

Hants Healthcare Limited

Hants Healthcare

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

About the service

Hants Healthcare is a domiciliary care provider. At the time of this inspection 31 people received personal care support from the service. The service supported older people, some of who were living with dementia, within their own homes.

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

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

Before the inspection we received concerns that the service had insufficient staff to keep people safe. During the inspection people and their relatives consistently told us that there were not enough staff which had resulted in calls either being very late or staff not staying the allocated amount of time. Records showed that this often happened.

Medicines were not always safe, improvements were needed for the management of creams.

People did not always receive person centred care as often calls were cut short and staff rushing out instead of spending quality time with people.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective. The provider had failed to ensure effective oversight of service provision.

People using the service and their relatives, told us they felt safe. Staff understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

There were plans in place for foreseeable emergencies. Risks concerned with people's health care and the environment were assessed and reduced as far as was practicable.

Staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

People were supported with their nutritional needs when required. People received varied meals including a

choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

There was a system in place to allow people to express any concerns or complaints they may have. Care plans had been reviewed with people to ensure they were delivering person centred care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests. Policies and systems in the service supported this practice.

Staff felt supported by the provider and registered manager and could visit the office to discuss any concerns. Staff were supported by training and supervisions.

The service promoted community involvement within the service.

More information is in the full report below.

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

Rating at last inspection

The last rating for this service was good (published 19 May 2018).

Why we inspected

The inspection was prompted in part due to concerns received about whether there were enough staff to ensure people received a reliable and consistent service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see information in the report.

We have identified breaches in relation to staffing, medicines and lack of governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hants Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at the office to speak with us.

The Inspection site visit activity started on 21 August 2019. We visited the office location on 21 and 23 August 2019 to see the provider and office staff, and to review care records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Before the inspection a number of staff had resigned which had left the service short staffed for a period of time. At the time of our inspection new staff had been employed which had improved staffing levels. Staff informed us this was a difficult time, but all calls had been covered. However, this had resulted in calls being later than scheduled. The registered manager showed us letters sent to people informing them of the difficulties and that calls would be later than scheduled.
- We spoke with people and their relatives about staffing concerns. One person told us, "At the moment it is hit or miss. I never know who is going to arrive or at what time. I know they are very short staffed...but it's been like this for a long time." Another person said, "At the moment I do not wish to pass negative comments, but it's the shortage of staff that is the problem." A relative said, "I can understand if the carers have to deal with an emergency and can be up to half an hour late. But the rota is chaotic. It does not reflect who is coming and when." Other comments included, "I have a weekly rota which is often wrong, and carers can be one hour late", and, "Every now and again there are slip ups and carers are very late."
- Most of the relatives we spoke with told us staff never stayed the full allocated time of their scheduled visits. One relative told us, "This is one of the things that has annoyed me. If they check my husband's pad and its dry they rush off in ten minutes when it should be an hour in the morning for a wash, dress and position in his chair, but at lunch time, tea time and evening it should be half an hour, but carers never stay this time." Another relative said, "No they don't stay the correct amount of time. Today for the first visit they only stayed less than twenty minutes for a forty-five-minute visit and at lunch time they arrived at 12.45 and left before 1 pm for a half an hour visit. Carers tend to rush in and out." A third relative said, "I booked two half hour visits, one in the morning and one in the evening. But the carers only ever stay for ten minutes and rush off." However, other comments included, "The carers stay the correct amount of time", "The carers never rush my wife and stay for the full time."
- Records confirmed that calls had been cut short. Most of the records we looked at showed the average call length was half the amount that should have been provided. We spoke to the provider about our concerns who told us that staff don't always put the correct time and they have an electronic system coming in place soon where they can receive live updates and make improvements.
- We spoke with staff about the concerns raised. One staff member told us, "Calls are getting covered. Never missed a client call due to short staffed not missed a call. Just be later, never missed any calls at all. We have committed to cover the calls, so we will."

- The provider was working hard to recruit new staff and staff were working extra hours to cover calls to ensure that all calls were covered. However, this had resulted in calls being late and calls being cut short due to the lack of staffing during our inspection.

Failure to make sure there were, always, sufficient numbers of staff available to provide a consistent and reliable service to support people was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment processes were followed to ensure staff were fully checked for suitability before being employed by the provider.
- Staff records included an application form, two written references and a check with the Disclosure and Barring Service, (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people who use care and support services.

Using medicines safely

- There were not effective arrangements in place for the management of topical creams. There were no topical body maps or care plans to support staff in understanding where and how much cream should be applied.
- Medicine administration records (MARs) for the application of creams had missing signatures, which meant staff were not able to see if people had their cream applied as prescribed. The MAR chart provides a record of which topical medicines are prescribed to a person and when they are applied.
- The provider's medicines policy stated that, 'Clear information must be available to inform care staff as to what the Service User's cream is for how much to apply, where precisely to apply the cream, the frequency of application and for how long the application is to continue'.
- We visited people in their homes and saw no opening and expiry dates on creams in line with best practice and one cream had gone past its expiry date.
- Risk assessments contained very little information to support staff to ensure topical medicines were administered safely and in a person centred way. For example, for people who had prescribed cream that was paraffin based and was flammable. No information was provided on how to reduce the risk to support people and staff.

Failure to ensure the safe and proper management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Safe care and treatment.

- People were happy with the support they received with their oral medicines and told us their independence was respected and they managed their own medicines where possible.
- Staff had received training for the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance.
- There were mostly appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their oral medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff. One person told us, "Yes I do because they are someone I can chat with and I feel confident with them in my home". A relative told us, "When they come to the house we feel very safe". Other comments included, "Yes, because we are confident with the carers,", and, "We are very lucky as we know the carers well".

- Staff knew how to recognise abuse and protect people from the risk of abuse and had received training to keep people safe from harm.
- Staff we spoke with told us if they had any concerns they would report them to their manager, and if no action was taken would report to the local authority.
- Information was provided in people's homes on elder abuse with contact details of CQC, police and emergency services.

Assessing risk, safety monitoring and management

- Assessments were undertaken to identify any risks to people and to the care staff who supported them. Areas covered by these assessments included risks to the environment, food preparation and moving and handling.
- Most risk assessments set out how risks were minimised or prevented. However, for one person living with diabetes, more information was required to support staff to understand the risks involved and what signs to monitor in case the person required an emergency response.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents that had occurred. There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk, and to debrief the staff involved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives told us most staff were well trained and knew how they liked things to be completed. However, some relatives felt some staff needed more training in catheter care. This is covered in further detail in the responsive domain.

- People told us new staff members were accompanied by a regular staff member and shown how people liked things done. New staff completed an induction programme before working on their own.

Arrangements were in place for staff who were new to care to complete the Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

- People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The registered manager told us, "Everyone is doing a course development course such as NVQ or specialised course to make them champions such as diabetes, end of life and nutrition."

- Staff we spoke with felt supported in their role. Staff were supported by formal and informal supervisions. Supervisions provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People were supported at mealtimes to access food and drink of their choice. One relative told us, "Carers prepare sandwiches for grans breakfast and evening tea. Microwave meals for lunch." However, they told us there had been occasions where staff did not know how to use the microwave to heat up a meal. Other people and relatives were happy with the support provided at mealtimes.

- The support people received varied depending on their individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people.

- Care plans contained information about specific food preferences and most were suitably detailed about the support people needed with their nutritional needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they were happy with the care provided. One relative said, "Absolutely, mum is very happy with the carers as they go about their duties."

- People received care and support which met their needs. When people moved to the service, they and

their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.

- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided carers with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care and daily living activities.

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

- People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited staff told us they would call the office to let them know, so the next staff member was aware of the persons current health needs and any action needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People and their relatives told us staff asked for consent before providing care.
- Staff showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point.
- However, a couple of records showed consent forms were not always signed by people. Where they had been signed by a relative it didn't say why and if the relative signing it had the legal authority to do so.
- We spoke with the registered manager who told us the people did have capacity but wanted their relatives to sign for them as they were unable to sign themselves. They told us they would update records to reflect this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- All the people and relatives we spoke with told us staff were caring. One person told us, "Lovely girls that come my sweeties." A relative told us, "Most definitely and some carers try and have a joke with my husband." Other comments included, "Most definitely", "Very much so" and "Carers are really lovely."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly.
- Where people were assigned regular care workers, they had been able to develop positive relationships with them. Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us staff consulted them about their care and how it was provided. One relative told us, "We had a double assessment, once in hospital and then again at home." Other comments included, "The manager came out to assess mum", "The manager or deputy came out."
- Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why.
- The registered manager told us, "We try our best to respond to clients' needs and we care for them and treat like family and meet needs and make them happy."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives also told us staff respected their privacy and dignity and promoted independence where possible. One person told us, "They [staff] treat me with dignity." A relative said, "Treat him with respect and dignity and are caring."
- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
- People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's

independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People did not always receive personalised care which met their needs. We received mixed feedback and some relatives felt their needs were not always met. One relative told us, "Well no, not when they cut short the call. If my husband's pad is dry they could at least sit and have a chat with him for the remaining time." Another relative said, "Well the carers should do a full body wash, empty night bag and use a flannel to wash husbands hair. This can take the forty-five minutes we should get. But carers cut corners and don't always do a full body wash. Some carers do not know how to empty his night bag as well and leave it." A third relative said, "I do feel gran could get more out of the support. If carers only take ten minutes to change a pad, they could speak to her."
- Some relatives felt some staff needed more training in catheter care. One relative said, "One or two of the new carers need training in catheter care. I discovered only yesterday that the tube had not been reattached safely." Another relative told us, "There are one or two carers who do not know how to change my husband's convener. So, I have to watch them and give instructions." Care plans did not support staff and needed more guidance in catheter care.
- However, other feedback received was positive and people were happy with the support received. People and their relatives told us regular staff knew how they liked their care to be provided. One person told us, "Yes always." A relative said, "They do, and they always tell mum what they are doing as they do it." Other comments included, "The regular carers know how gran likes her cup of tea making", and, "most definitely."
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing. Care plans reflected people's individual needs.
- When we visited the agency, nobody was receiving end of life care. Due to the type of service, the provider told us they don't normally deal with end of life care. Staff had received training on end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We spoke to the provider about how they ensured information was accessible for all people using the service. They told us how they ensured information was available in larger font sizes, so it is easier to read. One person had a sight impairment and the provider was looking at information being available in a brail

format for them.

Improving care quality in response to complaints or concerns

- People and their relative told us they knew how to make a complaint. One relative told us, "I had to stop two carers from coming because of their attitude and rudeness and they were removed."
- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service. Information was also provided to people about local advocacy services they could use.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and their relatives did not feel the service was always well managed. One relative told us, "Better communication from the office regarding correct rotas timings of visits, improvement of staffing levels and better training for the carers." Other comments included, "They are ok...not the best," "It doesn't seem to run very smoothly", as well as, "There are some areas that need improving on."
- The governance arrangements needed to be strengthened and developed. Whilst a number of audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at ensuring quality performance. They had not identified the concerns we found during this inspection. Checks had failed to identify staff were not staying the full amount of time and cutting calls short. Most of the feedback and records showed that calls were often cut short.
- Feedback also informed us that calls could sometimes be late, and people were not always contacted on the day to let them know. One person told us, "Carers are often late, but I am never informed." A relative told us, "Sometimes I am here with gran when carers have been one hour late, and we have never been informed".
- At the time of inspection there were changes in the office and new staff taking on different roles. This had highlighted poor records and auditing until just before the inspection. These had just started to improve, and actions were being completed and audits and checks were more robust. However, there was a lack of oversight by the registered manager.

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

- People and relatives, we spoke with felt that the provider was not providing a positive culture, and this did not provide good outcomes for people. One relative told us, "There are no regular carers and always new faces. There is no continuity of care and does influence my husband's moods as he has dementia". Another relative said, "No I am most definitely not happy with this company."
- There was a lack of positive leadership and guidance. During the inspection we found records that showed staff were sometimes late for calls and had not always stayed the full time of scheduled visits which did not provide a positive culture and did not achieve good outcomes for people.
- Staff were not clear on the importance of their roles. There were numerous records of calls being cut short

in people's notes as discussed throughout the report.

- The culture had left to a few staff leaving at the same time which did not have a positive effect on people using the service.
- We discussed the concerns with the registered manager. They told us they were addressing concerns with staff and talk to staff individually and in meetings.

The lack of consistent and effective leadership, poor record keeping and poor governance in the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider sought feedback from people, or their families, through the use of a quality assurance survey. This was sent out annually seeking their views. A survey had recently been sent out and the provider were waiting on the results. Previous surveys showed people were generally happy with the service.
- Staff we spoke with felt supported in their role. They told us they were able to talk to the registered manager and felt listened to. One staff member said, "Can talk to management so easy and so understanding as well." Another staff member told us, "Love working here, love it here as clients are so lovely and staff just feel so welcomed everywhere."
- The registered manager told us how they were supporting staff. They had continued with carer of the month, where staff were rewarded for positive feedback from people and relatives. They had also supported staff that helped working covering extra shifts at weekends by a small token of appreciation.
- The provider held regular meetings with staff to discuss any concerns. These informed staff of any updates on people's health, and training opportunities. Records of meeting minutes showed these had been used to reinforce the values, vision and purpose of the service.
- The service worked in partnership with the local authority and local district nursing team. One health professional told us, "Very good at communicating and working in partnership, very helpful and will accommodate changes where needed".
- The provider was keen to integrate with the local community. They had raised funds for a local trust to enable children and their families to enjoy days out. They were also keen to link with age concern to provide companionship.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure the safe and proper management of medicines. Regulation 12 (2) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems and processes to assess and monitor the quality of the service and to identify and mitigate risks. Records were not always accurate and completed. Regulation 17 (1) (2)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to make sure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to support people. Regulation 18 (1)