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Grasmere Rest Home

Inspection report

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Date of inspection visit: 02/07/15 & 13/07/15

Date of publication: 21/08/2015

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?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 2 and 13 July 2015 and while the first day was unannounced we arranged the second day with the provider to ensure they would be there to provide the information we required. At our last inspection on 26 February 2015 to follow-up on two breaches we found the provider was meeting legal requirements in relation to consent but not in relation to care and welfare of people. We found that some risks identified by incidents or assessments had not been assessed and were not being adequately managed as a

result. We served the provider a warning notice and at this inspection we checked whether the provider had taken sufficient action to meet the breach. We also carried out a comprehensive inspection.

Grasmere provides accommodation for up to 25 older people some of whom had dementia. During our inspection there were 22 people using the service.

There was no registered manager in post although the new manager who had started in March 2015 told us they had started the application process to register with CQC. Our records showed we had not yet received their

Summary of findings

application at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines management was not always safe. The provider had not acted promptly to ensure medicines were stored at a suitable temperature which would not damage them, despite being aware of this issue before our inspection. However, the provider took appropriate action once we raised our concerns. We could not always confirm people had received their prescribed medicines as staff had not appropriately maintained medicines records. Guidance was not always in place for 'as required' medicines. This meant staff may not have known the signs to look out for which meant people needed these medicines, particularly when people were unable to tell staff they needed them.

Systems were in place to assess and monitor the quality of service although audits were not always recorded and had not always identified the issues we found.

In general the service managed risks to people well and the service had made improvements in response to concerns we identified at our previous inspection. In addition, the service was updating their falls policy to incorporate best practice guidelines on identifying why people were experiencing falls and to identify and address environmental hazards more clearly. The manager analysed accidents and incidents to look for patterns and to check people received the right support.

A range of checks were in place to ensure the premises and equipment were safe and the home was well maintained. However, the checks had not identified several window restrictors could be overridden and people may have been at risk of falling from height. The provider immediately installed appropriate restrictors during our inspection when we raised our concerns with them to keep people safe.

Staff monitored people's risk of malnutrition and sought advice from dietitians and speech and language therapists when they were concerned about people. Staff provided people with a choice of food and drink and supported them to eat and drink where necessary. Staff

supported people to access health services such as GP, dentist, optician and chiropodist and more specialist services such as the district nurse for pressure area care, the falls prevention team and the challenging behaviour team.

Systems were in place to safeguard people from abuse. Staff were aware of the signs people may be being abused and how to report this as they received training on this. When allegations of abuse had been made the provider took prompt action to keep people safe, carried out an investigation and liaised with the local authority safeguarding team as required.

Recruitment was safe because the provider carried the required checks before staff worked with people to see whether they were suitable. This included checking references, criminal records, qualifications and training, photographic identification and health conditions which could mean they were unable to carry out their role without reasonable adjustments being made.

A system of staff supervision and appraisal was in place and staff told us they felt well supported by the manager and provider. Staff received appropriate induction when starting their roles and a programme of training was in place to equip staff with the knowledge they required to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and received training in this and the service was meeting their requirements under the Deprivation of Liberty Safeguards (DoLS). These safeguards are there to help make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The provider had assessed whether people required DoLS and made the necessary applications as part of keeping them safe.

People and their relatives told us staff treated them with kindness, dignity and respect and our observations were in line with this. Staff knew the people they were supporting well, including how they liked to receive their care and this information was available for reference in people's care plans. End of life care plans were in place for people so staff knew how they preferred to receive their care during their final days.

Summary of findings

A programme of activities was in place led by an activities officer, and people were supported to do activities they were interested in.

A complaints system was in place and made accessible to people and their relatives. The manager and provider responded to concerns people raised appropriately.

We identified two breaches of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. Medicines were not always managed safely as people may not have received their medicines in line with their prescription. Guidelines for staff to follow in administering 'as required' medicines to people were not always in place. This meant it was not always clear whether people had been given their prescribed medicines at times they needed them.

Risks to people were generally managed appropriately and people had suitable risk management plans in place although staff did not always use a tool to identify people's risks of developing pressure ulcers properly. The manager monitored accidents and injuries to look for patterns and check people received the right support.

Recruitment processes were robust in checking staff were suitable to work with people in the home. There were enough staff deployed to meet people's needs.

Requires improvement



Is the service effective?

The service was effective. A programme of supervision and appraisal was in place to support staff and staff received appropriate induction and training to understand people's needs.

Staff supported people to access health services such as GP, dentist, optician and chiropodist and people were referred to specialist services, such as dietitians and the district nurse for pressure ulcer care when necessary.

People were provided with a choice of food in sufficient quantities and they received support to eat and drink when necessary.

Good



Is the service caring?

The service was caring. Staff were kind to people and treated them with dignity and respect. Staff knew the people they were caring for and supporting and how they preferred to receive their care.

People were supported to keep in contact and maintain relationships with those who mattered to them.

End of life care plans were in place for people so staff knew how they preferred to receive their care during their final days.

Good



Is the service responsive?

The service was responsive. People were involved in their own care planning as they were asked how they preferred their care to be delivered and this was recorded in their care plans.

Good



Summary of findings

An activity programme was in place and people had access to activities they enjoyed. A complaints system was in place and relatives had confidence in the providers' response to complaints they may raise.

Is the service well-led?

The service was not always well-led. There was no registered manager in post although the manager was in the process of registering with CQC. The audits in place had not identified some of the issues we found. The provider carried out a range of health and safety checks although we were unable to evidence some key checks, such as regular checks of the environment for hazards and a Legionella risk assessment to identify any actions required to reduce the risks of people developing Legionnaires disease.

People, their relatives and staff were involved in developing the service. Systems were in place to share learning as managers attended monthly meetings with their peers to discuss incidents and best practices. The manager kept the day to day culture under review, including the attitudes, values and behaviour of the staff.

Requires improvement



Grasmere Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 13 July 2015 and was unannounced. It was undertaken by a single inspector.

Before our inspection we reviewed information we held about the service and the provider. We also contacted a local authority contracts and quality assurance officer to ask them about their views of the service provided to people and Healthwatch.

During the inspection we observed how staff interacted with the people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with five people who used the service. We also spoke four relatives, a director, the head of operations, the manager, the chef and four members of care staff. We looked at seven people's care records, five staff recruitment files and records relating to the management of the service including quality audits.

After the inspection we communicated with a manager from the local authority mental health, drug and alcohol team who had recently visited the service. We also spoke with a member of the falls team who recently began supported the service.

Is the service safe?

Our findings

Some aspects of medicines management were not safe. During the inspection we found medicines were not always stored safely. The room temperature was recorded once a day and records showed that the last few weeks it had been over 25°C most days. The home's medicines policy guided that all medicines should be stored below 25°C and means to cool the room down should be taken should the temperature exceed this. The provider was aware of this and had booked for an air conditioning system to be fitted before our inspection. However, there was no evidence the provider had taken action to reduce the risks of medicines being damaged by high temperatures in the meantime. When we discussed our concerns with the provider they promptly secured the medicines trolley in a cooler part of the home pending installation of the air conditioning system.

Medicine records were not all accurate. When we carried out stock checks on medicines we could not confirm that people had received their medicines as records indicated. For one medicine we were unable to check this because the amount of medicine in stock was unknown. This was because the amount carried forward from the previous cycle had not been recorded. The manager told us they would ensure balances carried forward were recorded clearly and a daily stock balance check introduced to identify concern. However we were not able to monitor this at the time of our inspection.

Guidance was in place for staff to following administering some 'as required' medicines, such as what signs may indicate people required this. However, this had not been reviewed for almost a year to ensure it was accurate and guidance was not in place for all as required medicines administered to people. This meant staff may have been unaware of the signs to look out for when people required these medicines.

Records showed staff received training in medicines management every three years. The provider told us they also assessed the competency of staff to administer medicines to people, and staff confirmed this. However there was no record of these competency assessments available at the time of inspection.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 26 February 2015 we found the service was not adequately planning and delivering care to people to ensure their safety and welfare. Risks to people, including risk of pressure ulcers, falls and particular health conditions, were not always adequately assessed with appropriate measures put in place to support people. Because of the level of risk and because we found similar concerns in our April 2014 inspection we served the provider a warning notice to be compliant by 24 April 2015.

After the inspection we asked the provider to write to us with an action plan setting out the action they would take to become compliant. They told us they would review all care plans with the help of people's keyworkers and relatives. They would implement a falls audit to monitor falls, train staff in falls prevention and use a testing kit to check if falls were related to urine infections to enable prompt medical treatment. People would have care plans in place regarding specific needs such as pressure ulcers and mental health needs, with referrals to mental health specialists were appropriate. Staff would have training in monitoring people's risk of developing pressure ulcers and also in care planning. The provider confirmed they would be compliant by the date we set in the warning notice.

At this inspection we found the provider had taken the action they set out in their action plan. This meant they were managing risks to people appropriately to keep them safe. When people sustained falls their risk assessments and care plans were reviewed and people were referred to the local authority falls team for specialist advice. Specialist advice was followed, for example one person was advised to be encouraged to participate in group exercises. We observed such a group exercise session and records showed people were invited to participate in these each week. The manager reported all falls to the falls team which had supported the service to improve how they supported people at risk of falls, including training staff.

The provider carried out a root cause analysis when falls occurred, including checking for urine infections and arranging medicines reviews. However, these investigations did not always follow a standard format which meant some potential root causes for falls may not be identified. The

Is the service safe?

service had received specialist advice on completing root cause analyses from the local authority falls team and were updating their falls policy in line with this to check people were receiving the right support.

Care staff monitored the risks of people developing pressure ulcers using a standardised assessment tool which determined the level of risk. They had recently received training on this. However, staff did not always use this tool correctly which meant the scores they assigned to people could not always be relied upon to reflect their risk of pressure ulcers. When we raised our concerns with the manager they told us staff had only recently begun to carry out this task and some were finding this difficult. They had provided training to staff and were planning further training for some individuals who required this.

People had suitable risk assessments and care plans in place in relation to pressure ulcers. In addition, staff had a good understanding of how to monitor and support people at risk of pressure ulcers in line with their care plans to reduce the risks to them. Staff referred people to the district nurse for further support where they were concerned about pressure ulcers and some people received frequent support from them.

Risks to people were not monitored effectively. People were not always safe because we found several window restrictors could be overridden which meant people could be at risk of falling from height. When we told the provider about our concerns they took immediate action and installed appropriate window restrictors during our inspection to keep people safe. Records showed staff carried out safety checks of windows each night, although these had not identified the issues we found. We have reported on this as a breach of legal requirements under well-led.

Other checks of the premises and equipment carried out regularly including testing of the lift, hoists and slings, electrical wiring and portable electrical appliances, central heating and hot water systems and fire systems. The temperature of hot water outlets was tested regularly to reduce the risk of people being scalded.

The fire authority inspected the service in June 2015 and found a number of safety deficiencies. The manager showed us the actions already taken to address these concerns including providing safety training to staff and we saw plans were in place to become compliant by the November 2015 deadline provided on the fire safety order.

People and their relatives told us there were enough staff to meet people's needs, besides seldom occasions when staff cancelled at short notice and could not be replaced. On relative told us, "There are enough staff in the daytime, although rarely there haven't been enough. I've popped in at night too." Staff told us during the day there were usually enough staff, although occasionally unexpected accidents and incidents would mean staff numbers were insufficient. During the inspection we observed staff numbers were sufficient to meet people's needs. We saw staff spent some time sitting and interacting with people, talking with them and playing games individually and in groups. Staff were able to provide the level of support to people as identified in their care plans. We checked the rotas and saw the numbers of staff the provider identified as necessary were scheduled to work each day.

Recruitment practices were safe because the provider checked staff were suitable before they worked with people. These checks included employment history, health conditions, satisfactory references and photographic proof of identification.

People and their relatives told us they felt safe at Grasmere. Staff understood the signs people may be being abused and how to report these to keep people safe and records showed they received regular training in this. The local authority team involved in a recent safeguarding investigation told us the service had responded appropriately to concerns raised anonymously. They had taken action to keep people safe, participated in strategy meetings and carried out an internal investigation.

Is the service effective?

Our findings

The new manager had put in place a programme of supervision and appraisal for all staff to support them to carry out their roles. Records showed staff were receiving support in line with this programme and staff told us they felt well supported by the manager and provider. Staff received a suitable induction when beginning work at the care home. This included shadowing more experienced staff and training in key topics such as safeguarding and the Mental Capacity Act 2005.

Staff received the necessary training to carry out their roles. A training programme was in place with clear guidelines as to how often training in each topic should be refreshed and records showed most staff training was in date. The manager monitored when staff required refresher training and we saw training which was overdue had been highlighted on a spreadsheet. The manager told us training was being arranged for the small number of staff for whom it was overdue. Most staff training was up to date, having been provided within the timeframes the provider set out as necessary. Staff were supported to additional training such as distance learning courses in end of life care.

Staff understood the importance of obtaining informed consent from people to their care as they had received training in the Mental Capacity Act 2005 (MCA) which our discussions showed they understood. People's capacity to consent to certain decisions had been assessed and documents showed interests were made in people's best interests where they lacked capacity. Staff also understood the Deprivation of Liberty Safeguards (DoLS) and authorisations for several people to be deprived of their liberty lawfully, as part of keeping them safe, were in place. The service had submitted notifications to CQC in relation to DoLS as required by law.

Staff regularly monitored people's nutritional status through weighing them and calculating their body mass index (BMI), noting changes and weighing people more often where there were concerns. Staff referred people to dietitians where they were concerned about their weight and followed their guidance, including administering nutritional supplements. However, the chef was not always provided with up to date information about which people

were at risk of malnutrition and any special dietary requirements they had in relation to this. They told us they provided all people with high calorie food and not just those at high risk of malnutrition. When we told the provider our concerns people may not receive food prepared as directed by dietitians they told us they would ensure any necessary information was passed on to the chef on a regular basis but we could not monitor this at the time of inspection. The chef was aware of people's other dietary needs in relation to diabetes and we saw appropriate food was provided to people with diabetes.

People and their relatives made positive comments to us about the food. One person said, "The food is good." We observed the lunchtime meal and saw that people could choose to eat in their rooms if they preferred. A small number of people required staff assistance to eat and drink which we observed was provided in line with their care plans. We saw they were provided with adapted utensils, such as a cup with a spout to make drinking easier. People told us food was provided in sufficient quantities and we saw staff encouraging people to drink through the inspection.

People received choice in their food and drink. A relative told us, "If [my relative] won't eat something they give [them] something else." Staff explained the choices of food to people each day and supported them to make their choice. However, the service did not make use of pictures of food which can help some people with dementia to understand the options more easily than words. The chef was aware of this and the manager had tasked them to take photos of all meals they cooked to start using pictures of food to help people choose their meals.

The service supported people with their health needs effectively. One relative told us, "[My family member] can see a GP when they need to". Records showed people were supported to access the GP, dentist and opticians when required. The service referred people to other health service promptly when required, such as the challenging behaviour service, the falls prevention team, dietitians and speech and language therapists. Some people received daily support from district nurses in relation to their specialist nursing requirements. A chiropodist visited people regularly to provide foot care.

Is the service caring?

Our findings

People told us staff treated them with kindness and were caring. One person told us, “The staff are very kind, they take care of me.” A relative told us, “I could not be happier, I never saw [my family member] smile as much as when they lived here.” Another relative said, “The staff are caring.” Our findings during our inspection were in line with these comments with staff demonstrating kindness and compassion through the day. We observed two different staff supporting two people with high support needs to eat and drink. We saw both talked to the person throughout, explaining what they were doing and engaging them in conversation about topics they were interested in where people were able to converse. Staff supported them in a caring way, taking time to allow people eat at their own pace and providing a suitable amount of food on the spoon. When a person who was disorientated to space and time became distressed staff spent time reassuring them and providing appropriate physical touch. When people displayed physical affection towards staff they responded in a kindly way whilst remaining professional. We also saw staff sharing jokes with people, both parties laughing and enjoying their joke together.

Staff also treated people with dignity and respect and provided people with privacy. A relative told us, “They always give [my family member] privacy”. We saw staff knocked on people’s doors before entering, greeting people in a friendly manner. When people required personal assistance staff supported them to leave communal areas discretely and we noted staff provided

personal care to people behind closed doors. Staff took care to ensure people who required support with their grooming were well presented, wearing clean, ironed clothes with co-ordinated outfits. The service arranged for a hairdresser to visit each week to support people to maintain their appearance. In addition, staff spent time painting the nails of those who wanted them to.

A relative said, “Staff know [my family member]. There is the odd agency staff who doesn’t know them but not many, the staff are familiar with [my family member]. A manager from the local authority told us staff knew people well and they reassured people when they became upset. Our discussions with staff showed they knew the people they were caring for. Staff were able to tell us about people’s backgrounds such as their former occupations and people who were important to them. Staff also knew people’s likes and dislikes, including their food preferences. We saw information in the kitchen regarding the drinks people preferred and the particular ways they liked their drinks to be prepared. Our discussions with staff showed they had a good knowledge of this and we saw they followed this in practice.

The service asked people how they would like to receive care at the end of their lives, also asking relatives for their views where appropriate. This information was recorded in people’s end of life care plans for staff to refer to at the right time. One relative told us they were very happy with how the home cared for their relative at the end of their life and the service supported them to remain with their relative for as long as they wanted to.

Is the service responsive?

Our findings

The service encouraged people and their relatives to be involved in the assessment of their needs and planning their care. The manager asked people and their relatives to provide information about themselves such as their background, people who were important to them and their likes and dislikes. This information was incorporated into people's care plans. For example one relative told us, "I know [my family member] prefers females to provide their personal care and they've respected that completely here." In this way people received care in line with their preferences and choices. People's care was reviewed regularly to check whether the care they received was meeting their needs, including six monthly care plan review meetings. Key people involved in people's care such as their relatives were invited to these reviews where appropriate, along with the person, so they also contributed to the assessment and planning process.

People were supported to do activities they were interested in. One person told us they were going out with their church group, which they often did, during our inspection. A relative told us, "My [family member] likes to join in the sing-alongs, the staff do try to involve [my relative] in other activities." People had individual activity programmes in place based on their interests and activities were offered daily. We observed staff spending time on individual activities such as playing board games with people. A timetable of group activities was in place, organised and led by an activities officer. People's records showed they

participated in group activities such as exercise sessions and other group activities were arranged. Recently people and their relatives had been invited to the home's summer party.

The service supported people to keep in contact with people who mattered to them. Relatives told us they could visit at any time and staff always made them feel welcome, encouraging their visits. One relative told us, "I come day or night, anytime, it's a great atmosphere." Records showed the service kept relatives up to date with their family member's progress, including sending photos and information about social events people went on as well as informing them about accidents and incidents.

Records showed when people complained they were responded to promptly and their issues investigated in line with procedure. One relative told us, "[A member of my family] had a problem but it was sorted out and we were happy with the result." People and relatives told us they had confidence in the management to take any concerns they may raise seriously and deal with them. People and relatives were encouraged to complain. They were invited to meetings led by the management where they were given the opportunity to raise concerns and provide feedback. Relatives also told us the manager and provider made themselves available to hear what they had to say at any time. In addition, the complaints procedure was on display in the reception area for people and relatives to refer to if necessary, and as included in a new 'residents folder' people were provided with. Recently a relative had been appointed as a 'residents representative' and residents and relatives were encouraged at the most recent meeting to contact them if they wished to raise things with her in confidence and she would contact management for them.

Is the service well-led?

Our findings

People, their relatives and staff told us they believed the service was well led by the manager and the provider who was often at the home. The manager had been in post for around three months and had not yet completed the process to register with CQC. This meant the service did not have a registered manager in post. The manager had implemented improvements as set out in their action plan, and told us they were being well supported by the provider.

Systems were in place to assess and monitor the quality of service, although audits were not always recorded and had not identified the issues we found. For example, the provider often visited the service to audit care people received, although they did not record these to show where improvements were required and the action taken in respect of these. This meant we were unable to determine how effective their visits were in driving up quality. Auditing systems in place had not identified the issues we found in relation to medicines and window restrictors. After the first day of inspection the provider introduced a monthly overall audit looking at key aspects of the home to identify and resolve issues such as those we found, and would extend the health and safety checks staff carried out. The manager also told us they would introduce a daily medicines stock balance check to identify when people had not been given their medicines in line with their prescription.

Important health and safety checks had not been carried out. The provider recently commissioned an external company to carry out an audit of all aspects of health and safety in the home and this was done a week before our inspection. However, we were unable to evidence the provider had taken any actions necessary in respect of any concerns identified as they had not yet received the report. The provider told us they had commissioned a Legionella risk assessment which was also carried out a week before our inspection, although again we were unable to evidence this as the provider had not yet received the report. Legionella is a bacterium which can accumulate rapidly in hot water systems in some situations if effective controls are not in place, causing illness.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had recently contracted a consultant to carry out an audit of care plans and the manager had taken prompt action to rectify the issues identified within this.

People, their relatives and staff were involved in developing the service. 'Residents and relatives' as well as staff meetings were held where all parties were encouraged to share their views and ideas. Relatives were encouraged to attend their family member's monthly review meetings as well as to participate in group activities outside the home. Staff told us they felt the management listened to them and told us that when they had made suggestions they had always been taken seriously. The manager had made changes to provide staff with more responsibility since she started, including staff updating care documentation, as part of developing the team.

Systems were in place to share learning across the organisation. Managers from homes in the organisation met each month and topics of discussion included safeguarding and accidents and incidents, their response to these and to review learning from these.

The manager was aware of, and kept the day to day culture under review, including the attitudes, values and behaviour of the staff. The manager worked alongside staff, providing direct personal care and support to people when necessary. In addition, they had altered their office set-up to provide themselves a clear viewpoint of the lounge to enable them to monitor this area, including staff interactions. The manager attended staff meetings, using these as a forum for learning more about the staff team. Staff confirmed they believed the manager had a good understanding of the culture of the home. Staff felt supported by the manager and understood their roles and responsibilities.

Resources and support was available to develop the team and drive improvement. For example, budgets were in place to provide a suitable training programme to staff and to fund the planned renovation programme.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not provide care in a safe way for people by assessing the risks to the health and safety of people of receiving the care and treatment, doing all that is reasonably practicable to mitigate any such risks and ensuring the proper and safe management of medicines.

Regulation 12(1)(2)(a)(b)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes had not been established and did not operate effectively to ensure compliance with the requirements in this Part. Systems or processes did not enable the registered person to assess, monitor and improve the quality and safety of the service or to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who may be at risk from the operation of the service.

Regulation 17(1)(2)(a)(b)