

Four Seasons (Granby One) Limited

Ashley House

Quality Report

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Ashley
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Website:

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-280143876	Ashley House	Ashley House	TF9 4LX

This report describes our judgement of the quality of care provided within this core service by Four Seasons (Granby One) Limited. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Four Seasons (Granby One) Limited and these are brought together to inform our overall judgement of Ashley House.

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	3
The five questions we ask about the service and what we found	4
Information about the service	7
Our inspection team	7
Why we carried out this inspection	7
How we carried out this inspection	7
Areas for improvement	8

Detailed findings from this inspection

Locations inspected	9
Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9
Findings by our five questions	10
Action we have told the provider to take	18

Summary of findings

Overall summary

The hospital were going through a number of transitional changes, which included new management structure and a refurbishment. There were improvements since the last inspection which included a focus on improving the environment through reallocation of the multi-disciplinary team (MDT) and placing the MDT on the wards to support better joint working with ward staff and improve access to the MDT for patients on the wards.

The hospital was clean, the newly refurbished wards were much improved, promoted recovery and there was a good security system in place to ensure the safety of patients.

Each ward had at least one nurse on a shift. The hospital still had vacancies and were taking steps to rectify this through targeted recruitment programme.

The hospital staff treated patients with kindness, dignity, respect and support. We saw that the patients were engaged in a range of activities, including the option to go offsite regularly.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

- All ward areas were clean, spacious and clinic rooms were secured.
- Clinic rooms had infection control audits and equipment checked and calibration checking systems in place.
- The environmental audits were completed six monthly and reviewed in the event of incidents
- Each ward had at least one nurse on a shift. The hospital had a 'floating' qualified nurse to cover absence. The hospital had vacancies and were taking steps to become competitive in their benefits to attract high quality candidates to work at the hospital.
- All patients had 72 hour care plan on admission. Risk assessments were also completed prior to admission.
- Personal searches were carried out on leaving a secure area. Each patient had individual care plans and random searches were sometimes carried out depending on risks.
- The hospital used a system called DATIX as a tool to report and manage incidents. All staff were trained to use the system. We saw records of incident reporting, quality checks and nurse in charge discussed lessons learned with the team.
- The hospital provided a debrief following incidents. Learning lessons were a part of all team meetings which ensured that lessons were learned and changes in practice as a result.

Are services effective?

- We saw on case notes that patients received a physical health plan and that they were seen annually by a visiting GP for reviews.
- We saw that the hospital observed NICE guidance and Department of Health guidance.
- Each ward had access to a psychologist and assistant psychologist five days a week to provide psychological therapies, for example, cognitive behavioural therapies.
- The hospital had an education department which included occupational therapy, activity workers and a speech and language therapist.
- We saw that staff at all levels engaged in audits and they were common practice throughout the hospital.

Summary of findings

- The hospital manager told us that the hospital had achieved 98% of annual mandatory training for all staff.
- All staff were trained in verbal re-direction technique to avoid the use of restraint. On Oakley ward, a nurse told us that restraint was largely avoided and in their experience, rapid tranquilisation had been used only once on the ward.
- All staff were trained in security and the hospital had a security lead and a deputy security lead to advise and support on security issues.
- The hospital were committed to supervision, including clinical, managerial and group when requested. All medical staff received protected study, had monthly supervision and an annual appraisal by the Royal College of Psychiatrists.
- The hospital had multi-disciplinary teams (MDT) based on each ward. These included a psychologist, occupational therapists, education department staff, speech and language therapist and consultant psychiatrist. MDT meetings happened on a monthly basis. Support workers on Lordsley also attended MDT. On Willowbridge, all staff attended the MDT.
- The hospital had an on-site advocacy service available to patients and we saw external advocacy agency posters on the wards.

Are services caring?

- We saw that the hospital staff treated patients with kindness, dignity, respect and support.
- The hospital involved people in the care they received through community meetings, which involved patients in making decisions about their care during their stay in the hospital.
- Psychology worked closely with patients in formulating care plans which involved patients in decision making and planning.

Are services responsive to people's needs?

- Facilities and resources were available to patients to promote recovery, comfort, dignity and confidentiality. The hospital had activities areas, both inside and on the grounds for patients.
- The hospital had a range of transport options available and throughout the day of our inspection we saw lots of patients go offsite in the hospital transport. The hospital is in a rural setting and we saw many of the patients were taken out for walks in the rural setting and in to the local village.

Summary of findings

- There were relaxation rooms with sensory resources available and staff received specialist training and input to work effectively with the patient group.
- The hospital had a lead social worker who also acted as the complaints officer. All complaints were reported to integrated governance and reported back to staff through meetings, reports and emails.

Are services well-led?

- The hospital were going through a number of transitional changes, which included new management structure, change from hard copy notes to electronic notes and a refurbishment and relocation of the multi-disciplinary team. We saw that the hospital managed these changes and there were clear benefits to the patients and staff.
- The hospital had events planned to promote their vision and values which also included families and carers.
- Staff told us that they felt good about their job and that they were invited to contribute to service improvements.

Summary of findings

Information about the service

Ashley House was an independent mental health hospital, registered for the assessment and treatment of people detained under the Mental Health Act 1983. People admitted usually had a learning disability diagnosis and may also have had a history of offending. The hospital had 46 beds spread across six wards.

- Fair oak ward was a medium secure ward for up to eight female patients. There were eight patients on the day of our inspection.
- Pinewood ward was closed for refurbishment.
- Lordsley ward was a ward for up to eight men who had an autistic spectrum or learning disability condition. There were six patients on the day of our inspection.
- Oakley ward was a locked rehabilitation ward for up to seven men with autism. There were seven patients on the day of our inspection.
- Willowbridge ward was a rehabilitation ward for up to seven female patients. This was a new ward and there were two patients on the day of our inspection.
- Bromley ward is a low secure ward for up to 8 men with personality disorder and forensic histories. There were 8 patients on the day of inspection.

Our inspection team

The team that inspected the service comprised one inspection manager, four CQC mental health inspectors, an expert by experience and one specialist advisor who was a consultant psychiatrist.

Why we carried out this inspection

We inspected Ashley House inspection on 13 October 2015. This was an inspection which was unannounced.

This was a follow up visit in order to check the actions the provider had taken to safeguard people who lived at the hospital.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
 - Is it effective?
 - Is it caring?
 - Is it responsive to people's needs?
 - Is it well-led?
- During the inspection visit, the inspection team:
- visited five inpatient ward areas; looked at the quality of the ward environment and observed how staff were caring for patients
 - spoke with six of the patients in total across each of the wards visited
 - spoke with one junior occupational therapist
 - spoke with two recovery support workers
 - spoke with two consultant psychiatrists
 - spoke with one security lead and one deputy security lead
 - spoke with one hospital chef
 - spoke with one assistant psychologist
 - spoke with one senior social worker
 - spoke with four qualified nurses
 - we also interviewed the interim hospital manager and acting deputy hospital manager with responsibility for the service

Summary of findings

We also:

- Looked at eight treatment records of patients
- carried out a specific check of the medication management, reviewed nine patient prescription charts

and looked at a range of policies, procedures and other documents relating to the running of the service.

Areas for improvement

Action the provider **MUST** take to improve

- The provider **MUST** ensure that emergency kits and equipment used for emergency use are stored correctly, checked at appropriate times are recorded clearly without omissions.

Action the provider **SHOULD** take to improve

- The provider should ensure that they continue with their recruitment campaign to increase numbers of substantive posts within the hospital and to keep staffing at safe levels.

- The provider should continue with the refurbishment of the wards to improve the comfort of patients.
- The provider should ensure that all wards promote health and wellbeing and information is up to date and available to all patients.

Four Seasons (Granby One) Limited

Ashley House

Detailed findings

Locations inspected

Mental Health Act responsibilities

- We saw in care records that patients' rights under Mental Health Act (MHA) were reviewed and recorded monthly.
- Clinical staff were trained on MHA at induction and the hospital ran refresher courses.
- The hospital had an on-site advocacy service available to patients and we saw external advocacy agency posters on the wards.

Mental Capacity Act and Deprivation of Liberty Safeguards

- All staff were trained in how to apply the Mental Capacity Act at induction and there was a range of material available via e learning. Staff gave us examples of decision specific capacity assessments and least restrictive practice.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Our findings

Safe and clean environment

- We saw that all ward areas were clean, spacious and that clinic rooms were secured.
- We saw that clinic rooms had infection control audits and that equipment were checked and calibrated with checking systems in place.
- We saw up to date environmental audits. The environmental audits were completed six monthly and reviewed in the event of an incident. For example, recently a patient threw a lighted cigarette in to the building, this prompted a review and we saw a change in managing cigarette breaks.
- There was a management system in place for keys and the keys were attached to staff when on duty. Staff were aware of security policies, there was training for staff in security and there was an onsite hospital security lead and deputy security lead to support staff. We also saw that the policies were signed by staff when read and understood. Staff also discussed security issues at the multi-disciplinary team meetings.

Safe staffing

- We saw in establishment records that the hospital were short of qualified nursing staff; records show that they were at 58% up until September. There was also a short fall in non-qualified care staff and records show that they were at 72% up until September.
- Each ward has at least one nurse on a shift. The hospital had a 'floating' qualified nurse to cover absence.
- One nurse on Oakley told us that they were never short on qualified staff and that there had been a qualified nurse and support workers on each shift for at least two weeks prior to the inspection. The nurse also told us that having the multi-disciplinary team based on the ward was also helpful and provided additional staff support when needed.
- Fair Oak staff told us they did not use agency staff and that they used regular bank staff so that patients and staff are familiar to each other.

- The Hospital Manager told us that the hospital try to limit the use of agency staff and had a recent restructure which had included improved incentives for nurses, such as NHS benefits to improve recruitment and retention. The hospital had also revised shift patterns to make the most of the substantive resources and reduce the number of agency staff used.
- One staff told us that in the past, home visits were sometimes cancelled as a result of short staffing but that more recently they were better coordinated which meant leave would not be cancelled. The hospital manager told us that any cancelled leave had to be reported to senior management for justification.

Assessing and managing risk to patients and staff

- On Willowbridge ward we saw where ligature risks had been identified through audit, they were mitigated against. For example, we saw that blind spots in rooms were mitigated with the use of strategically placed mirrors. We also saw evidence of risks being assessed and managed in care plans.
- The hospital were going through a transition from paper records to 'Care Notes' electronic system. The Hospital Manager told us that the transition was still ongoing and that all records had not been fully transferred.
- Bank and permanent staff had access to the electronic Care Notes system. Agency staff did not have access to Care Notes. This might mean that assessing and managing risks are less effective. It might also mean that timely information is not entered on to the Care Notes system.
- All patients had a 72 hour care plan on admission. Risk assessments were also completed prior to admission. We saw risk management plans in care records and there were cross referencing systems to counter highlighted risks.
- Personal searches were carried out on leaving a secure area. Each patient was individually care planned and random searches were sometimes carried out depending on risks. Room searches were usually a response to a concern or risk and patients were given the choice to observe the search.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

- On Willowbridge ward we saw that the patients had advance statements relating to restraint, that the staff used the Maybo (conflict management) technique and that staff did not use prone restraint. Staff did not use alarms and were keen that the ward had a step down, rehabilitation atmosphere to encourage next steps into the community.
- Staff had received training in Positive Behavioural Support (PBS) formulation and we saw support plans for patients to help them in improving the way they learn and getting what they want while reducing challenging behaviours.
- Staff told us that at the monthly staff meeting there was a static agenda item for safeguarding and that there were regular training topics on safeguarding, for example, identifying signs of abuse training to improve their knowledge and practice.
- Each ward had a first aid kit. On Fair Oak ward their emergency bag and oxygen were kept in a shed, were not checked daily and the shed was next to a patient smoking area which might present as a safety risk. On Lordsley ward the resuscitation equipment and defibrillator were not stored on the ward and the inspection schedules could not be found to check if appropriate checks were being completed and recorded. The room was found to be messy and was

used by the house keeper to store cleaning materials. We spoke with the hospital management team about these issues and were assured an action plan would be put in place to rectify the issues.

Track record on safety

- There were eight safeguarding referrals in the three months prior to our inspection. We saw that referrals were made to the safeguarding team, recorded and investigated appropriately. We saw records of incidents and records referencing lessons learned. We also saw that the hospital had taken action when needed, for example we saw that a member of staff was suspended pending an investigation relating to a safeguarding concern.

Reporting incidents and learning from when things go wrong

- The hospital used DATIX as a tool to report and manage incidents. All staff were trained to use the system and we saw records of incident reporting, quality checks and nurse in charge discussed lessons learned with the team.
- The hospital provided a debrief following incidents. Learning lessons were standard at team meetings and staff told us they were happy with the level of support they receive following incidents. Staff could request specific reports from the DATIX lead around specific issues, for example, incidents of violence and aggression, which they used in learning lessons.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Our findings

Assessment of needs and planning of care

- On Oakley ward we saw that plans of care were on written case notes. Case notes were kept in a locked room.
- 'My shared pathways' were used to plan care, with easy to read versions available for patients. We also saw that these care plans were reviewed and updated monthly which meant that patient treatment reflected current needs.
- Procedures for observations were observed and staff told us how they would mitigate any risks for those patients under observation.
- We saw on case notes that patients received a physical health plan and that they were seen annually by a visiting GP for reviews.

Best practice in treatment and care

- On Oakley ward staff told us they used NICE guidance. An example of which was NICE guidance for challenging behaviour. We saw a paper copy of this guidance accessible to staff on the ward.
- On Oakley ward there was a psychologist and assistant psychologist five days a week to provide psychological therapies, for example, cognitive behavioural therapies.
- The hospital had an education department which included, occupational therapy, activity workers and a speech and language therapist.
- We saw that staff at all levels engaged in audits. For example, support workers and clinical staff were involved in infection control audits.
- The hospital follow NICE guidance in managing challenging behaviour, for example, each patient had a behaviour plan in place based on Positive Behaviour Support formulation, this means that each patient is supported in learning new ways to ask for what they want and move away from what might have been challenging behaviour.

- The hospital used Department of Health guidance for managing a low secure unit. They audited each domain, put action plans in place and had an allocated security lead to review and ensure safety at all times for patients and staff.

Skilled staff to deliver care

- The hospital manager told us that the hospital had achieved 98% of annual mandatory training for all staff.
- All staff were trained in verbal re-direction technique to avoid the use of restraint. On Oakley ward, a nurse told us that restraint was largely avoided and in their experience, rapid tranquilisation was used only once on the ward.
- All staff were trained in security and we saw that an allocated member of staff would do daily security checks which were recorded and kept on the ward in a security folder. The hospital had a security lead and a deputy security lead to advise and support on security issues.
- All nursing staff had supervision including clinical, managerial and group when requested. One nurse told us that that in advance of supervision there were 'module of the month' topics for discussion, for example, child protection. This helped them focus on particular areas of learning.
- An occupational therapist told us that the hospital were very committed to activities and had supported them achieving specific skills, for example, supporting a sensory integration course.
- The Consultant Psychiatrist told us that all medical staff received ten days protected study leave per year, had monthly supervision and an annual appraisal by the Royal College of Psychiatrists.
- However, one nurse told us that they sometimes struggle to get time for formal management supervision and although clinical supervision did sometimes happen, it wasn't always written down. One unqualified staff told us that they had been in post over three months and had not yet received any supervision.

Multi-disciplinary and inter-agency team work

- The hospital had multi-disciplinary teams (MDT) based on each ward. These included a psychologist, occupational therapists, education department staff, speech and language therapist and consultant

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

psychiatrist. MDT meetings happen on a monthly basis. Support workers on Lordsley also attended MDT meetings. On Willowbridge ward, all staff attended the MDT, which meant all staff could learn from and contribute to patient care.

- A pharmacist visited the wards on a weekly basis to audit pharmacy. Local prescription audits were carried out at the end of every shift to check for accuracy and errors.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- We saw in Care Notes that rights under Mental Health Act (MHA) were reviewed and recorded monthly.

- Clinical staff were trained on MHA at induction and the hospital ran refresher courses.
- The hospital had an on-site advocacy service available to patients and we saw external advocacy agency posters on the wards.

Good practice in applying the Mental Capacity Act

- All staff were trained in how to apply Mental Capacity Act at induction and there was a range of material available via eLearning. Staff gave us examples of decision specific capacity assessments and least restrictive practice.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- On Willowbridge ward we saw that each room had a 'welcome basket' for new patients, this included toiletries that they might need to help them take responsibility for their own hygiene and support next steps in to life in the community.
- We saw that staff treated patients in a caring way and that they were kind and respectful.

The involvement of people in the care that they receive

- Each ward had community meetings which involved patients in making decisions about their care while in the hospital.
- We saw that patients were given copies of their care plans and case notes indicated when patients did not want a copy.
- We saw patient centred care plans which involved patients in decision making and planning.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and discharge

- The hospital had one patient who was a delayed discharge. A plan was in place to manage this delay and commissioners were aware. Average length of stay is up to 2 years but one patient under the Ministry of Justice was unable to source an appropriate bed elsewhere, again, commissioners aware and plan in place to continue to manage this patient.

The facilities promote recovery, comfort, dignity and confidentiality

- The hospital had an activities area for patients off the ward and we saw patients used these resources while we were there. We saw patients had been involved in crafts and there were rooms with Halloween decorations that had been made on the ward. We saw on Fair Oak and Lordsley wards that patients were baking, playing board games and that staff were involved in the activities. Some patients showed us their crafts and let us see their decorated bedrooms. Fair Oak ward's activity timetable displayed on the ward referenced activities for July and was out of date.
- Throughout the day of our inspection we saw lots of patients go offsite in the hospital transport. For example, the two patients in Willowbridge went offsite to go shopping and to go for a walk in the village.
- Patients had access to well-maintained grounds and gardens. The grounds also had outdoor activity spaces for patients, for example football courts.
- There was a functional activity suite in the hospital in a separate unit and there was a strong focus on outside activities, such as walking and cycling, which we saw happening while we were there and staff supported the activities.
- On Willowbridge ward there was a relaxation room with sensory resources which included sensory lighting, sensory toys and a water feature. There was also a conservatory, open plan kitchen and dining, all of which had relaxation, comfort and rehabilitation in mind. For example, the kitchen could be used freely and patients were seen to be encouraged to make their own snacks.

- On Willowbridge ward patients had access to a private room to facilitate skype calls with their family and friends. However, this room was also an activity room and it had a very formal 'boardroom' feel to it which may not have promoted a therapeutic environment.
- The clinic room on Willowbridge ward had a couch on order and was a good size which meant they could offer a greater amount of comfort when attending the clinic room.
- On Fair Oak and Lordsley ward the clinic rooms were small. On Fair Oak ward patients had to access their medication from a hatch which could impact on their privacy and dignity.
- On Bromley ward we saw a small clinic room without a couch or room for a chair which meant a full range of treatments or assessments were not accessible in the room.
- However, on Oakley ward, although we saw at least two patients engaged in activity, the other five patients spent most of their time in their bedrooms and we saw at least two of them were asleep for most of the day. Staff told us that these patients chose to be in their rooms and rarely engaged in activities. We saw no evidence that staff tried to engage these patients in meaningful activity.

Meeting the needs of all people who use the service

- The hospital had a gym and encouraged use of the outside space which included a tennis court. We saw patients playing football outside with staff while we were inspecting the hospital.
- The hospital had a multi-faith room accessible to patients; however it did not mark direction for Islam or have hand washing facilities in the room. There was however, a washroom nearby. We were told there were no Muslim patients in the hospital.
- On Oakley ward we saw sparsely furnished communal rooms. The décor was worn and no signs of rehabilitation or activity were observed. Managers told us that this ward was part of their refurbishment plan and that there would be changes made to better support the needs of those using the service.
- On Bromley ward there was a notice board with limited information displayed. For example, no healthy lifestyle

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

material to promote smoking cessation or healthy eating. Staff told us that patients took the information down but we saw no evidence of alternative ways to provide the information.

Listening to and learning from concerns and complaints

- One nurse on Oakley ward told us that they could discuss any concerns or complaints at MDT and that they tried to resolve issues locally before escalating to a more senior level. The hospital had a Clinical Lead

Social Worker who also acted as the complaints officer. All complaints were reported to integrated governance and reported back to staff through meetings, reports and emails.

- On Fair Oak ward we saw that complaints were displayed on a notice board for all to access. There was a 'speak up' leaflet available and complaints that could not be resolved locally were escalated. We saw that the senior social worker took responsibility for escalating unresolved issues.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Vision and values

- The hospital manager told us that a presentation had been given to staff the week prior to our inspection around vision and values and that the new chief executive was driving up the agenda. The hospital had events planned to promote the hospital's visions and values in the form of a barbecue which also included families and carers.

Good governance

- The corporate DATIX lead regularly sent out a monthly report to all staff. DATIX data was fed into the clinical governance board and used to make changes to practice. We saw that there was a client in long term segregation and incidents relating to this patient were recorded using DATIX, assessed, changes made to policies and planning to manage the patient as a result.
- The hospital had made improvements to their monitoring systems, staff recruitment and training, an improved induction programme for staff, introduced a security team and moving the multi-disciplinary teams on to the wards has meant more effective joint working.

Leadership, morale and staff engagement

- Five staff across the hospital told us that they felt good about their job and that they were invited to contribute to service improvements. None of the staff interviewed said they were unhappy in their job.
- Staff told us that the refurbishment had improved morale. One staff told us that the relocation of the multi-disciplinary team on to the wards had also improved morale.

Commitment to quality improvement and innovation

- The hospital participated in the quality for forensic mental health services low secure network. The services within the network peer reviewed other services against the low secure standards to measure the quality of the services provided nationally. The manager told us that the next peer review for the hospital was in April 2016.
- Oakley ward were undertaking accreditation with the National Autistic Society. The standards set for this accreditation helped to ensure they were providing a service that met the needs of people with autistic spectrum disorder.
- The hospital participated in the 'Joint Restraint Reduction Network'. This independent network brings together organisations who provide services for people who may challenge. Their vision is to deliver restraint free care and support and make a real difference in the lives of people who receive services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Assessment or medical treatment for persons detained under the Mental Health Act 1983	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe or unsuitable storage and systems for keeping equipment safe for use. Regulation 12 (2) (e).</p>