between people who use the service and staff during the two days of our inspection. We spent time observing activities and lunch in the dining room. As part of the inspection we requested feedback from eight health and social care professionals and received responses from four health professionals.

We looked at four people's care plans, monitoring records and medication sheets, six staff recruitment files and staff training records. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check certificates, equipment service records, the legionella risk assessment, the fire risk assessment, staff meeting minutes and the trustees' quality assurance visit reports.

Is the service safe?

Our findings

At our inspection in June 2015 we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to complete all the required recruitment checks for new staff. After that inspection, the provider wrote to us to say what they would do to meet legal requirements.

At this inspection we found the provider had addressed the regulation breach. New recruitment procedures had been implemented and recruitment checks were being made to ensure new staff were suitable to work with people living at the service. Where any agency staff were used, the registered manager obtained confirmation from the agency that the required checks had been completed on any agency staff supplied to work at the service.

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. Staff told us they would report concerns to their manager and were confident any safeguarding concerns would be taken seriously by the management. Staff were aware of the provider's whistle blowing procedure and who to talk with if they had concerns. All said they would be comfortable to report issues and felt they would be supported by the management. Professionals thought the service, and risks to individuals, were managed so that people were protected. One health professional told us, "Staff are knowledgeable and systems work well." Other comments from health professionals included, "I have always found Knellwood to be a safe and secure environment" and "The management are proactive and competent."

People were protected from risks relating to their care and welfare. Care plans included risk assessments related to all areas of their care and support. Where a risk was identified, reduction measures had been incorporated into their care plans with clear instructions for staff to follow to reduce or remove the risk. For example, risks related to the potential for skin breakdown and risks of inadequate food intake. Daily records showed staff were following the risk reduction methods set out in the care plans.

There were sufficient numbers of staff deployed to ensure people's care needs were met. The care staff team included the registered manager, the clinical lead nurse, seven registered nurses and 32 care assistants. Staffing levels at the time of our inspection were one registered nurse and six care assistants during the two day shifts. At night, staffing consisted of one registered nurse and four or five care assistants depending on the needs of the people at the home. Staff members said there were usually enough staff on duty at all times to do their job safely and efficiently. However, staff felt they did not always have time to sit and chat with people as they would like to, as well as providing their care. During our observations in the dining rooms at lunchtime there were sufficient staff available to assist people eating their meal, where needed. There were also sufficient staff available at other times. Call bells were answered quickly. People told us staff were usually available when they needed them and didn't rush them when providing support. One person commented, "I can't find fault with them."

Accidents and incidents were reported to, and investigated by, the registered manager. Records were clear

and included actions taken to reduce any risk. The system ensured that any patterns or themes of incidents were identified and dealt with appropriately.

People were protected against environmental risks to their safety and welfare. Staff monitored general environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. All baths and showers were fitted with thermostatic mixing valves (TMV) to ensure the water was not able to go over a safe temperature and scald people. The hot water temperatures were checked and recorded weekly by the maintenance person. There was no record that the TMVs had been serviced or had their 'failsafe' feature checked. The failsafe feature means that the valve is designed to automatically shut and prevent the flow of mixed water to the outlet spout should there be a disruption to either the hot or cold water supply. This prevents either very hot or very cold water entering the bath or coming from the shower head. During our inspection the registered manager arranged for their water contractors to carry out TMV failsafe testing by 21 December 2016. In the meantime, the staff would continue to measure the temperature of the bath water before anyone took a bath.

Kitchen staff were expected to carry out daily safety checks in the kitchen such as fridge, freezer and hot food temperatures. We saw these checks were not always completed and were not audited routinely. When this was pointed out to the registered manager she designed an audit check sheet. This was implemented immediately to be completed on a weekly basis by the registered manager. The service was awarded a Food Hygiene Rating of 5 (Very Good) by Rushmoor Borough Council on 27 July 2016.

The provider monitored other risks and we saw up to date equipment servicing certificates, fire safety checks and records that portable electrical equipment had been tested for safety. Other household equipment and furniture was seen to be in good condition and well maintained. Emergency plans were in place, for example evacuation plans in case of emergencies.

People's medicines were stored and administered safely. Only registered nurses administered medicines and their competency to continue was routinely monitored by the registered manager and the clinical lead nurse. Medicines administration record sheets were up to date and had been completed by the member of staff administering the medicines.

Is the service effective?

Our findings

Staff had not always received training in topics deemed mandatory by the provider. They had not always been provided with training necessary to enable them to carry out the duties they were employed to perform.

The provider considered five topics to be mandatory training for their care staff team of nurses and care assistants. These were basic food hygiene, moving and handling, fire training, safeguarding vulnerable adults and equality and diversity. The training matrix showed that the only topic where all staff had completed the training was in fire safety. Of the 39 care staff, six had not had food hygiene training and nine had not had their annual update, although all were involved in handling food. Nine of the 39 care staff had not had moving and handling training but all were involved in moving and handling tasks with people living at the home. Eight care staff had not had training in safeguarding vulnerable adults and four had not received training in equality and diversity.

Of those subjects not considered mandatory by the provider, some were required by legislation or recommended as best practice in care homes with nursing. In our guidance for providers on meeting the regulations we state that we expect registered providers and managers to take account of other nationally recognised guidance that might be specific to the services they deliver. This includes guidance produced by the Department of Health and Skills for Care (SfC). For example, the Department of Health expect all health and care facilities to follow their code of practice on the prevention and control of infections and related guidance. In that guidance it states, "The registered manager must ensure that everyone who is working in the care setting, including agency staff, contractors and volunteers, understand and comply with the need to prevent and control infections." Yet only two of the care staff at the home had received training in infection control.

The SfC "Ongoing learning and development in adult social care" guidance sets out the recommended or required minimum learning and development in adult social care. This sets out that all staff should have first aid and basic life support training with annual refreshers. Of the 39 care staff at the home 13 had not received first aid or basic life support training. The SfC guidance states that all care staff should receive health and safety awareness training with refresher training at least every three years. Of the 39 care staff, only two had received health and safety training. The SfC guidance states that care staff should receive training in the Mental Capacity Act (MCA) training with refresher training every three years. Of the 39 care staff, only 14 had had MCA training, with 12 of them being over four years ago. In relation to the control and handling of substances hazardous to health (COSHH), the Health and Safety Executive guidance on health and safety in care homes states, "Employees must be given information, instruction and training on how to use and store the product safely, how to clear up spillages, and how to check and wear protective equipment correctly." The training matrix showed that 11 care staff had not had COSHH training even though they were using COSHH substances. However, we noted that all of the domestic, kitchen, laundry and maintenance staff had received COSHH training apart from the three latest recruits.

Additional training was listed on the training matrix that was relevant to the needs of the people living at the

home. But the care staff had not all received the training. For example, 17 people at the home were living with dementia but only four members of staff had received training in this topic, although 11 staff had taken part in a virtual dementia experience. The virtual dementia experience was an exercise run to help staff gain an understanding of what it was like to live with dementia. This left 24 staff who had not had any training in working with people living with dementia. Only one member of staff had received training in pressure area care, even though there were people living at the home with very limited mobility who were at risk of skin breakdown and pressure sores.

Staff training was checked as part of the provider's monthly trustee visits. These visits were unannounced and looked at different areas of the running of the business, including training. In the visit report for October/November 2016 the trustee had noted, "Many first aid training courses are overdue." We saw that training in first aid had been arranged for November and seven staff had attended. However, there were no courses scheduled for the 13 staff who had not had the training. The registered manager told us the new computer system showed what training was due or overdue that management can see on a daily basis. However, this had not lead to action being taken to address training deficits so that all staff had the training they needed to do their jobs.

The provider did not have an effective system in place to ensure all staff received appropriate training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After we spoke with the registered manager about the gaps in training provision she took immediate steps to rectify some of the deficits, for example, moving and handling training was booked for 20th December 2016 and mental capacity act training was arranged for two dates in January 2017.

The service had one new member of staff who had never worked in care before. The registered manager was aware of the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) and had contacted an external trainer to provide the care certificate induction training to that member of staff.

People received care and support from staff who knew them well. We observed that staff working with people and providing assistance, were professional at all times. People benefitted from staff who felt they were well supported by the managers. They had meetings with the bursar twice a year. One meeting was to discuss their annual performance review and the second meeting was to discuss their mid-year progress. Staff told us the registered manager had an open door policy and was always available to talk if they had any problems. One staff member told us, "The registered manager is very supportive" and another said, "If you have any problems, go to [the registered manager] and tell her, she'll sort it out."

People told us staff asked their consent before providing any care or support. During our inspection we saw staff asking consent from people before offering any help or support. Staff had not all had training in the Mental Capacity Act 2005 (MCA), but were clear on their responsibility to help people make their own decisions where possible. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the DoLS and found some people were potentially being deprived of their liberty without appropriate authorisation. Once this was identified to the registered manager she took immediate action and identified a number of people living at the service who were potentially being deprived of their liberty. The registered manager contacted the people's funding authority and took steps to complete DoLS applications for assessment and authorisation. This would then mean that the service could be sure they were not depriving people of their liberty unlawfully.

People told us they enjoyed the meals at the home and confirmed they were given choices. We saw people were offered alternatives if they did not want what was on the menu that day. On the days of our inspections we saw people were enjoying their lunch, which was served hot and was well presented. Snacks were offered in between meals with plenty of hot and cold drinks on offer throughout the day. One health professional told us, "The food is healthy, attractive and appetising. Clients eat together in the dining rooms to encourage sociability."

People received effective health care and support. People could see their GP and other health professionals such as occupational therapists and chiropodists when needed. Care plan notes showed that specialist health professionals were consulted as necessary. Health professionals confirmed the service worked in partnership with other agencies. They thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One health professional told us, "Knellwood are proactive regarding good health for their clients. They promote good health with activities, both physical and mental." Another professional said, "I have always found Knellwood to be proactive in their healthcare, ensuring that residents are referred on to services they need in a timely manner."

Is the service caring?

Our findings

People were treated with care and kindness. People said staff were caring when they supported them and knew how they liked things done.

Staff knew the people well and care plans contained details about people's histories and personal preferences. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Staff were aware of people's abilities and care plans highlighted what people were able to do for themselves. This ensured staff had the information they needed to encourage and maintain people's independence. The majority of people could not remember being involved in drawing up or reviewing their care plans, although two people thought they had been involved when they first moved in. People felt staff listened to them and acted on what they said. Health professionals thought the service was successful in developing positive caring relationships with people living at the service. One professional commented, "The care staff are lovely, they are kind and responsive to the resident's needs." Another told us, "The staff all have a good attitude to the residents and treat them well with kindness and respect."

People told us staff respected their privacy and protected their dignity. Visits from health and social care professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors. Staff never entered a room without asking permission from the room owner. Health professionals said the service promoted and respected people's privacy and dignity. Comments received included, "Patients are always seen in privacy" and "All nursing care needs are performed behind closed doors. All residents are clean and tidy, particular attention is paid to having hair and make-up done."

People were supported to be as independent as possible and all said they were encouraged to do as much as they could for themselves. We saw people were provided with aids that would help them with independence, such as walking frames. At mealtimes those needing assistance were helped as required. For example, staff cut up their food and made sure the correct cutlery was available and positioned within reach so the person could eat independently. We saw care staff speaking with people all the time they were working with them, taking care to explain what was happening. We saw, where people were mobilising slowly, staff did not hurry them but walked along with them at their own pace. One person told us how they were being supported to progress from using a wheelchair to walking with a frame.

People's right to confidentiality was protected. All personal records were kept securely and were not left in public areas of the service. People's wellbeing was protected and all interactions observed between staff and people living at the service were kind, respectful and friendly.

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. Health professionals felt the service provided personalised care that was responsive to people's needs. One professional stated, "I have always felt that Knellwood is a caring home. Each resident is treated as an individual and all of their needs appear to be met."

Each person had a care plan that was based on a full assessment carried out prior to them moving to the service. People's likes, dislikes and how they liked things done were explored and used to develop their care plan. The care plans were individualised to each person and staff were skilled in delivering person centred care. The daily notes recorded by staff showed that they were following the care plans and providing the care required. People's needs were monitored and care plans were reviewed monthly and updated as changes occurred. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals via their GP.

People were supported to maintain relationships with their family and friends. We saw visitors were welcomed warmly to the service and were offered hot drinks during their visit. Quieter areas of the service were available where people and their visitors could sit if they did not want to sit in their bed rooms. The garden had a number of seating areas for people and their visitors to sit in warmer weather.

People had access to a varied activity schedule and said they were able to participate in activities they enjoyed. People told us they were able to access the community if they wanted to. One person told us about the film club and how they got together to watch a film, with crisps and drinks provided. On the first day of our inspection there was a seated exercise class taking place. There was a large group of people attending and the exercises were done to music. People were enjoying the exercises and told us they looked forward to this activity. People's birthdays were celebrated and special occasions or holidays were marked with an activity. On the two days of our inspection people were fully occupied in activities that were meaningful to them.

People were aware of how to raise concerns and told us they would speak to one of the staff or registered manager. One person told us they, "Just have to ask and it is sorted." The bursar explained how he sent surveys to three or four people different people each month. This meant each person had their views sought at least once a year. The surveys were analysed and any issues were dealt with as they arose. Any concerns raised on the surveys were responded to in writing, with an explanation of actions taken to address the concern. This system enabled the service to address minor concerns before they became complaints. People and their relatives said that, if they had raised a concern, they were happy with the way it was handled. Staff were clear on the actions they should take if anyone raised concerns with them. People told us they were confident any concerns they raised would be listened to and acted upon.

Is the service well-led?

Our findings

The provider had a number of quality assurance checks in place. The systems included an audit covering different areas of the management and running of the service. Those audits were carried out monthly by a trustee and included talking with people living at the home and staff for their feedback. The audit also included checks on the cleanliness of the home, decoration and maintenance needs, a check on the documentation and a check of the monies held for people by the service. Other regular checks included seeking feedback from three to four people, their relatives and a sample of staff each month. This enabled the service to monitor for any trends or concerns throughout the year.

However, although the audit systems had partly identified deficits in staff training that were not being addressed, there was no effective system to ensure all staff were up to date with recommended and required training. Once deficits in training were identified to the registered manager immediate action was taken. The registered manager contacted the local Skills for Care officer for advice, booked courses for staff on the Mental Capacity Act and moving and handling and arranged for an external company to deliver the care certificate training for one member of staff new to care. Work started on updating the training policy and developing training development plans for all staff straight after our inspection. One of the trustees spoke with us and said they would fully support the work the registered manager had started.

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Records were up to date, fully completed and kept confidential where required.

The provider had an ongoing building maintenance and improvement plan in place. Plans for 2017 included a major refurbishment of the foyer and administrative areas. Plans were in place to ensure people would be disturbed as little as possible while the work was carried out.

People benefitted from living at a service that had an open and friendly culture. People and their relatives felt staff were happy working at the service. One person said staff were, "Always joking." Staff told us the management was open with them and communicated what was happening at the service and with the people living there. Staff felt they had the tools they needed to do their jobs properly and fulfil their duties and responsibilities. Staff said they got on well together and that management worked with them as a team. Staff meetings took place every two to three months where staff were able to raise anything they wanted to discuss. Ongoing plans for the service were discussed and shared in those meetings.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues in their role. They felt encouraged to make suggestions and felt the management took their suggestions seriously. Comments received from staff included, "I love it here" and "I am happy, the staff are very good." Staff felt the service was managed well and a number of positive comments were made about the registered manager. Comments made by staff

included, "She [the registered manager] is a very good boss", "[registered manager] is very supportive" and "The manager is one of the best employers I have had. I admire her, she does really well."

People told us the service was well led. They all spoke very highly of the registered manager and said she was available to listen to them when needed and she acted on what they said.

Health professionals told us the service demonstrated good management and leadership. Comments made by professionals included, "The management that I have met know the clients well. The staff seem content", "We have a good working relationship with the staff of Knellwood. We appreciate their clinical judgement and respect their suggestions" and "The manager knows everything about all of her patients. When she calls for a referral she always knows the history, the medication. All the residents love her. As a registered nurse for many years she has an excellent medical knowledge and understands good patient care."

Health professionals said the service delivered high quality care. One professional told us, "My definition of quality care: happy healthy patients. The atmosphere in the home is always happy with lots of laughter. The end of life patients are always comfortable and pain free with lots of involvement from the families. I would be happy to be nursed and cared for by the care team at Knellwood."

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 18 HSCA RA Regulations 2014 Staffing The registered person did not have an effective system in place to ensure staff received appropriate training and training updates as were necessary to enable them to carry out the duties they were employed to perform. Regulation 18 (2) (a).