Essex County Care Limited

Scarletts

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?	**Good**

Summary of findings

Overall summary

The inspection took place on 20 and 24 June 2016 and was unannounced. The service provides accommodation and personal care for up to 50 people older people some of whom have dementia. On the day of our inspection there were 43 people using the service of which two were in hospital.

At our last inspection of this service on 28 April 2015. We found that the provider was not meeting expectations in relation to documenting and regularly reviewing peoples care plans. There was also a lack of auditing documents for example checking that staff supervision had been provided. We also found medicines were not being managed safely and aspects of the accommodation were not safe. This was regarding some radiators without covers and poor quality clinical waste bins. At this inspection we found the provider had taken action to improve all of these areas.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were protected from the risk of abuse as staff had attended training to ensure they had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager had shared information with the local authority when needed.

People were supported by a sufficient number of suitably experienced support staff, although a senior post was vacant. The provider had ensured appropriate recruitment checks were carried out on staff before they started work. Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that decisions were taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are all in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Positive and caring relationships had been developed between people and staff. Staff responded to people's needs in a compassionate and caring manner. People were supported to make day to day

decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and enabled to be as independent as possible in all aspects of their lives.

Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support.

Staff ensured that people's health needs were effectively monitored and appropriately managed with input from relevant health care professionals. People were treated with kindness and respect by staff who knew them well. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual. The manager was open and approachable and enabled people who used the service to express their views.

People were supported to report any concerns or complaints and they felt they would be taken seriously. People who used the service, or their representatives, were encouraged to be involved in decisions about the service. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff had not read a care plan before providing care to a person.

Staff had been trained by the service in safeguarding and whistle-blowing.

Risk assessments were in place for all people.

Medicines were administered safely according to the service policy and procedure.

Is the service effective?

Good

The service was effective.

New members of staff received an induction and on-going training, plus supervision and an annual appraisal .

The manager was knowledgeable about the requirements of the Deprivations of Liberty Safeguards (DoLS).

The service worked well with other professionals

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity and who knew people individually.

Staff spoke with people in a pleasant, professional and friendly manner and people were not rushed.

People who lived at the service and their relatives were involved in decisions about their care and the running of the services.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People received care and support which was personalised to their wishes, but more detail was required.

There was no dedicated activity staff and the activities room had been closed.

There was a complaints policy and procedure. Relatives we spoke with told us they would be comfortable to make a complaint.

Is the service well-led?

Good

The service was well led.

The manager was approachable and supportive to staff.

The environment was checked regularly to ensure that it was suitable to care for people.

The service had a 24 hour on call procedure which staff could use for advice

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Detailed findings

Background to this inspection

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

The inspection took place on 20 and 24 June 2016 and was unannounced.

The inspection team consisted of 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. On the second day of the inspection there was one inspector.

Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and 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 spoke briefly with sixteen people who lived in the service and five relatives. We also spoke with the manager, a senior care, four care staff members and the chef as part of this inspection.

We looked at six people's care records, two staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 28 April 2015, we found there were wedges being used to keep doors open and a magnetic fire door was not working. The manager took corrective action to resolve this during the inspection. At this inspection we found no wedges or doors propped open and the fire doors were all working. We also found at this inspection that all the clinical waste bins had been replaced with new ones. The lavatory brush holders and brushes were cleaned regularly and no cleaning liquid which people could confuse for drinking was in the bathrooms or lavatories. We saw that significant work had been undertaken to upgrade and improve the bathrooms and lavatory areas. There was still one bathroom in need of further attention with regard to replacing loose tiles. At our last inspection we were concerned that a number of radiators did not have covers. At this inspection we saw that all the necessary work had been completed.

We saw at this inspection that the fire doors were checked to be in working order every week and all fire safety certificates were up to date. This meant that the service had taken steps to provide a safe environment in which people lived. We also saw that many of the lounges had been decorated and the manager informed us that there were plans in place to continue with the decorating.

At our last inspection of 28 April 2015, we found that the service was not ensuring the proper and safe management of medicines. We saw at this inspection the service had taken delivery of a new fridge for medical supplies and the temperature was recorded daily to check that it was operating within an acceptable range. During the last inspection, we saw that a medicine trolley had been left unattended. The service had made changes to the procedure used and on this inspection we saw that two staff worked together and therefore the medicine trolley was not left unattended.

Accidents and incidents which occurred in the service were recorded and analysed by the manager. A person was hoisted by two members of staff and was admitted to hospital a short-time later as feeling unwell and blood was seen coming from a skin tear. The safeguarding authority were informed and the service carried out an investigation. The investigation concluded that the person had been hoisted by a different hoist, stand aid and not the full body hoist as was the instruction in the care plan. Staff had been trained in lifting and handling. As an action from the investigation the manager arranged for staff to have new training for lifting and handling.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

One person told us. "I feel safe because there are always staff around." One relative told us. "I feel my [my relative] is safe here, but they do have a high turnover of staff, they seem to come and then go".

Staff told us that they had received training in safeguarding vulnerable people. The manager explained all staff had this training as part of their induction and then would be added to the annual training schedule. The staff we spoke with understood the different types of abuse and how to report a safeguard matter. They said that they would be confident about reporting abuse or poor care practices within the service. Another

staff member informed that they would whistle blow if they needed to do so and knew how to report concerns to external organisations if necessary. Whistleblowing is the term used when someone who works for an employer raises a concern about malpractice, risk (for example about people's safety), wrong doing or possible illegality, which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

The service were part of the Promoting safer provision of care for elderly residents (PROSPER) project run by the Essex County Council, The project aimed to improve safety and reduce harm for vulnerable care home residents, who are at particular risk of admission to hospital or significant deterioration in their health and quality of life. The manager said it had made improvements to the number of people who had falls and developed pressure areas within the service. We saw that the manager monitored and analysed reasons for falls and the service worked with the District nursing staff to provide support and to manage and monitor pressure care.

We looked at the staff rota for day and night duty and saw that the service was consistently staffed to the levels as explained to us by the manager. The manager further explained that individual dependencies of people were carried out which was confirmed in the care plans. The dependency scores related to the number of staff on duty. The manager was mindful to keep this under review and to bear in mind the service had a number of lounges which people used and there were also a number of people who liked to spend time in their room. Hence staff were required to be present in the lounges, which we observed during the inspection, and to check upon the well-being of people in their room.

The majority of people living in the service had a diagnosis of dementia. From further studying dependency levels of people's needs and discussions with the staff and manager, we were aware that the staffing compliment was constantly monitored to ensure there were sufficient staff on duty. However, although the manager and senior team covered some shifts themselves, shifts at the weekends were sometimes difficult to cover at times of sickness. The manager told us that agency staff were often not available at short-notice. We saw that staff sickness was usually covered by other existing staff. On the days of our inspection staff provided support to people in an unhurried manner. One person told us. "The buzzers (call bells) were answered quickly. "

The service had a safe policy and procedure for recruiting new staff to the service. A member of staff explained to us how they had been recruited. They told us. "I meet the manager for an interview and they asked questions about my values for looking after people and what I do in certain situations."

All staff completed an application form, were aware their references had been checked after the interview and staff had been given a job description and contract of employment. The manager explained to us the recruitment process and they followed the service procedure which included seeking clearance from the disclosure and barring service for each applicant. We saw the service held staff recruitment files which included a job description, contract of work and information for the applicant's references.

We observed medicines being administered to people. During dinner we saw that people received their medicines in a caring and supportive way, the staff explained what the medicine was and asked people how they wanted to take it and offered people a drink with the medicine.

The records of administration (MAR) charts had been accurately recorded and there were no gaps in the records that we looked at. The controlled medicines were stored securely. The manager informed us of the ordering procedure for medicines and how controlled medicines were administered. We saw the records for each person and the physical stock balance agreed with the records. Allergies were recorded on the MAR

and other important information such as if the person had diabetes.

Staff told us that they received medicines training and an assessment of competence before they handled and administered medicines on their own. We saw that the service worked closely with the pharmacy providing the medicine. The pharmacy as well as the manager carried out audits of medicine and at the last audit no concerns had been identified.

Good

Is the service effective?

Our findings

One person told us. "Some staff are more experienced than others but they all care." Another person told us. "I like the staff they are kind and helpful and you have to expect differences depending upon how much training they have had."

One member of staff informed us they had received some very good dementia training that specifically related to the type of care that they were providing in the service. Two further members of staff said they were awaiting further training in dementia but had received some the previous year. We saw the training plan and noticed that training had been provided as planned and that training in various subjects such as first aid and infection control were planned.

Staff told us that they had supervision usually with the manager and this was every two to three months and was planned in advance. One member of staff said that they discussed people's individual needs with their supervisor and they were also asked if they needed any additional support. Another member of staff told us. "Supervision with the manager is really helpful." The manager also planned annual appraisals for each member of staff and again advance notice was given. We also saw that the staff were supported through staff meetings.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's mental capacity to make day to day decisions had been assessed. People who did not have the mental capacity to make decisions for themselves had their legal rights protected because the manager had received appropriate training. The manager informed us that training for the staff in Mental Capacity Act and Deprivation of Liberty Safeguards had been provided and further training was planned arranged for the coming year. A member of staff told us. "It is really serious depriving someone of their liberty, but I understand why if they left the home they would be a real risk."

People were supported to have sufficient to eat and drink. They told us that they enjoyed the food offered to them, had enough to eat and they were able to make choices between different main meals offered at dinnertime. Staff showed people both freshly plated options and gave the person the one they like the look of to eat. The portions were generous and we saw that people ate well and appeared to enjoy their food. One person said, "That was OK, that chef knows how to cook a good meal." Another person said, "I like my curry a bit hotter than the others, so he [the chef] makes one for me; especially hot."

It took a long time to get everyone into the dining room and meals weren't served until everyone was there, which meant some people had waited 40 minutes to get their meal. However, once service began, we observed that lunch was well managed with people being given their meals in a timely way and people were supported to eat in a caring and supportive manner.

When we talked with the chef they were knowledgeable about people's needs and said that they would always offer people an alternative meal if they did not like what was on offer.

People's care records showed that their day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The home had regular contact with the GPs that provided support and assisted staff in the delivery of people's healthcare. During the day of the inspection one person was escorted to a hospital appointment by a staff member. The manager told us that they thought it was better is staff accompanied people if they needed to be taken to hospital as an emergency or for routine appointments. They told us that they had come in at 2am one morning to relieve a staff member to go to hospital with one person. The manager told us. "I always insist a member of staff goes with the person to hospital, this may explain why sometimes people think we are short staffed."

A relative told us, "They [the staff] always keep me informed of what's happening. They let me know if [my relative] had had a fall or is ill and needs to go to hospital. I can decide if I need to go to be with them, but the staff are so good and go with [my relative] usually.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. They said that staff were respectful of people's needs and supported them with their independence.

One person told us, "They [the staff] are kind and care for me as if I was their own."
When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "The staff are good, they are sensitive to [my relative's] moods and are understanding when they need help."

We saw interactions between people and members of staff that were caring and supportive and which demonstrated that staff listened to people. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. Staff were able to tell us about people's needs and specifically how they liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with people.

We observed that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. A relative told us. "My [relative] needs a great deal of support, the staff know them well and treat them with dignity and kindness."

There were choices of drinks in the lounges and the staff also visited people in their rooms to check upon their well-being. One person told us. "I always have biscuits with the drink, very nice." All the staff were pleasant and communicated well, for example talking to people at eye level and using gestures to explain to people that had reduced hearing in order that they understood.

We saw staff engaged people with activities which stimulated conversation and laughter. People were supporting in a kind and unhurried fashion especially during meals and when staff observed the person required some personal care. All staff we spoke with had a good knowledge of the people they cared for. They were able to tell us about the individuals and aspects of their life history.

People's privacy was respected. All rooms were single occupancy. This meant that people could spend time in private if they so wished. Rooms we were invited to see had been personalised with people's belongings, including photographs, pictures and ornaments which all assisted people to feel this was their home. We noted that bedroom doors were always kept closed when people were being supported with personal care.

A relative informed us, they were concerned about their [relative], had not had a shave which they would find distressing. A member of staff was alerted to the situation and provided the necessary care to the person.

Requires Improvement

Is the service responsive?

Our findings

The manager told us that the care plans were being reviewed and developed. As there had been changes in the deputy manager post they had been focusing upon this work. We found this as work-in progress as although there was a great deal of information they were not as yet fully person centred. Tick boxes were used and some information was short and required additional explanations. For example each area covered the person's needs in one or two sentences that did not go into sufficieint detail for some plans we saw about how that person would like to receive the care and support they were being offered. The information required to provide care was all present but greater attention upon the personal aspects were required.

One person's care plan had not been reviewed or changed to reflect their needs after their return from hospital. A re-assessment had been carried out before they returned but stated only that the person's needs were the same as before their admission to hospital and, although the person was receiving end of life care, the care plan had not been changed. Their care plan stated that they took a 'normal diet', but records showed that they had not eaten well since they had returned from hospital and had developed swallowing difficulties. If care records are not kept up to date people could be put in danger and not receive the care and support they need. We saw that the daily notes and further recording of care on a daily basis were separate from the care plans. Which when read and compared to the care plan itself clarified the concerns highlighted above. The daily notes are separate from the plans in order the senior staff to record and also for them to oversee the input from other staff. The manager is considering ways of bringing these together more quickly and to ensure the care plan does reflect the daily notes and vice versa.

Records showed that the person's dietary intake had been reduced. There was no record that they had been referred to a dietician for specialist input and the care staff we asked confirmed they had not been referred. The person had developed difficulty swallowing so the district nurse advised the service to use a thickening aid in their water. This was recorded in the professional's visits sheet, but the care plan had not been changed to reflect this. We brought this to the attention of the manager and appropriate action was taken to correct this. In conclusion the person was receiving the care they required, however we did express the impact of accurate recording.

The service did not employ a person dedicated to planning and supporting people with interesting and meaningful activates that were personalised to their preferences or reflected their past interests. Since our last inspection the service had closed down the activities room where in the past we were aware people had enjoyed activities such as painting. We were aware that staff provided some instant on the spot activities for people, but these were not co-ordinated or planned.

Staff were encouraged by the manager to support people with activities, the focus was meant to be on what the individual wanted to do. However, we did not see any meaningful activities being offered to people during this inspection. We observed that people were asleep in the lounges at 10am in the morning and for much of the rest of the time we were at the service. A staff member told us. "They like to sleep after breakfast." People sleeping in their chair so early in the day indicated that they were withdrawn and disengaged emotionally from what is going on around them. Environments that are unstimulating for

people with dementia and do not offer distraction in the form of suitable activities based on their needs, means that people spend most of their day unengaged from any meaningful activity.

Activities were planned for the week. However, two days were covered by nail care and the hairdresser's visit. Looking after people's nails and washing their hair is a care need and should not be considered as a leisure activity. We were told that outside entertainers visited the service and that people enjoyed these visits. But one person's relative told us, "My [relative] used to enjoy it when the singers came in, but that hasn't happened for a long time." A person who used the service said. "People used to come in and have a singalong with us, but that doesn't happen so much now. There isn't much to keep me busy during the day."

The gardens were attractive, well maintained and laid out with people's safety in mind. The manager told us they were busy planning a fete and hoped for a sunny day to use the grounds fully or the dining room which had been decorated recently as an indoor alternative. We saw local wildlife of interest, such as Muntjac deer and foxes in the grounds. One person informed us how much they enjoyed seeing the various animals around the service

The manager also told us that the service was involved with the FaNs project, which is a project aimed at helping to bring people living in Essex care homes together with the wider community of individuals, groups and organisations that want to play a part in helping older people achieve the best quality of life. For example, people could be matched with people living in the local community who have similar interests so they can get together and share their interests together. Currently this involved two local primary schools that visited the people living in the service, bringing cakes they had made and singing carols at Christmas. The service is working with the project to develop the scheme and get more people involved with the project and into the service.

The manager informed us that they assessed each person prior to them coming to the service and we saw the assessment process used. The pre-admission assessment were detailed of the person's needs and how the service staff would support them. Although further recording had been completed, attention should be paid to this being done regularly and reviews of care arranged with family members. The manager did try to arrange reviews every three months but the monitoring and reviewing is a large task for one person and hence the need for senior posts to be covered was apparent.

We saw a number of compliments about the service from relatives. The manager told us that at present they had no complaints outstanding and talked us through how people could complain. We saw that this information was available at the entrance to the service. The service had a complaints policy and procedure and the managers view was that staff worked with people every day and knew people well, so any problems could be identified and action taken to resolve.

Complaints were logged and the manager talked us through how they would respond to a complaint and explained the process used in line with the policy and procedure. Relatives told us that the staff were approachable and were helpful so hence things had not developed into a complaint but had been nipped in the bud. The staff had listened and worked with them to resolve the problem while respecting the individual person's choice. A relative told us they had made a complaint in the past and the manager had resolved the situation.

Good

Is the service well-led?

Our findings

At our last inspection on 28 April 2015, we found there were not sufficient staff supervisions, auditing of documents and reviews of peoples care plans happening. At this inspection we found that things had improved in all of these areas.

Staff were having regularly supervision which was linked to their annual appraisal. The manager had intended to delegate some of the supervision duties to other senior staff but since our last inspection a number of senior staff had left the service. The manager intended continuing with the supervision of staff and was looking to delegate some supervisions to other senior staff in the fullness of time as they were ready to do this role.

As with the case of supervision, we saw the manager was auditing more documents and using the information to drive the service forward. The plan was for senior staff to do some auditing and report to the manager and indeed this was happening. However the manager was having to do a great deal of auditing themselves.

To support the care plan reviews, with peoples consent, the manager had contacted families of people using the service to attend a review. We saw this had happened in some cases while other families were content without attending a review. The plan was to continue to offer formal reviews and these would be more frequent as vacancies in the senior team were filled.

The manager had been revising and improving the care documentation. Work had been done on the assessment forms to identify people's needs and to determine from this information, if the service could meet the person's needs. The service were mindful not to admit people with more complex needs than the service could manage.

Staff told us that they recorded information in the daily notes and we saw that this information related to peoples care needs. An example being to pay particularly attention to a person's diet when it had been identified their dietary intake had decreased.

The service had a statement of purpose which had begun to address the environment for people and had resulted in some new furniture being provided and new flooring in the dining room.

A person told us,. "I see the manager often, most days they come around, so you can talk with them." A relative told us,. "The manager and staff could not have been more helpful to them."

Another relative informed us they knew the manager and felt confident to approach them to discuss any issues. They said,. "The manager always seems to be here." A member of staff told us,. "The manager is very helpful and often works with us." Two members of the care staff said that the manager was approachable and often worked with them to provide direct person care. They saw this as good positive leadership.

We discussed with the manager these positives examples but with the balance of having a sufficient senior team of colleagues to ensure that they spent appropriate proportions of their time providing direct care with the overall duties of the registered manager. They said they were well aware of balancing priorities and looked forward to a time soon that they could delegate further.

The service was working upon continuing to improve an open and empowering culture. There was a whistle blower policy of which staff were aware. The service encouraged links to be built with supporting professionals. The service undertook weekly checks on water temperatures and ensured that the garden was maintained.

The registered manager said they were supported by their manager and also the provider and both visited the service regularly. The registered manager also supported, and vice versa, another registered manager in the providers group of services. This meant they could share on-call arrangements for each others services. The registered manager provided a monthly report regarding aspects and issues of the service for discussion with their manager to monitor and manage challenges and issues. The impact of this report was that the provider and registered manager could work together to resolve problems and to support the smooth running of the service.

We observed that staff had a good knowledge of the people who used the service and people were very comfortable in their presence. A member of staff told us that they enough time for handovers and when joining the service to read care plans and to get to know people.

The service carried out audits with people and or their relatives to listen to views and work upon service improvements. An example being the redecorating which had been carried out.

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 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users ensuring that equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way. Regulation 12 (2) (e).