Deeper Care Solutions Ltd

18 Hambleton Road

Inspection report

18 Hambleton Road
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

18 Hambleton Road is a domiciliary care service registered to provide personal care to people living in their own homes. The provider of the service is Deeper Care Solutions Ltd and 18 Hambleton Road is the provider's only location. The service can support older people, younger adults and people who may be living with a physical disability, dementia, a learning disability or autistic spectrum disorder. The service supports people who live in and around Harrogate.

We inspected this service on 27 July 2017. The inspection was announced. The provider was given 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure that someone would be at the location offices when we visited. At the time of our inspection, the service was providing care and support to seven older people or people living with dementia.

At our last inspection of the service in July 2015 we rated the service 'Good'.

The service was jointly run by the directors of Deeper Care Solutions Ltd, one of whom was the nominated individual and had recently completed an application and become the registered manager. We have referred to the registered manager as 'manager' throughout our report. 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.

We found that improvements were required to ensure the service was safe. We identified that detailed care plans and risk assessments were not in place to ensure staff provided safe care and support to a person who used the service and around the management of medicines. We found gaps on Medication Administration Records (MARs) so could not be certain people had received their prescribed medicines. The provider's audits had not identified and addressed the issues we found. We received mixed feedback about staff's punctuality and found evidence that staffing levels had impacted on the provider's ability to provide care and support at people's preferred times. Accidents and incidents were not analysed to identify patterns or trends and prevent similar re-occurrences.

We found records were not always well-maintained. This included recruitment records, MARs, observation records and documentation around people's mental capacity and with regards to best interest decisions. The provider's quality assurance systems had not identified or resolved these issues.

This was a breach of regulation regarding the governance of the service. You can see what action we told the registered provider to take at the back of the full version of this report.

Despite these concerns, people who used the service told us they felt safe. Staff understood their responsibility to identify and respond to safeguarding concerns.

Staff received ongoing training and support in their role. Supervisions and appraisals were completed. Staff supported people to ensure they ate and drank enough and to access healthcare services where necessary. Consent to care was considered and staff were mindful of the principles of the Mental Capacity Act 2005 although clear and complete records had not been maintained. Mental capacity assessments and best interest decisions had not been documented and the provider had not explored whether powers of attorney were in place. We have made a recommendation about this is in the body of our report.

Staff were generally described as kind and caring. Staff supported people to maintain their independence and we received positive feedback about how staff respected people's privacy and dignity.

Care plans contained person-centred information about people's needs. People told us staff were responsive and provided support which met their needs. Care plans were regularly reviewed and updated and there were systems in place to gather and respond to feedback about the service. People told us they felt able to speak with the manager if they needed to complain or express concerns.

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.

We identified examples where detailed care plans and risk assessments were not in place to support staff to provide safe care.

Medication Administration Records were not always appropriately completed. The providers audits had not identified and addressed issues with the way medicines were managed.

We received mixed feedback about staff's punctuality. Staffing levels had impacted on the provider's ability to provide care and support at people's preferred times.

Accidents and incidents were not analysed to identify patterns and trends and to ensure appropriate action was taken to keep people safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training and ongoing advice and guidance to support them in their role.

Clear and complete records were not in place with regards to mental capacity assessments and best interest decisions.

Staff supported people who used the service to ensure they ate and drank enough.

People were supported to access healthcare services where necessary.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

Staff supported people to make decisions and to have choice

and control over their care and support.

Staff supported people in a way which maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans contained information to support staff to provide person-centred care.

There was a system in place to manage and respond to complaints. People we spoke with told us they felt able speak with the manager if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records were not always well-maintained and the provider needed to develop more effective systems to monitor and ensure the quality of the service provided.

We received positive feedback about the management of the service. People told us the manager was supportive and approachable.

18 Hambleton Road

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 was 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.

We inspected the service on 27 July 2017. The inspection was announced. The provider was given 48 hours' notice of our inspection, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection was carried out by one Adult Social Care Inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported this inspection by speaking with people and their relatives to help us understand their experiences of using the service.

Before our inspection, we looked at information we held about the service, which included notifications. Notifications are when providers send us information about certain changes, events or incidents that occur which affect their service or the people who use it. We asked the provider to complete a Provider Information Return (PIR) and this was returned within the agreed timescales. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also contacted the local authority adult safeguarding and quality monitoring team to ask if they had any relevant information to share. We used this information to plan our inspection.

As part of the inspection, we spoke with one person who used the service and four people's relatives. We spoke with the registered manager, manager and three care workers. We visited the location offices and looked at three people's care plans and risk assessments, recruitment and training records for three staff and a selection of records used to monitor the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

People's needs were assessed and care plans and risk assessments were put in place to provide guidance to staff on the care and support each person needed. We reviewed completed care plans and risk assessments and noted they generally contained proportionate information relevant to people's needs. However, we found detailed care plans and risk assessments were not in place with regards to all aspects of the care and support staff provided. For example, an appropriate care plan and risk assessment was not in place to guide staff on how to safely support a person who might refuse care. The manager told us staff were introduced to this person and learnt how to safely support them through shadowing and the advice and guidance that they provided. However, we were concerned that appropriate risk assessments were not in place to further guide staff and ensure that consistent and safe care was provided.

We also noted that detailed care plans and risk assessment were not in place where people required support to take prescribed medicines. We found information about who was responsible for ordering people's medicines and where they were stored was not recorded. Care plans and risk assessments did not evidence that consent around support with medicines had been considered. This is recommended as good practice by the National Institute for Health and Care Excellence (NICE) in their guidance, 'Managing medicines for adults receiving social care in the community', to ensure people are supported to take and look after their medicines effectively and safely.

Where an accident or incident occurred, a record was kept of what had happened, when and how staff had responded. The manager told us they reviewed accident and incident reports and these were then filed in people's care records. However, we noted the manager did not 'sign-off' accident and incident reports to record and evidence they were satisfied with how staff had responded. Information from accidents and incidents had not been collated or analysed to identify patterns or trends. We noted a number of incidents involving a person who used the service. There was no evidence that the person's care and support had been reviewed in response to the emerging concerns and an appropriate risk assessment had not been put in place. The manager agreed to address these concerns and ensure that an appropriate risk assessment was put in place to manage the risks to the safety of the person and staff.

Where necessary, staff supported people who used the service to take prescribed medicines. People we spoke with provided positive feedback about this support. Relatives commented, "Their medicines are all given and written in the book" and "They help with their medicines and everything is written down."

Staff received training on how to administer medicines and the manager completed spot checks of staff's practice to ensure the support provided was safe. The provider had a medicine policy and procedure in place. We spoke with the manager about reviewing and updating this in light of nationally recognised best practice guidance produced by the NICE on managing medicines for adults receiving social care in the community. The manager agreed to review this to ensure their policies and procedures were up-to-date.

At the time of our inspection, staff supported two people to take prescribed medicines and Medicine Administration Records (MARs) were in place for staff to record the medicines administered or the reason

why these were not given.

We reviewed completed MARs and identified that they had not been consistently completed. We found gaps in one person's MARs where staff had not signed to record whether they had administered their medicines. The person's daily notes did not consistently record whether the person's medicines had been administered. The manager told us the medicines were in a monitored dosage system and, had these medicines not been administered, this would have been identified by staff or management during their visits. However, because staff had not maintained consistently accurate records, we could not be certain the person had received their medicines as prescribed.

We also noted the MARs for this person contained a number of handwritten prescribing instructions which had not been checked and signed off by another member of staff. It is considered good practice for staff to check and countersign handwritten prescribing instructions to minimize the risk of making error. The manager agreed to review their practices in this area.

We were concerned that MARs had been returned to the office and audited; however, the issues and concerns we found had not been identified and addressed. This showed us the provider was not taking sufficient action to monitor and ensure medicines were administered safely and in line with best practice.

We received mixed feedback regarding staff's punctuality and reliability. A person who used the service said, "We have regular carers and their timekeeping is very good. They ring if they've been delayed and are going to be late." A relative told us, "They are fairly good with their time keeping." However, other relatives said, "They're a bit erratic with their time keeping, we don't have an agreed time for them to come in the morning sometimes it's 9:00am and sometimes it is as late as 10.30am which is a bit late" and "We have had some issues lately with calls being made unacceptably early or late."

We reviewed daily records and saw staff recorded the time they arrived and the times they left people's homes. These records showed there had been some variation in the times that staff completed planned visits. At the time of our inspection, the manager had received a complaint about staff's punctuality. We spoke with them about this and they acknowledged there had been some issues with staff punctuality and explained that staff leaving, annual leave and over committing themselves had impacted on their ability to deliver planned calls on time. We noted that time for travel was not consistently incorporated into the rotas. This meant staff would either need to cut visits short or turn up late as there were insufficient gaps between each visit.

The manager told us staff started their day by coming into the office. They explained how this enabled them to check and ensure staff were at work and prevented missed visits because of unreported sickness or absences. We were told staff rang the office if they were running late and this information was communicated to people who used the service. The manager told us they covered shifts if necessary to ensure planned visited were completed.

The concerns regarding risk assessments, the management of medicines and staff's punctuality showed us the manager and provider had not maintained accurate, complete and contemporaneous records and had not done everything that was reasonably practical to assess, monitor and mitigate the risks to people who used the service.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have a documented business continuity plan. We spoke with the manager about the importance of documenting how they would continue to meet people's needs in the event of an emergency, such as a fire at the provider's offices, the outbreak of an infectious disease or if bad weather affected staff's ability to provide care and support.

Despite these concerns, people we spoke with told us they felt safe with the care workers from 18 Hambleton Road. Relatives of people who used the service commented, "I think [Name's] safe and well looked after" and "Deeper Care provides consistent care from a core team that help my relative." Another person said, "We've been using them for three years and have no issues with them at all."

We reviewed recruitment records and saw new staff were interviewed, provided references and Disclosure and Barring Service (DBS) checks had been completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups. However, we found references had not been consistently dated so we could not be certain that these checks had been completed before new staff started work. The provider agreed to address this with future recruitments.

The provider had a safeguarding policy and procedure in place. People who used the service were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with recognised the types of abuse they might encounter and appropriately described what action they would take if they had concerns. At the time of our inspection, there had been one safeguarding concern involving a person who used the service. This had been referred to the local authority and action had been taken to address the concerns. We spoke with the manager who demonstrated they understood their responsibility to identify and refer safeguarding concerns to the local authority in order keep people who used the service safe.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We saw staff completed training on the MCA. Staff we spoke with showed they understood the importance of consent, supporting people to make decisions and respecting people's choices. One member of staff told us, "Just because people have dementia, it doesn't mean they can't tell us what they want. We ask them or we show them different options to help them choose." Another member of staff explained how they spoke with family if there were concerns regarding people's mental capacity, to help them understand people's past and present wishes.

People we spoke with told us they were involved in planning the care and support provided. However, we found clear and complete records were not in place with regards to people's mental capacity and in relation to best interest decisions. The manager explained that they reviewed people's mental capacity when they started using the service and received copies of mental capacity assessments and best interest decisions from the local authority. The manager had not completed training on the MCA. We found people's relatives or next of kin had been asked to sign to record that they consented to the support provided. The provider had not documented mental capacity assessments or explored whether powers of attorney were in place, giving people the legal authority to make decisions on people's behalf.

We recommend the provider reviews best practice guidance in relation to the Mental Capacity Act 2005.

People provided generally positive feedback about the effective care staff provided. One person commented, "I think they're fairly well trained. They wear gloves and aprons when they're providing personal care and chat whilst they're doing things." A relative of someone who used the service said, "Some care workers are better trained than others – the new people particularly could use a bit more training." Whilst another relative commented, "I think they're very good."

We reviewed the training provided to staff. We saw that the provider ensured staff completed a range of training courses. This included on-line and taught courses to equip staff with the practical skills needed to provide safe care and support. Staff told us, "I think the training is good" and "I've had all sorts of training with them. There's plenty of information available and if I ever get stuck or need advice I can talk to the manager." We reviewed training certificates and saw staff had completed a range of training in the last year including courses on safeguarding vulnerable adults, moving and handling, infection prevention and control and health and safety.

We saw new staff completed induction training and shadowed more experienced workers to gain experience and develop their confidence. One member of staff said, "For the first week, I just watched how it was done and what they do." The manager observed new members of staff to monitor their progress and told us shadowing was extended until both they and the member of staff were confident to work independently.

Records evidenced that supervisions, in the form of spot checks, were completed and we saw records of annual appraisals. Staff told us they felt supported in their role and that additional guidance, support and training was always available if needed.

When required, staff supported people who used the service to prepare meals and drinks. A relative commented, "They have 'ready meals' and the staff always offer them a choice of which one they want each day." Another relative said, "They prepare the food for them and they do whatever they want, usually sandwiches at lunch time and then cook a meal in the evening."

People's care plans recorded if they required assistance preparing meals and drinks. This ensured staff knew the level of support people needed to ensure they ate and drank enough. Staff we spoke with explained how they prompted and encouraged people, including assisting people with eating where necessary or leaving food or drinks in an accessible place for people to have in between staff's visits. One member of staff said, "We have to leave drinks out and I always encourage people to drink." We saw staff documented in people's daily records any support provided with meals and drinks. This enabled staff to monitor and ensure people received regular support. Staff we spoke with said they would report concerns regarding people's food and fluid intake to the manager who would liaise with the person's family or G.P if necessary.

Care plans contained basic information about people's health needs. Staff we spoke with described how they supported people who used the service to maintain good health and access healthcare services where necessary. One member of staff described how they had called an ambulance and stayed with a person when they found they had fallen. Other staff described how they spoke with the manager and people's families if their relative was unwell and called 111 or the person's G.P for advice if needed. A relative we spoke with said, "If there is anything of concern, they ring me straight away and tell me."

Good

Is the service caring?

Our findings

People told us that the staff were caring. Relatives of people who used the service told us, "I think they are caring, my family members are always well treated. They chat to them as they work and it's always very polite and friendly", "I'm happy with their care" and "Oh the staff are brilliant with them, very friendly and kind when they're helping them."

At the time of our inspection, the provider employed a small team of staff. This meant people were visited and supported by a regular and familiar group of staff. A relative said, "We have the occasional new one, but that's something you have to expect." Another relative commented, "Most of the time we have regular carers. If there's a change, we're not notified, but as we know all the carers it's not a problem."

We asked staff how they got to know people who used the service and they told us that visiting the same people helped. One member of staff said, "It's always the same people you visit so they get to know you." Staff went on to explain how they talked with people who used the service and showed an interest to find out more about them. This supported staff and people who used the service to develop caring relationships.

Staff understood the importance of supporting people to make decisions and respecting people's choices. One member of staff said, "It's good to give people choice so they feel in control. We are not there to take over." Another member of staff explained, "I help people to choose their clothes and choose their shoes." They explained how they showed people options and ensured they were patient with people, giving them time to choose. We reviewed care plans and saw that these reflected people's preferences and showed us that people were supported and encouraged to make decisions about how their care and support was provided.

Staff described how they supported people to be independent. One member of staff said, "I help people, but allow them to do things for themselves." We saw that care plans were written in a way that encouraged staff to maintain people's independence, by recognising what people did independently and where support may be required.

Our conversations with staff demonstrated that they were mindful of treating people with dignity and respect. A member of staff told us, "We cover people up, close all the blinds and if there are family or anyone in the room we ask them to step out to promote their dignity." Relatives told us, "They [staff] always ask how [Name] wants things done. It's all very friendly, polite and respectful. It's good" and "They help with personal care and I've seen them with [Name], they always treat them well." Another relative said, "The staff are patient, they give them time to do things at their own pace." This showed us staff understood the importance of treating people with respect and maintaining their dignity.

Good

Is the service responsive?

Our findings

People who used the service provided positive feedback and told us staff were generally responsive to their needs.

Staff we spoke with told us they met people who used the service as part of their induction and shadowing. Staff explained that they learnt what care and support people needed and how they liked to be supported through regular visits and by reading people's care plans. One member of staff said, "When we first get a new client we read the care plan to check what needs doing, but most of the clients I visit will also tell you what they want."

We saw each person who used the service had care plans and risk assessments which contained information about their needs and how staff should support them. We saw care plans contained a brief overview of the care and support required at each visit and also a more detailed person-centred narrative about how those needs should be met. This incorporated information about people's personal preferences, likes and dislikes, what people did for themselves and what support staff were required to provide. Care plans evidenced that people were encouraged to make decisions about their care and express their wishes and views. For example, we saw a person's care plans prompted staff to ask them what they wanted to have for lunch, but also included information about what they liked to eat and what they usually had.

Where people had specific support needs, for example around their mobility, information was recorded about any equipment used and how staff should support that person to maximize their independence whilst keeping them safe. For example, in one person's care plan, this included prompts for staff to leave important things they might need in an easy to reach place. This minimised the risk of the person stretching or walking unsafely in-between staff's visits. This demonstrated a person-centred approach to planning and delivering care and support.

People who use the service and their relatives told us they contributed to these assessments, that the care and support staff provided met their needs and there were regular reviews. One person who used the service said, "I was involved with the setting up of the care plan and I think it meets my current needs. If I have any issues I take them up with the manager who is very good and they will review the care." Relatives of people who used the service told us, "I was involved in the setting up the care plan and it meets their needs" and "We know the manager well and they helped us when the care plan was set up. They check with us at intervals to make sure the care plan is as we want it."

We saw care plans and risk assessments were reviewed and updated and people we spoke with confirmed that meetings were held to review the support provided and make changes where necessary. Relatives said, "We had a review meeting quite recently and we are very happy with how things are going" and "We have regular meetings to review their care every few months."

A copy of people's care files was securely stored in the provider's offices and a copy was kept in people's homes for staff to refer to during each visit. We saw staff also maintained a daily record of each visit they

completed, the time they arrived and left and details of the care and support provided. We reviewed these daily records and found that they contained person-centred information about the support provided as well as important information that needed to be handed over to the next member of staff visiting. Staff we spoke with explained how this enabled them to keep up-to-date if people's needs changed.

The provider had a policy and procedure in place governing how they managed and responded to complaints about the service. Information about the provider's complaints policy was contained in the care files kept in each person's home. This ensured people had access to the information they would need to raise any issues or concerns.

People told us they would speak with the manager or staff if they had any issues or concerns. One person commented, "I've never had to make a complaint, but if I needed to I would speak to them." People we spoke with told us the manager was responsive to feedback and that complaints were generally responded to quickly. Relatives told us, "We've had a few niggles, but nothing major" and "The manager is very nice and will always sort things out if you've got any problems."

We reviewed records of complaints received and saw that these were investigated and responded to with meetings arranged, where necessary, to further explore the concerns.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager. Although they had been a manager at the service during our last inspection, the previous registered manager had left and they had since applied and been appointed as the new registered manager in July 2017. 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. The registered manager was supported by another manager in running the service.

The manager completed audits to monitor the quality and safety of the service. However, we found that audits had not always been effective in identifying and addressing the issues we found during the course of our inspection. For example, whilst audits were completed of Medication Administration Records (MARs) these had not identified and addressed the recording issues we found. We found that audits of daily notes were brief and did not evidence that any action was taken where people's visits were not delivered at their planned times.

During the inspection, we asked to review a variety of records and documentation. We found that these were not always well maintained. We found that staff recruitment files did not consistently record when references had been received so we could not be certain that these checks had been completed before new staff started work. We found records of supervisions, observations and appraisals which contained references to other members of staff or were confusing and unclear. We found MARs contained gaps where staff had not maintained appropriate records of medicines given to one person. Appropriate care plans and risk assessments were not consistently in place, for example, around the support provided with medicines or where a person had a history of refusing care and support. We were concerned that the provider's audits had not identified and addressed these concerns showing us that more robust and detailed checks were required to monitor this area of practice.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these concerns, people who used the service and relatives we spoke with told us they felt the service was well-led. Comments included, "I feel it is a very well-run service. The manager is very approachable and willing. They work as a care worker as well so they have a good feel for what makes for good care" and "On the whole, I think the service is well run and they do a good job." Another relative told us, "The manager is a carer as well and has sometimes visited to help with care. We have a good rapport with them and they often ring us up to check that we're happy with everything."

We asked staff if they felt the service was well-led and received consistently positive feedback. Comments included, "They are a very organised company and they care" and "They are nice managers and very helpful. If I have any issues, I can talk to them." Staff we spoke with were positive about the support they received in their role. Staff said management were approachable and always available to provide advice, guidance and

support. We received positive feedback about the effective communication between management and staff and staff said they felt they were given the information they needed to look after people safely. Staff told us there was good teamwork and that they worked well together to provide a caring service. One member of staff commented, "All the team communicates so if we have concerns we share them."

The manager held team meetings to discuss issues or concerns and share information with staff to improve the quality of the service. The manager told us they aimed to have quarterly team meetings. We saw minutes for team meetings held in January and May 2017. The topics discussed included improving communication, rotas, uniforms, training and spot checks.

The manager showed us 'client questionnaires' which had been sent out to people who used the service and their relatives to gather feedback. A relative told us, "We have had feedback forms from time to time to fill in and send back, but everything is running smoothly for us right now." We saw that nine questionnaires had been returned and that feedback was largely positive. The manager told us they read through the returned questionnaires and used the information gathered to improve the service.

Providers are required to notify the CQC of certain changes, events or incidents that occur which affect their service or the people who use it. We found that notifications had been submitted where necessary. This meant we could monitor the service provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and manager had not maintained accurate complete and contemporaneous records and had not done everything that was reasonably practical to assess, monitor and mitigate the risks to people who used the service. Regulation 17 (2)(b)(c).