

# Methodist Homes Woodlands

## 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** 

# Summary of findings

## Overall summary

The inspection took place on 7 and 11 April 2016 and was unannounced.

Woodlands is an independent housing with care scheme. The scheme consists of 57 private apartments for older people. The service is registered to provide personal care to people living at the scheme.

Each apartment has its own bathroom, living room, one or two bedrooms and a kitchen.

People are encouraged to remain as independent as possible. The services offered include help with personal care, meals, medication and general domestic duties if required. There are extra charges for these services. At the time of our inspection there were 11 people receiving personal care service.

The scheme also has communal lounge areas, a dining room and communal gardens, which people can use if they wish.

There is a registered manager at this service.

A registered manager is a person who has registered with the Care Quality Commission 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 people we spoke to during our visit to this service all told us that they were "satisfied" with the service received and that they felt "safe".

People who used this service described the staff to us. They said; "The girls (staff) are very nice indeed. They treat me well." And "The staff are smashing, and are really nice. They know me very well." One person told us; "I think the manager is very particular who is employed. You couldn't wish for nicer staff."

People told us that the staff "know what they are doing." There were some differences of opinion regarding staff continuity. For example, one person said that they had the same "one or two staff" visiting them; whilst another described the difficulties they had experienced explaining their routines to new staff. At the time of our inspection the service was undertaking a staff recruitment drive.

People who used the service also commented: "They (staff) are very friendly and kind. I have the best of both worlds here as I am quite independent but there is always someone here if I need help." and "The staff always arrive when I expect them. They are very nice indeed and don't rush me."

We found that there were insufficient numbers of staff on duty and this impacted on the standard and safety

of support provided to people who used this service

People who used this service were not properly protected from the risks of receiving unsafe or inappropriate care. This was because care plans and risk assessments had not been reviewed and updated as people's needs changed.

Medicines were not managed appropriately and safely. Medication errors had been identified and where people needed help and support with their skin care, risk assessments, care plans and medicine administration records had been poorly maintained.

There were policies and procedures in place to help keep people safe from the risks of abuse. Staff had been trained in this subject and were able to describe the actions they would take should they suspect someone was being abused.

We found that staff were appropriately trained and supported in their work. This meant that they had the skills and knowledge to carry out their roles effectively and efficiently.

The service had policies and procedures in place with regards to the Mental Capacity Act and the deprivation of liberties safeguards. Staff at the home had received training to help them understand the legal processes.

People who used this service were treated kindly and with respect and dignity by the staff supporting them.

We found that people were able to comment on the quality and standard of the service they received and were able to meet with the registered manager on a regular basis.

Personal information about people who used this service had been kept securely and staff had received training about keeping confidential information protected.

People who used this service had been consulted about and involved in the development of their care plans. The level and standard of information recorded in care plans varied, particularly where people had more complex needs. This meant that staff did not have clear and detailed guidance about supporting people appropriately and safely in order to meet their needs and preferences.

The service had developed a complaints procedure and this information was available to everyone who used the service. The people we spoke to during our visit told us that they had never had to make a complaint but were confident that if they did, it would be dealt with effectively by the registered manager.

We looked at the governance and quality management of the service. We found that although there were systems in place these had not been effectively monitored and managed. This potentially compromised the health, safety and welfare of people who used this service.

We have made a recommendation about person centred care and care planning.

We found breaches of the following Regulations:

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used this service were not protected from the risks of receiving unsafe care and treatment.

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines administration was not safely managed. People who used this service did not always receive their medicines as their doctor intended.

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The levels of suitably qualified, competent, skilled and experienced staff had not been kept under continuous review so could not be adapted to meet the changing needs of people who used this service.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The systems in place to assess, monitor and improve the quality and safety of the service were not operated effectively.

You can see what action we told the provider to take at the back of the full version of the 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?

**Requires Improvement** 

The service was not always safe.

People who used the service told us that they felt "safe" and were "confident" with the capabilities of the staff supporting them.

Risk assessments, falls and medication were not safely managed. Reviews of people's needs and records were not kept up to date in order to reflect people's changing support needs.

There was not always an adequate number of staff on duty at the service. The manager did not have any contingency plans in place to help ensure staffing levels remained safe at all times.

### Is the service effective?

**Good** 

The service was effective.

Staff at the home were regularly provided with relevant training and updates to help ensure they had the skills and knowledge required for their roles and responsibilities.

The service had policies and procedures in place with regards to the Mental Capacity Act and deprivation of liberties safeguards. Staff at the home had received training to help them understand the legal processes.

People who used this service were freely able to access health care professionals when they needed to or when they chose to do so.

### Is the service caring?

**Good** 

The service was caring.

People who used this service commented positively about the care and support they received from staff.

Staff told us that they were often very busy. They thought that this sometimes had an adverse effect on the quality of care and support they provided because of time constraints. This was not raised as an issue by the people we spoke to.

People who used this service told us, either via questionnaires or direct contact, that staff were respectful and treated them with kindness and dignity.

### **Is the service responsive?**

The service was not always responsive.

People had been consulted about and involved in the development of their care plans. The level and standard of information recorded in care plans varied, particularly where people had more complex needs. This meant that staff providing support may not always have had the most up to date and accurate information as to how they should meet people's needs and preferences.

People were not always placed at the centre of their care because staff sometimes focused on the task, rather than the individual person's needs and preferences.

The service had a complaints and compliments process in place and this was available to everyone who used the service. Everyone knew who to speak to should they have any concerns and all were confident that the registered manager would actively listen and act on their issues.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

People who used and worked at this service were provided with opportunities to comment on the quality of the service and how the service was run.

Accurate, complete and detailed records for each person who used this service had not been maintained.

The health, welfare and safety of people who used this service was placed at risk because identified shortfalls in quality and safety had not been effectively managed.

**Requires Improvement** ●

# Woodlands

## 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 7 and 11 April 2016. The inspection was unannounced.

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

Prior to the inspection we looked at the information we held about the service. Before the inspection, the provider 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 also sent out questionnaires to nine people who used the service, five of which were returned; nine to relatives or friends, one was returned and to seven care workers, one of whom returned their questionnaire.

During our visits to the service we spoke to 3 people who used this service and one of their visitors. We spoke to the registered manager and four members of care staff, two of whom had recently been employed and were undertaking their induction training.

We looked at a sample of care records belonging to three of the people that used this service.

We looked at a sample of the policies and procedures in place at the service and looked at the way in which staff were recruited, supervised and trained to carry out their job safely. We also looked at the systems in place that helped the provider monitor and improve the quality and safety of the service.

# Is the service safe?

## Our findings

The people we spoke to, who used this service all told us that they were "satisfied" with the service they received. They told us that they felt "safe" and most of them were "confident" that the staff knew what they were doing.

One person said; "The girls (staff) are very nice indeed. They treat me very well and no one has ever been unkind or disrespectful."

Another person said; "The staff are smashing, they come on time and are really nice. I usually have one or two different staff visiting me and they both know me very well.

One person that used this service commented; "I think the manager is very particular who is employed. You couldn't wish for nicer staff."

We found that when people moved into their flat, the manager went through a "resident induction checklist" with the person. The checklist provided people with safety information including; access to the property, reporting concerns, fire evacuation procedures and use of the emergency alarm call system. The sample of care records we looked at all included emergency evacuation plans for the people who used this service. In addition, we also found that there were clear protocols in place for staff entering people's private apartments, including what action should be taken if there was no response once the door was knocked or alarm activated.

We found that people receiving a personal care service had risk assessments in place covering a variety of things, for example, falls, use of equipment, support with mobility and use of oxygen. We noted that falls risk assessments had been reviewed but the detail had not been updated as people's needs changed. Furthermore, there were no recorded instructions to guide care workers should they need to help someone off the floor following a fall.

However, the staff we spoke to told us that people were only helped off the floor if they could manage to do this themselves. If people were unable to get themselves up following a fall the process was to call the paramedics. Staff told us that the wait for paramedics could sometimes be one or two hours. Staff explained that they would make the person on the floor "comfortable" but that they were unable to stay with that person until the paramedics arrived. This was because there was only one member of staff on duty and they needed to attend to the needs of the other people who used this service.

We noted in one care record that staff were to assist the person with a daily shower and skin care, but there were no details as to how much assistance was needed nor was there information as to what the term skin care meant. This person had been later recorded as having "moisture lesions" with instructions for cream to be applied. Again there were no detailed instructions or guidance recorded to help make sure staff supported this person appropriately.



Another person had a urinary catheter in situ. Their care plan provided no clear instructions as to the level of assistance from staff this person required to help them manage their catheter safely. This person had also been recorded as having a skin condition and of experiencing several falls. Their care plan provided no clear direction for staff with regards the management of the skin condition. Furthermore, their falls risk assessment had not been reviewed and updated for almost a year, despite the person suffering falls.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who used this service were not protected from the risks of receiving unsafe care and treatment.

During our inspection the registered manager confirmed that the service was "short staffed at the moment" but added that a "recruitment drive is in process."

The care workers that were on duty at the times of our visits told us that they were "always very busy." One of the care workers said; "There is usually only one of us on duty at any time and we have to answer the call bells, the phone and deliver meals. I sometimes get disturbed when I am giving people their medicines and there have been some errors as well as forgetting to sign the medication records. It's a very stressful job, particularly in the mornings." Another member of staff also commented that the service was "short of staff" and that the job was "very stressful."

The registered manager also told us that they did not have any contingency plans in place to ensure staffing levels remained safe at all times.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The levels of suitably qualified, competent, skilled and experienced staff had not been kept under continuous review so could not be adapted to the changing needs of people who used this service.

We did see that the staff recruitment process was underway. Two recently recruited members of staff were at the service undertaking their induction training on the days of our visits. They both said that they were enjoying their training and finding it very "informative." Both were looking forward to starting work at the service.

We looked at their recruitment records during our visit too. We noted that both had previous experience of working in a social care setting and although references had been obtained from their previous employers, the reasons for them leaving their posts had not been sought. The provider had carried out other checks to help ensure the people employed were suitable to work in this type of care environment.

Most of the people who used this service received help and support with their medicines. As people lived in their own apartments, we found that their medicines were stored securely in their own home. Medication administration records were maintained in people's own home and the sample we looked at during our inspection had all been completed correctly for oral medicines. We saw that some medicines required specific monitoring and blood tests to help ensure staff administered the correct amount. There was clear information about these types of medicines, including details of any side effects staff should be aware of.

The sample of records we looked at showed that people also had topical medications such as creams and ointments. We found that the instructions for their use had not been clearly documented and it was impossible to tell whether people received this type of medicine as their doctor had intended.

The provider had notified us of two medication errors but when we looked at the staff supervision records,

we found that there had been more errors that had not been reported. These findings confirmed what staff had told us.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines administration was not safely managed. People who used this service did not always receive their medicines as their doctor intended.

The provider had policies and procedures in place with regards to adult protection and safeguarding people from abuse. The records showed that staff had received training to help them identify the signs of abuse and to help them appropriately report any suspicions or allegations to the right people. The care workers we spoke to were able to give us an overview of what process they would follow if they suspected people were being abused.

In addition to this, the provider had developed their own adult protection leaflets, which were available throughout the scheme. The leaflets provided information about adult abuse and protection together with a Freephone telephone contact number. The leaflets offered people an alternative method of reporting or speaking to someone about their concerns.

# Is the service effective?

## Our findings

All of the people we spoke to during our visit to this service told us that the staff were "very nice" and "kind".

One person told us; "The regular staff know me well but there have been a few staff changes recently and this has caused me some difficulties because I have to keep explaining my routines to them."

Another person told us: "I have the same one or two staff. They know me very well and they are really nice."

A third person said; "There is always someone here if I need help. They (staff) are very good; they know what they are doing."

Prior to our inspection we sent out questionnaires to nine of the people who used this service. We received five completed questionnaires back. All of the people who submitted their comments indicated that received "consistent care and support" from people they were "familiar with". Most of the people who returned their questionnaires (80%) told us that they thought their care workers had the skills and knowledge to give them the care and support they needed.

The registered manager provided us with information about the training provided to staff. We noted that the staff training programme included a variety of topics to help staff carry out their role effectively. These included; first aid, health and safety, medication administration, infection control and prevention, mental capacity and deprivation of liberty safeguards (DoLs), equality and diversity and safeguarding vulnerable adults.

We only received one questionnaire back from the staff we contacted prior to our inspection. However, that person confirmed that they received the training, support and supervision they needed to carry out their duties safely and effectively.

During our visit to the service we spoke to four members of staff, two of which were undertaking their induction training, prior to commencing work. Staff confirmed that they received the training as documented in their records. They also told us that they regularly met with the registered manager to talk about their work. They said that the registered manager or someone from head office sometimes worked alongside them to check their practice. This helped to make sure that staff were following the principles of the training provided and the requirements of the organisation's policies and procedures.

During our inspection of this service we checked whether the service was working within the principles of the Mental Capacity Act.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people live in their own homes, in the community, applications must be made to the Court of Protection. At the time of our visit to Woodlands, there was no one being deprived of their liberties and no applications had been made to the Court of Protection.

The service had policies and procedures in place with regards to the deprivation of liberties and staff at the home had received training to help them understand the legal processes.

Two of the three care files we looked at contained 'Do not attempt resuscitation' orders. These orders were also kept in the person's own apartment. Staff told us that they were aware of the people who had these orders and what action should be taken if the need arose. We noted that these people had been involved in the decision making process, along with a relative (if they chose) and their GP.

We looked at the ways in which people were supported with their nutritional needs. We found that people received an assessment of their nutritional needs when they started to use the service. Because this was a community service and people lived in their own apartments, we noted that people were encouraged to remain as independent as possible. The people we spoke with and the sample of care records we looked at indicated that people received minimal support with eating and drinking. People were able to prepare their own meals, drinks and snacks when they wanted them. People were able to go out into the wider community, alone or with family, to take meals. Additionally, the Woodlands scheme has restaurant facilities for lunchtime meals should people choose to use this.

People who used this service told us that they had access to their GP when they wanted. We found evidence to confirm that people freely had access to other health care professionals such as the community nurses, dentists and podiatrist. People were able to arrange visits to these services independently as and when they needed access to them.

## Is the service caring?

### Our findings

The people who lived at Woodlands, who we spoke to during our inspection, were very complimentary about the care and support they received from the care workers. Everyone was happy with the care and support provided and the attitude of the care workers.

One person said; "You couldn't wish for nicer staff. They are very friendly and kind. I have the best of both worlds here as I am quite independent but there is always someone here if I need help."

Another person told us; "The staff always arrive when I expect them. They are very nice indeed and don't rush me."

The staff we spoke to during our visit knew people well and were able to give an account of the care and support provided to individuals. Staff told us that they were often very busy. They thought that this sometimes had an adverse effect on the quality of care and support they provided because of time constraints, but this was not raised as an issue by the people we spoke to.

The questionnaires we received back from people who used this service all recorded that people felt staff respected them and protected their dignity. The people we spoke to during our inspection visit confirmed that staff treated them with respect and kindness.

The provider told us that all staff undertake the organisation's training course "Living the Values" to help them understand about respecting people. The organisation's data protection and confidentiality policies and procedures were included in the staff induction training programme.

The registered manager regularly held meetings for people who used the service. We found that these meetings helped to keep people up to date with what was happening at the service and provided an opportunity for people to comment on the service they received. We found that the registered manager was always available to speak to people who used the service, either in the privacy of their own flat or in the registered manager's office. We observed people coming in to speak with the registered manager during our visit. It was a relaxed atmosphere and people had frank and open discussions with the registered manager about the service.

People who used the service had access to advocacy services if they wished and information was available within the complex.

There was no one at the service requiring end of life support at the time of our visit. However, their wishes had been discussed with them and, where appropriate, had involved their relatives. The staff at the service told us that community nurses had, in the past, provided support and training for staff with regards to people who may need special care at the end of their life.

## Is the service responsive?

### Our findings

We visited people who used this service, in their own apartments, as part of our inspection of this service.

The people we visited were aware of their care plan documentation and the information these records contained. People told us that they had been consulted about the development of their care plans to help ensure they received the care and support they needed and expected.

We looked at a sample of care records belonging to three of the people that used this service. We found that the care plans included all areas of people's daily lives, including their level of independence and information about people's personal interests and hobbies as well as details of the care and support that would be provided by Woodlands care workers.

We found that people who used this service had received an assessment of their needs and had been involved with the development of their care plans. Where appropriate, people had been able to include their relatives in this process to help them.

There was some disparity in the standard and quality of information kept in people's personal records, particularly where people had higher levels of care needs or required some specialised support; For example support with skin care, catheter care or where people had been identified as being at risk of falling. Although some information had been recorded there was no detailed information with regards to the actual care and support people needed with their daily routines.

The staff that we spoke to during our visit to the service were able to give detailed verbal accounts of the support needs of the people they worked with. We were told by staff that they were updated about the care and support needs of people who used this service each time they came on shift.

All of the people that used this service, who we spoke to, were complimentary about the staff that supported them with their care needs. However, the staff we spoke to were very concerned about the staffing levels and commented on the lack of time available to spend with people. One of the care workers said; "There is not always enough time to get to people at the time they prefer."

This meant that people may not always have been placed at the centre of their care because staff sometimes focused on the task, rather than the individual person's needs and preferences.

The registered manager told us that staff had received training to help them develop person centred care plans and that "everyone" was responsible for keeping these up to date. The registered manager also told us that a new senior member of staff was in the recruitment process and that care planning and auditing would be part of their role when they commenced their job.

We recommend that the service finds out more about person centred care planning based on current guidance and best practice, from a reputable source.

As part of the care plan records, we noted that there was information about people's lifestyle, care needs and usual daily life pattern. This "pen picture" had been developed as part of the transfer information should people need to be admitted to hospital, for example.

The service had a complaints and compliments process in place and this was available to everyone who used the service. None of the people we spoke to during our inspection of Woodlands had ever raised a complaint nor did we receive any complaints during our visit. Everyone knew who to speak to should they have any concerns and all were confident that the registered manager would actively listen and act on their issues.

One person who completed our questionnaire said they did not know how to raise a complaint and another said that the service had not responded well to a complaint raised, but no other information had been provided about this matter.

We checked the information we held about this service prior to our inspection visit and we looked at the records of complaints and compliments maintained at the home. We noted that there had been no concerns or complaints raised with us or the registered manager about Woodlands.

## Is the service well-led?

### Our findings

One of the people that used this service told us: "The manager is very approachable and very helpful; I wouldn't have any worries about speaking to them if I needed to."

Another person said; "I have no concerns about the service I receive. It's all gone very well. If I did have any concerns I would speak to the manager."

We looked at the results of the questionnaires we had received from people who used this service. The questionnaires indicated that people knew who to contact about the service if they need to. The results also showed that people had been asked for their views on the quality of the service and that the information they receive from the service was "easy to understand".

The staff we spoke to during our visit to Woodlands told us about their training, supervision and the requirement to read the organisation's policies and procedures. We saw on the staff notice board a selection of policies that staff had been requested to read and sign to verify that they had done so. Staff confirmed, and we saw examples of meeting records, that they regularly met with the registered manager to discuss their work and career development. The staff told us that they felt "supported" with their training needs.

Staff also spoke to us about staff shortages, staff leaving and sickness levels. We were also told that staff contracts had changed. The staff we spoke with thought that these issues had affected the staff morale. Although all of the staff we spoke to told us that the manager was approachable and that they had no concerns reporting or discussing things with them, they were not confident that their issues were always acted upon.

We spoke to the registered manager about the staffing levels at the service. They told us about the current recruitment drive and plans. However, there was no contingency or emergency staffing plans in place. The registered manager was unsure where extra staff would come from in the event of an emergency or crisis at the service.

We saw that the service held meetings with staff and people who used the service. The meetings provided a platform for people to comment on the service and for the manager to keep people up to date with any changes within the organisation. In addition to meetings the organisation also carried out staff and service user (tenants) quality surveys. The manager showed us the most recent results of these surveys, which showed that people were generally satisfied.

We saw that the service was visited and audited by the organisation's internal quality management team and where shortfalls had been identified action plans had been produced, but we found, not always actioned.

We looked at the minutes of the staff meeting held in January 2016. Almost three months prior to our visit. The notes referred to an internal quality audit of people's care and support records. The audit had identified



issues with the safe management of medicines, insufficient details recorded in care plans and person centred care. At the time of our inspection, we identified that all of these matters continued, particularly around the management of medicines and the accuracy and detail of people's care records and risk assessments.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The systems in place to assess, monitor and improve the quality and safety of the service were not operated effectively.

We noted that the service had also been subjected to external audits. The registered manager told us that the service had recently had a health and safety audit completed by an external company. The manager said that Woodlands had "passed" but that they were still awaiting the results of the full report. Additionally the service had received an external food safety and hygiene audit from the local authority. This had resulted in the service receiving a rating of 5 stars, which means this aspect of the service is "very good".

At the time of our visit the service had a registered manager in place. The registered manager told us that they were well supported by and regularly met with the service manager to review their performance and to help ensure they understood their responsibilities.

We asked the registered manager for a copy of the Statement of Purpose for the service. At the time of our inspection visit the only Statement of Purpose available was a generic version that covered the whole of the organisation and the services provided. The registered manager told us that this document was under review and that a personalised version was being produced specifically for the services provided at Woodlands.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People who used this service were not protected from the risks of receiving unsafe care and treatment.</p> <p>Medicines administration was not safely managed. People who used this service did not always receive their medicines as their doctor intended</p> <p>Regulation 12(1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems in place to assess, monitor and improve the quality and safety of the service were not operated effectively.</p> <p>Regulation 17(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The levels of suitably qualified, competent, skilled and experienced staff had not been kept under continuous review so could not be adapted to meet the changing needs of people who used this service.</p> <p>Regulation 18(1)</p>

