

Indigo Care Services Limited

Loxley Court

Inspection report

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South Yorkshire
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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Loxley Court is a 'care home'. People in care homes receive accommodation and nursing or personal care. The service can accommodate up to 76 people across four separate units. At the time of the inspection one of these units was closed. One of the units specialises in providing care and support to men living with mental health difficulties and associated behaviours that can challenge. There were 39 people living at Loxley Court at the time of this inspection.

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

We found the arrangements in place to manage medicines so people were protected from risks associated with medicines required improvement.

There were systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service. However, we saw the system in place to ensure any incidents were uploaded quickly into the person's electronic care plan required improvement. We saw the guidance for staff on what to do if a person was becoming agitated or aggressive would benefit from being more detailed in some people's care plans.

The registered manager and provider had an overview of the service. The registered manager and provider identified any areas for improvement and planned changes to the service to ensure it provided high-quality care. However, we saw some of the checks completed for the management of the medicines and people's care plans required improvement.

At our last inspection we found concerns about the staffing levels at the service and the level of agency staff working at the service. At this inspection we found action had been taken to ensure there were enough permanent staff employed at the service.

People we spoke with did not express any worries or concerns. Safeguarding procedures were robust and staff understood how to safeguard people. People were cared for by suitably qualified staff who had been assessed as safe to work with people.

At our last inspection we saw people were not always treated with dignity and respect. At this inspection the culture within the service had improved. During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way. People spoken with described the staff as kind and caring. The service was clean and had a welcoming atmosphere.

People told us they were satisfied with the quality of care they had received. People were supported by staff who knew them well. People had access to external health professionals to help promote good health and mental health wellbeing.

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

At our last inspection we found the systems in place to ensure staff received training to support them in their role required improvement. At this inspection we found action had been taken to ensure staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively. There was a robust process in place to ensure staff received regular supervision and an annual appraisal.

People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated. People's nutritional needs were monitored and actions taken where required.

There was a range of activities on offer to people living at Loxley Court. The service was in the process of recruiting an additional activity coordinator, as one had recently left.

People told us they had never needed to complain, but they felt confident they could raise any concerns with staff. There was a robust process in place to respond to concerns or complaints by people who used the service, their representative or by staff.

Rating at last inspection:

At our last inspection in August 2018 Loxley Court was rated requires improvement (supplementary report published 30 May 2019) and we found three breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of these regulations. However, during our inspection we found a new breach of regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service had improved and was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service had improved and was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our well-Led findings below.

Requires Improvement ●

Loxley Court

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector, an assistant inspector, a CQC pharmacist specialist, a specialist nurse and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Loxley Court is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

This inspection was unannounced.

What we did:

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We contacted social care commissioners who help arrange and monitor the care of people living at Loxley court. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During this inspection we spoke with four people. We spent time observing the daily life in the service to help us understand the experience of people who could not we could not speak with in a meaningful way. We spoke with 12 members of staff which included, the registered manager, two of the provider's senior managers, the clinical lead, a nurse, four care assistants, a domestic, an administrator and the cook.

We looked at a sample of people's care records including their incident records. We checked a sample of people's medication administration records and six staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance documents. We looked around the building to check the home was safe and clean.

After the inspection we sought information from the registered manager about the action taken in response to the concerns found relating to the management of medicines. The registered manager sent us details of the action taken in response to these concerns and supporting evidence. The registered manager also sent us evidence to confirm the lift had been mended and was in full working order.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

Using medicines safely

- Medicines were not always managed safely.
- Some people received medicines covertly (disguised in food or drink). Some people's care plans for administering medicines covertly did not list each medicine individually. Therefore, it was not possible to be assured they were being safely administered.
- Two people were prescribed medicines in the form of a patch. Records showed patches were not applied in line with the manufacturers guidance which is necessary to prevent people suffering side effects.
- Medicines were stored securely, however the storage was not sufficient and items were on the floor. The fridge temperatures were recorded daily, but no action had been taken to ensure that the medicines were fit for use when temperature was outside the manufacturers recommended range.
- Some peoples medication care plans and risk assessments were not always up to date and did not reflect people's current needs.
- Audits were completed to review the management of medicines. However, the issues identified had not all been addressed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service. Incidents were reviewed by the registered manager to ensure action was taken to mitigate future risks. However, we saw the system in place to ensure any incidents were uploaded quickly into the person's electronic care plan required improvement. For example, we saw two examples where it had been over four weeks before the incidents were uploaded. We also saw one person's care records did not include a care plan for when they displayed aggressive behaviour. It is important that a care plan is completed for all areas of risks so they are managed effectively. We spoke with the registered manager and they assured us this care plan would be put in place.

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

- We saw the guidance for staff on what to do if a person was becoming agitated or aggressive would benefit from being more detailed in some people's care plans. This helps ensure people's behaviour is managed consistently by staff.
- Staff daily flash meetings and team meetings were used to discuss learning points from incidents and changes to people's care plans, so that people were supported safely.

- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. However, the service's lift was out of order and had not been mended since the CQC had been notified. Our observations during the inspection showed this was impacting on the care provided particularly during mealtimes. For example, staff were unable to use the food trolleys so the temperature of people's food could not be maintained. During the inspection we spoke with a senior manager who assured us the lift would be fully operational by the end of the week. Following the inspection, the registered manager sent us evidence to confirm the lift was in full working order.

Staffing and recruitment

At our last inspection in August 2018 the provider had failed to ensure there were sufficient competent, skilled and experienced staff deployed in order to meet people's care and support needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection staff told us there were usually enough staff employed. However, staff spoken with told us there were too many agency staff employed and this impacted on their ability to meet people's needs in a timely and effective way. The registered manager had been in the process of recruiting permanent care staff. At this inspection we found there were sufficient permanent staff with the right skills and experience deployed.
- People we spoke with did not raise any concerns about staffing levels. Comments included, "They [staff] come quickly. They don't keep me waiting" and "I would say mostly there's enough [staff] around to help."
- Staff spoken with felt there were enough permanent staff to support people effectively.
- During this inspection, we saw staff were available to meet people's needs. However, we saw the deployment of staff during meal times required improvement, to ensure each person who needed support had their allocated member of staff. We shared this feedback with the registered manager, they told us they would speak with the senior staff at the next day's flash meeting.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People told us they felt safe and did not express any worries or concerns. Comments included, "This is a safe place" and "I feel safe here."
- We were not able to speak with some people using the service because we were unable to communicate verbally with them in a meaningful way. From our observations we did not identify any concerns regarding the safeguarding of people who used the service.
- Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.
- Records showed when incidents of suspected abuse had occurred the provider had reported these appropriately to the local authority safeguarding team and to CQC.

Preventing and controlling infection

- The service looked, on the whole, clean and regular infection control audits were undertaken by the senior staff. We noted a few of chairs in the communal areas had malodours. We shared the location of the chairs with the registered manager, who told us they would arrange for them to be replaced. We also saw the kitchen area on one of the units had been left in a mess after breakfast. We shared this feedback with the registered manager.

- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff members using PPE appropriately during our inspection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good.

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

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

- People's physical, mental and social needs were holistically assessed before they started using the service. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met.
- People we spoke with were satisfied with the quality of care they had received. Comments included, "I don't need any help to walk. I can lose my balance and they (the staff) are good about helping me then" and "They [staff] are very good. They are gentle. They know what they are doing."

Staff support: induction, training, skills and experience

- At our last inspection we found the systems in place to ensure staff received training to support them in their role required improvement. Further work was needed to ensure staff had the right skills, knowledge and experience to support people who had behaviour that challenges. At this inspection we found action had been taken to ensure staff received appropriate training for their role.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Since our last inspection a robust system had been put in place to ensure staff received regular supervision sessions and an annual appraisal.
- We received mixed views from staff about the support from senior staff. Some staff felt well supported by management, whilst some staff felt less supported.

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

- People were offered a varied diet and their individual preferences were considered. People's nutritional needs were monitored and actions taken where required.
- Staff were aware of the people who needed a specialised diet. At lunchtime, we saw the presentation of people's pureed or fork mashable meals had been done thoughtfully by the cook, so it looked appetising.
- People's meal choices were obtained the day before and given to the cook. However, some people living with dementia may find it difficult to remember those choices. One person said, "I don't know what is for lunch. I think somebody asked me this morning about lunch, but I can't remember." We noticed staff were not using show plates to help people make or remember their choice. We shared this feedback with registered manager, they told us staff should be using show plates. They told us they would speak to the senior staff.
- We observed people's meal time experience on two of the units. We saw the out of order lift had impacted

on the quality of people's experience because staff were unable to use the hot food trolleys to serve food. This meant the temperature of the food was not being maintained. Food was being served on paper plates. Some staff were not able to tell us what the choices were prior to the food arriving. However, we saw people were actively eating and enjoying the taste of the food. One person said, "The food is very nice." Shortly after the inspection the registered manager told us the lift had been fixed and this had improved people's meal time experience.

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

- The service had clear processes for referring people to other services, where needed.
- The service worked closely with health professionals to support people's health needs.
- People's records included evidence of involvement from other professionals such as doctors and specialists. People were supported to attend appointments.

Adapting service, design, decoration to meet people's needs

- At our last inspection we recommended the service considered good practice guidance regarding 'dementia friendly' care homes. For example, some doors to communal areas, such as some bathrooms, were not always signposted. At this inspection we saw the signage within the service had been improved and clocks were set at the right time. However, we noted the memory boxes fitted outside people's rooms to help them to identify their room were not always being used. We shared this feedback with the registered manager.
- We saw there was an outdoor seating area connected to one of the units for people to sit in and people could access this independently. The registered manager told us people from the other units were supported by staff to go to this unit to access the outside space.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The service was working within good practice guidelines. Mental capacity assessments we reviewed were decision specific and, where needed, best interests' decisions had been recorded, when made on a person's behalf.
- People had signed to indicate their consent to their care plans where able. People we spoke with confirmed staff sought their consent.
- Support staff had received training in the MCA and DoLS.
- Staff described how people were promoted to be as independent as possible and to make decisions for themselves. For example, one staff member described how they held up a choice of clothes to help people choose what they would like to wear.

Is the service caring?

Our findings

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

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

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

At our last inspection we found people were not always treated with dignity and respect. This was a breach of regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- The culture within the service had improved since the last inspection. The service had a welcoming and friendly atmosphere. The registered manager told us there had been a number of staff changes since the last inspection.
- People spoken with told us they were treated with dignity and respect. They told us they could choose how they wished to spend their time. One person said, "I please myself where I want to be. It's up to me."
- We looked at some people's rooms and we saw they reflected the person's personality, hobbies and interests.
- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms. They also made sure doors were closed whilst assisting people.

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

- Staff received training on equality and diversity.
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and sexual orientation. Our discussions with the registered manager and staff showed us people's rights were central to the care and support they provided.
- People made positive comments about the staff and described them as kind, caring and friendly. Comments included, "Nothing is too much trouble for them [staff]," "I can talk to any of them [staff]" and "They're [staff] all very nice with us."
- Staff spoken with were knowledgeable about the people they supported, their preferences and their communication needs.
- Care plans contained information about the person's preferred name and how people would like

their care and support to be delivered. We noted one person was not being called by their preferred name so we shared this information the registered manager. They told us they would speak with staff immediately.

- People responded well to staff and looked at ease and were confident with staff. Staff reacted positively and with kindness when people were distressed. One person was crying and saying she wanted her husband and a staff member sat and held her hand and talked to her quietly.

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

- People told us they had been involved in making decisions about their care and support needs.

- During the inspection we saw one example when one person's decision not to have a drink was not respected by a staff member. The registered manager told us this had been reported to them by staff. They told us further guidance would be provided to the staff member.

- Care plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care.

- There was a range of information available for people in the reception area of the service. For example, details of advocacy services and support groups.

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People we spoke with made positive comments about the care and support provided.
- Each person had an electronic care plan, but some people's care plans would benefit from being more detailed. The registered manager told us they had also identified this and was taking action to improve people's care plans.
- There was a record of the relatives and representatives who had been involved in the planning of people's care.
- There was a robust system in place to ensure people's care plans and risk assessments were reviewed regularly and when people's needs changed.
- Staff handovers and flash meetings enabled information about people's wellbeing and care needs to be shared effectively and responsively.

Improving care quality in response to complaints or concerns

- The complaints process was displayed in the reception area for people and their representatives to look at.
- People spoken with told us they had never needed to complain, but they knew they could speak with staff if they had any concerns.
- Complaints were recorded and dealt with in line with organisational policy.
- We found the service had responded to people's and/or their representative's concerns and taken action to address any concerns.

The provision of accessible information

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

- The registered manager described how people's needs were identified during their initial assessment. They described how they consulted with the person and their relatives to ensure information was given in a way they could understand.
- People's communication needs were identified, recorded and highlighted in care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- On the day of the inspection the activity coordinator supported a small group to go on a trip. The registered manager told us the service normally employed two activity coordinators, but one had recently left. They told us they were actively recruiting for another coordinator. A range of activities were provided which included entertainers visiting the service. The registered manager told us a local priest visited the service and they had established links with the Mosque next door. Some people would benefit from having more one-to-one activities as they may find it difficult to participate in group activities. We shared this feedback with the registered manager.

End of life care and support

- There was one person receiving end of life care at the time of our inspection. The service was working alongside a range of external healthcare professionals to provide compassionate end of life care. People's wishes and preferences were included in their care plan plans. Two people's relatives had thanked the service for end of life care provided to their family member. Comments included, "To each and everyone one of you for the care you gave to my mum in the last weeks of her life. Thank you" and "We were overwhelmed by how much you all loved mum."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

Continuous learning and improving care

- Action had been taken to make improvements to the service since the last inspection. Enough improvement had been made so the provider was no longer in breach of three regulations. However, during the inspection we found a new breach of regulation 12, (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was the third time the service's overall rating was "Requires Improvement".
- The registered manager and provider had an overview of the service. The registered manager and provider identified any areas for improvement and planned changes to the service to ensure it provided high-quality care and care plan. However, we found the systems and processes to assess, monitor and improve the management of medicines and people's risks needed improvement in practice.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the provider in breach of regulation 18 Registrations Regulations 2009 (Notifications of other incidents). We found the provider had not ensured that CQC was notified when a DoLS had been authorised for a person living at Loxley Court. Following the inspection these were retrospectively submitted following the inspection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 Registrations Regulations 2009.

- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- Staff were clear about their roles and responsibilities.
- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The culture within the home had improved since the last inspection. We observed a positive, welcoming and inclusive culture within the service.
- The registered manager was committed to providing person-centred care and learning from any incidents.
- Accidents and untoward occurrences were monitored by the registered manager and the provider to ensure any trends were identified.
- We received positive feedback from people about the staff working at the service.
- Staff told us they would be happy for a family member to live at the service and felt people were well supported.

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

- The registered manager actively sought peoples and their representatives' views, by sending out surveys and holding regular meetings. Copies of the latest resident and relatives meeting minutes were available in the reception for people to take away. The outcome of the latest survey and the planned action was also displayed.
- The provider had completed a survey with staff to obtain their views and regular staff meetings were held at the service.
- We received mixed feedback from staff about the way the service was managed. Some staff made very positive comments about the way the service was run. They told us the registered manager was approachable, supportive and proactive at dealing with any issues that arose. However, some staff were unhappy about the changes that had been made at the service. The improvement manager and registered manager were aware that some staff were unhappy about the changes.
- The service had developed strong links within the community. For example, the service had developed links with the local church and Mosque.
- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people living in the home.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that medicines were always managed safely at the service. The provider had not ensured that an assessment of people's risks to their health and safety had been completed for all the people using the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured the systems in place to assess, monitor and improve the quality and safety of the services provided were effective in practice. The provider had not ensured the systems and processes to assess, monitor and mitigate the risks relating to the health, safety and welfare of service were effective in practice.</p>