

Mr & Mrs Chottai

Aquarius Care Home

Inspection report

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Date of inspection visit:
18 May 2021

Date of publication:
09 August 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aquarius Care Home is a single storey residential care home providing personal and nursing care to 19 people aged 65 and over at the time of the inspection. The service can support up to 20 people. The service was not providing any nursing care when we inspected. This was being provided by community nurses for those that needed it.

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

People gave us positive feedback about the service and the staff. People told us, "The staff are easy going and polite, I don't have favourites they are all very nice"; "I'm quite happy, they treat me well, good care, they are excellent people" and "I have lovely life. The staff are nice and they treat me well."

Risks to people's safety had not always been identified. Risk assessments did not have all the information staff needed to keep people safe. People had not experienced harm as a result of this. Records of medicines that required special storage and recording did not always balance with the amount held in stock. Medicines were securely stored and kept at the correct temperature to ensure their efficiency. Staff had been suitably trained and had their competency checked to make sure they practiced safe medicines administration.

When people's needs had changed their care plans had not always been updated and amended to detail their current assessed needs. Care plans and supporting documentation were not always individualised and person centred. Which meant that people may receive care and support which did not meet their needs.

The service was not always well led. The registered manager knew people well and people were comfortable communicating with them. The registered manager and provider had carried out the appropriate checks to ensure that the quality of the service was maintained. However, the audits and checks were not robust. They had not captured the issues we had identified relating to; risk management, staff recruitment practice and management of medicines requiring special storage. After the inspection the registered manager submitted an action plan detailing how they planned to meet these areas of action.

We were somewhat assured that the provider was using PPE effectively and safely. We signposted the provider to resources to develop their approach. Staff wore personal protective equipment (PPE) and followed guidance to make sure this was disposed of safely. Staff had access to PPE whenever they needed it. People had been isolated for the required amount of time on admission the service was clean, and all areas of the service were regularly cleaned.

Information in the service was available in a variety of formats to meet people's communication needs. However, the menu board in the dining room was not in use to support people to know what was on offer and to remind people of the choices they had made. Clocks on display around the service which showed people what time, day and date it was were not working (or were showing different times and dates). This

did not enable people to orientate themselves.

There were suitable numbers of staff on shift to meet people's needs. People's call bells were answered quickly. Staff understood their responsibilities to protect people from abuse. People told us they felt safe.

People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities.

People told us they would complain to the staff or registered manager if they were unhappy about their care. The complaints policy was on display and gave people all the information they needed should they need to make a complaint.

People 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; the policies and systems in the service supported this practice.

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 6 March 2018).

Why we inspected

We received concerns in relation to infection control, management of pressure ulcers and staffing levels. As a result, we undertook a focused inspection to review the key questions of Safe, Responsive and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-led key question sections of this full report.

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

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

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 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 ●

Aquarius Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector

Service and service type

Aquarius Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about 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 took this into account when we inspected the service and made the judgements in this report.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they did not have any information about the service. We used all of this information to plan our inspection.

During the inspection

Some people were not able to verbally express their experiences of staying at the service. We observed staff interactions with people and observed care and support in communal areas. We spent time speaking with four people.

We spoke with six staff including; the administrator, care staff, senior care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This included speaking with staff in person on the day of the inspection and by telephone after the inspection.

We reviewed a range of records. This included three people's personal care records, care plans and people's medicines charts, risk assessments, staff rotas, staff schedules, two staff recruitment records, and meeting minutes. 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 registered manager to validate evidence found. We looked at training data and quality assurance records. We attempted to contact two relatives to gain their feedback, we left messages asking for feedback but did not receive any responses.

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

Assessing risk, safety monitoring and management

- Risk assessments were not detailed enough to describe to staff how to reduce risks and keep people safe. For example, one person's care records and risk assessments evidenced they were at high risk of constipation. However, the risk assessments did not detail how to reduce the risk. The person's records showed that some days were gaps of between six and seven days in between bowel motions. There was one gap of 17 days. The person was not prescribed laxatives, the person's care records did not evidence that the service had contacted the GP to seek advice. Daily records did not evidence that the person was in pain or adversely impacted. The lack of detail in the risk assessment put the person at risk of harm from severe constipation or impaction which could cause them severe pain.
- Risk assessments were not in place for people who were prescribed blood thinning medicines. This meant that staff did not have all the information they needed to support people safely in the event of a fall or if the person developed bruising or a cut. The registered manager confirmed that the warning information contained within the medicines packaging had not been used to create a risk assessment to give staff the information they needed.
- People who were assessed at risk of developing pressure ulcers and skin integrity concerns had equipment in place to ensure their pressure needs were met. Some people had special mattresses and seat cushions. People who were at higher risk were frequently repositioned by staff. Where people had developed pressure areas, the registered manager had made referrals to the GP and district nurses had monitored and redressed these as required. We identified that most staff had not completed training in relation to skin care or pressure care. There was no evidence to suggest that people had been injured as a result of this. We discussed this with the registered manager. They agreed this was a risk and a training need. They sourced training after the inspection. They told us the aim was for all staff to have completed this by 12 June 2021.
- Risks relating to the building had not always been identified and mitigated. We observed some uneven flooring which had visible damage. One fire door was warped and no longer fitted in the frame. We reported these to the management team. The provider added these to the list of actions for the maintenance team.

The failure to provide safe care and treatment by reducing risks to people's health and safety is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Other risks to the environment had been considered. The equipment had been serviced and maintained. Risks to people's safety and individual health and wellbeing had been assessed and managed. We observed staff supporting people to maintain their safety in the service as well as supporting people to mobilise safely.

Learning lessons when things go wrong

- Systems were not robust to monitor accidents, incidents near misses and to learn lessons. The provider had introduced a new electronic care planning system which staff were using to record care and support. During the inspection we observed one person with bruises to their face. Staff told us the person had fallen and injured themselves. We asked the registered manager to show us the accident form relating to this. They were unable to find the form. The registered manager told us that they had not completed an accident form for this yet. They were able to find a daily log of the fall which had occurred four days before. This detailed what immediate action staff had taken. Accident and incident reporting is an area for improvement. On the day of the inspection the registered manager referred the person to the falls clinic for support.
- Records did not evidence where follow up action had been taken after the accident or incident. This included who had been notified of the incident.
- The registered manager had followed up on other incident and accidents. Incidents and accidents had been reported to the provider and notifications had been made to CQC. The registered manager had made referrals to appropriate professionals such as falls prevention practitioners when people had frequently fallen.

Staffing and recruitment

- Staff had not always been recruited safely to ensure they were suitable to work with people. The provider had not always identified or addressed gaps in staff member's employment history. One staff file had missing employment history between 1984 and 2004. After the inspection the provider sent us updated records to show this had been rectified.
- The provider ensured staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. Recruitment checks, such as two references and proof of identity and rights to work in the UK had been checked.
- Before we inspected, we received concerns about staffing levels. At the inspection, we found there were suitable numbers of staff to provide the care and support people were assessed as needing. The level of staff dependency was assessed by the management team; however, these assessments were not then used to inform the staffing rota. We spoke with the management team about this. Staff told us, there were enough staff on duty to meet people's needs.
- We observed that call bells were answered quickly. People told us their needs were met in a timely manner. People told us, "I have a buzzer I just push it, and someone comes. At night I can use it too"; "Staff come when I need them" and "If I press my buzzer they come within a minute or so day or night."

Using medicines safely

- Medicines were not always managed safely. One person was prescribed a medicated pain patch this was a medicine that required special storage and recording. The recorded stock balance of this medicated patch did not balance with the amount actually held in stock. We reported this to the registered manager. A medicines error form was completed after we identified this, and the record was amended. Another person was also prescribed a medicated pain patch, the medicines record had not been completed to evidence that the person had been administered their patch on 12 May 2021. This is an area for improvement.
- The management team had identified that the electronic medicines system used at the service, had developed some faults and errors which made it extremely difficult to monitor medicines stock and carry out effective audits. The management team had met with the pharmacy team and had involved people's GP to try and get this resolved. The day after our inspection, the electronic medicines systems provider met with the management team to try and resolve these issues.
- Medicines were securely stored and kept at the correct temperature to ensure their efficiency. People's medicines were regularly reviewed by their GP and health professionals. Medicine administration records (MAR) were complete, and people received their medicines as prescribed. Medicines records and stock levels

were regularly audited.

- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were.
- Staff had been suitably trained. They followed the arrangements in place to ensure people received their prescribed medicines. Competency checks were in place to make sure staff practiced safe medicines administration.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. The nominated individual for the provider was not wearing a mask when they entered the service. This had been also been reported to CQC by the local authority as a concern before we inspected. After we raised this at the inspection, they have sought advice from Public Health England and a risk assessment has been put in place. The new risk assessment provides clear guidance for the nominated individual and sets out safe working practice for them and staff to keep people and staff safe.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. Training records showed staff had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and acted on concerns where necessary. Staff felt sure action would be taken straight away. Staff knew how to raise, and report concerns outside of their organisation if necessary. One staff member said, "I would report abuse to management or higher to express concerns. I am not afraid to whistle blow. Everyone puts the residents first. I could report to Medway council or the police." Where safeguarding concerns had been received, appropriate action had been taken to address these.
- People told us they were safe. Comments included, "I feel safe" and "I feel perfectly safe here." One person who told us they felt safe said they preferred to stay in their room with their door closed, because people living with advanced dementia worried them. They said, "I am scared they might hurt me." We reported this to the registered manager so that they could work with them and provide reassurance.

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 Requires improvement. At this inspection this key question has remained the same. 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

At the last inspection we recommended that the provider reviewed care records to ensure that people received care and support which meets their needs and preferences.

At this inspection, the provider had introduced a new electronic care planning system in November 2020, further work was required to ensure the new care plans were person centred.

- People had care plans in place, which reflected their current needs and interests. Care plans were basic and did not detail what people could do for themselves. This meant staff did not have all the information they needed to provide personalised care and support. One person's care plan detailed they needed support with teeth cleaning. Their oral assessment had detailed they needed support twice a day with this. The care plan did not show this. The person's daily records showed staff had been documenting that they had supported with teeth cleaning once a day.
- Before we inspected, we received concerns that people were not receiving baths and showers to meet their needs. At the inspection we found, people's care plans did not make it clear how often people preferred to have a bath or shower. We checked one person's records between February 2021 and May 2021. The records showed they had only had two baths and one shower in this time. There was nothing documented in the daily records to show they had been offered a bath or shower and they had declined. Some people living at the service were not able to verbally express that they would like a bath or shower, so relied on staff offering them a shower or bath or prompting and encouraging them. One staff member told us, "Baths and showers are done regularly. There was an issue with documenting when residents were refusing. Most people are offered a bath or shower daily, they really enjoy them." A person told us, "I can have a bath or shower when I want one." Another person said, "I usually have a bath at night or shower. They test the water with a thermometer to make sure it is not too hot or cold."
- When people's needs had changed, their care plans had not always been amended and reviewed. One person's care plan showed they preferred a bath, however the registered manager told us their needs had changed and they were too frail to be bathed. They agreed to amend the care plan to make this clear. Care plans were not in place for people who were prescribed blood thinning medicines. Staff would need to take action if people on blood thinning medicines, fell, sustained an injury or skin tear or experienced unexplained bruising. The registered manager advised they would put a care plan in place for each person on this medicine.

The failure to design care and treatment to ensure people's preferences and needs are met is a breach of

Regulation 9 (Person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- People and their relatives were involved in care planning and review of care plans. One person told us, "They talked with me about my care needs when I moved in."

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.

- Picture cards were in use to support people making their choice of meal. There was a menu board in the dining room, which was not in use, so the menu options were not shown in writing or pictures to help remember what was on offer. There were clocks on display around the service which showed people what time, day and date it was. However, two of these located in communal areas were not working or were showing different times and dates. This did not enable people to orientate themselves. This is an area for improvement.
- Information in the service was available in a variety of formats to meet people's communication needs, such as large print and easy to read, this included activities information and complaints procedures as well as hand washing guidance and COVID19 vaccination information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- The service did not have an activities coordinator. Staff provided activities to keep people engaged. The registered manager explained that activities supplied by external entertainers had not happened because of COVID19. They explained these were due to start again soon, one person told us they were really looking forward to the exercise class starting again. There were posters on display to tell people they service was gaining some eggs to hatch in the coming weeks. Staff we spoke with after the inspection, told us the service had successfully hatched some ducklings and shared how people were really enjoying the interaction.
- Activities schedules were on display in two places in the service. People's daily records showed what activities they had been involved in, such as singing, games, reminiscence and word searches. Some people chose to stay in their rooms and knit, watch television and films, read books or the newspaper. One staff member told us, "We do try and do as many activities as we can."
- During the inspection, the service threw one person a birthday party, people and staff sang and danced and had a birthday tea which included a birthday cake.
- People had been enabled to have visitors throughout the COVID19 restrictions, such as window visits and garden visits. Now that restrictions had eased people were enabled to see their relatives inside the service. Visits from relatives were booked and took place following a lateral flow COVID19 test. Since the last inspection the garden area had undergone a makeover and there was a large pergola and seating area which enabled people to use the garden and meet with relatives outside as well as inside. One person told us, "Last year they did the garden, it was all done nice. I go out there twice a day."

Improving care quality in response to complaints or concerns

- The complaints policy was on display and gave people all the information they needed should they need to make a complaint. This was available in an easy to read and accessible format.
- There had been no complaints received.
- People told us they would complain to the staff or registered manager if they were unhappy about their care. Comments included, "I can't fault the ladies and gentlemen (staff) here" and "I would tell [registered

manager] in the office if I had a complaint."

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life. Some people had completed 'My wishes advanced care plans' which set out their wishes and choices in respect of end of life care and support.
- Thank you messages were seen from relatives, thanking staff for the care and support their loved one had received at the end of their life. One read, 'We would like to say a big thank you to all the staff for your care and making mums last few weeks happy.'
- Some people had consented to DNAR (do not attempt resuscitation) with their GP or consultants. Medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people were comfortable at the end of their lives.
- Staff members told us how they supported people when they were reaching the end of their life. They explained that they kept people comfortable, informed the district nurses if people became agitated or showing signs of pain. One staff member told us, "I make them comfortable, pain management, have support from the district nurses, I like to spend time with the person, holding hands, chatting, soothing, I provide regular mouthcare and turns without causing distress. I reassure relatives, offer comfort and answer any questions relatives may have."

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

- Some audits hadn't been robust enough to pick up areas which were identified during the inspection in relation to risk assessment, staff recruitment and controlled drugs. This is an area for improvement. After the inspection the registered manager sent an updated action plan which included these areas.
- Systems were in place to check the quality of the service. Including, reviewing care plans, staff recruitment records, health and safety, mattresses, bedrails and bumpers, moving and handling equipment, medicines and infection control. Where issues had been identified records showed that actions had been taken in a timely manner. Some actions remained ongoing with longer completion dates, such as reviewing and updating care plans to make them more person centred.
- The registered manager's audits of the service included observations of practice and observations of people's mealtime experiences.
- The registered manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had not been given opportunities to provide feedback about the service. The provider had not sent out surveys to people or relatives to gain feedback about the service since December 2019. This is an area for improvement.
- Compliments had been received. Comments included, 'So many huge thanks to you all for managing to stay safe and for keeping all the residents in the home safe, during these troubled times'; 'Thanks for the emails to keep me up to date with things at the home' and 'Thank you to everyone at the home for your amazing care and support you have given [person] in these difficult times. We cannot thank you all enough.'
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. Staff meetings took place at a time which included night staff. Staff said they felt supported by the

management team. The registered manager was approachable, and they felt listened to. Staff told us that their wellbeing was monitored; the registered manager carried out checks and they had access to wellbeing sessions through the human resources team.

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

- People told us they knew the registered manager and felt that there was an open culture. We observed people interacting with the registered manager, they knew each other well.
- Staff told us the registered manager encouraged a culture of openness and transparency. Staff felt well supported by the management team. One staff member said, "If we need her (registered manager) she is right there, she is a very approachable lady." Another staff member told us, "[Registered manager] has been very thorough and has kept us updated. She is very supportive. She has been really good."
- The provider's statement of purpose states that their main aims are, 'To provide high-quality person-centred care which meets the individual needs of service users. To promote the dignity and well-being of our service users by being responsive to their assessed and expressed needs.' It was clear from the breaches identified in the inspection and our observations that the provider was not always meeting their aims and objectives for the service.

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 registered manager had a good understanding of their responsibilities under the duty of candour.
- The registered manager demonstrated that they were committed to ensuring that people received improved experiences and high-quality care, they took immediate action to address the concerns found during the inspection.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. The GP visited the service regularly.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician.
- The registered manager was involved in local registered manager support networks and COVID-19 social media support networks which had been developed. The registered manager also gained support through the Skills for Care network.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Registered persons had failed to design care and treatment to ensure people's preferences and needs are met. Regulation 9 (1) (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons had failed to provide safe care and treatment by reducing risks to people's health and safety. Regulation 12 (1) (2)