

Cheybassa Caring Limited

# Cheybassa Lodge Rest Home

## 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?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Cheybassa Lodge Rest Home is a 'care home'. Cheybassa Lodge Rest Home accommodates up to 18 people living with dementia and physical frailty in one building. At the time of our inspection 14 people were living at the home.

People's experience of using this service:

- The provider lacked effective governance systems to identify concerns in the service and drive the necessary improvement. At times there was a lack of clear and accurate records regarding people's medicines and support needs.
- Accidents and incidents were not analysed at a service level which meant overarching trends and patterns could not be identified. We have made a recommendation about this.
- The provider was not meeting the requirements of the Accessible Information Standard (AIS), we recommended that the provider seeks reputable guidance to ensure this was met.
- We found that activities were not always reflective of people's preference and we made a recommendation that the provider seeks reputable guidance in order to provide personalised support for people
- Despite this, people were happy living at Cheybassa Lodge Rest Home and people told us they felt safe. People were supported by staff who were kind, caring and who understood their support needs, likes and dislikes. Where they needed external health input they were supported to receive this.
- Staff were not always supported with regular supervision or appraisal but staff told us they felt well supported by the registered manager and had enough training to undertake their roles effectively.
- People and their relatives knew the registered manager and felt able to speak to her if they had any concerns. Staff felt the registered manager had improved the culture of the service. The registered manager demonstrated a willingness to make improvements and during the inspection began reviewing their systems and process to ensure the service consistently provided good, safe, quality care and support.

Rating at last inspection: Requires Improvement (Report published 13 February 2018)

Why we inspected: This was a planned inspection based on our last rating. At the last inspection the provider was rated as Requires Improvement.

Follow up: The overall rating of the service remains Requires Improvement. At the last inspection, the provider was found to be in breach of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found the provider had met the requirements of Regulation 12 but remained in breach of Regulation 17. This is the second consecutive time the service has been rated as Requires Improvement and we will request a clear action plan from the registered person on how they intend to achieve good by our next inspection. We may decide to meet with the provider following receipt of this plan. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our findings below.

**Requires Improvement** ●

# Cheybassa Lodge Rest Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

**Inspection team:** Two inspectors and one expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses care services. In this instance services for older people.

**Service and service type:** Cheybassa Lodge Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of this inspection 16 people were living there.

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:** We inspected Cheybassa Lodge Rest Home on 12 February 2019. The inspection was unannounced.

#### What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return. This is information we request to provide some key information about the service, what the service does well and improvements

they plan to make.

During the inspection we spoke with seven people, three relatives and two health professionals. We spoke with the registered manager, the provider, a director and six members of staff. We looked at the care and medicine records for four people, five staff recruitment, supervision and training records and records relating to the quality and management of the service.

During the inspection we requested information including policies and procedures, the homes action plan and the business continuity plan which was received after the inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and records about medicines and risk management lacked clarity. There was an increased risk that people could be harmed.

### Using medicines safely

- At the last inspection in December 2017, the management of medicines was not consistently safe. Medicines were not always administered as prescribed and medicines that had been administered were not always recorded. Medicines were not stored safely and there was surplus stock of medicines in the service. This was a breach of Regulation 12 of the Health and Social Care (Regulated Activities 2008) Regulations 2014. At this inspection, we found improvements had been made and the requirements of the law had been met. However, improvements were still needed with medicine records.
- Medication Administration Records (MAR) were mostly completed accurately for all people receiving regular medicines. Where people were prescribed 'as required' (PRN) medicines, documentation failed to consistently reflect if it had been administered. A staff member demonstrated that these medicines had not been administered by showing us a separate PRN monitoring sheet, however, the National Institute of Clinical Excellence (NICE) guidance states that it is important to keep accurate records of medicines to ensure people receive their medicines as prescribed. PRN protocols were in place for medicines prescribed 'as required'. These protocols contained basic information about what the medicine was for and how often they could be given. However, NICE guidance states that PRN protocols need to be detailed to ensure that these medicines are administered in the most effective way for people. The PRN protocols in place were lacking detailed information. For example, one person was prescribed a medicine for agitation but the PRN protocol did not include information about symptoms, triggers or behaviours or whether any other measures needed to be tried first. The registered manager told us they would review and update the PRN protocols to include detailed information.
- A staff member gave examples of when they would administer people's PRN medicine and told us they knew this because they knew the people living in the service well. This reduced the impact of risk for people but newer staff may not have this knowledge of people.
- Medicines were stored safely and the medicine stock was appropriate. People told us they received their medicines as prescribed. One person told us, "There are no problems with medication, I get it when I should."

### Assessing risk, safety monitoring and management

- At the last inspection in December 2017 risks to people were not consistently monitored or managed to ensure people received safe care. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities 2008) Regulations 2014. At this inspection we found improvements had been made with the exception of managing risks of dehydration.
- One person had been assessed as being at high risk of dehydration but there was no guidance for staff on how much fluid this person should be drinking in a 24-hour period. A fluid intake monitoring chart was in place but this demonstrated the person frequently drank small amounts. The provider assured us this was a

normal pattern for the person and they had regularly seen the GP. However, they told us they would review and improve this practice to ensure the risk of dehydration for people was safely managed.

- The provider assessed other risks to people's safety and well-being in a safe way. Plans were put in place to lessen risks. This included risks associated with mobility, malnutrition and skin integrity.
- Staff were knowledgeable about people's needs and the plans to manage these associated risks.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

#### Learning lessons when things go wrong

- At our last inspection in December 2017, the provider did not have effective systems in place to learn from safety incidents and concerns. At this inspection, improvements had been made for individuals but further improvements were needed at a service level.
- Incidents and accidents were recorded, acted upon and analysed for learning to prevent similar incidents from occurring again for individuals. However, we found that accidents and incidents were not analysed at a service level. This meant that trends and patterns such as times or places that people fell had not been considered and therefore, measures could not be put in place to reduce accidents across the service. It is recommended that the provider uses reputable guidance to ensure an overarching analysis of incidents and accidents takes place.

#### Systems and processes to safeguard people from the risk of abuse:

- People, staff, relatives and health professionals told us they thought the service was safe. One person told us, "Yes, I do feel safe."
- At the last inspection in December 2017 not all safeguarding concerns had been reported as required. At this inspection, we found improvements had been made and relevant agencies were informed as appropriate.
- Processes were in place and followed to protect people from abuse. Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns.
- Records of investigations into concerns were maintained.

#### Staffing levels

- At the last inspection in December 2017 there were not enough staff to meet people's needs. At this inspection, people, relatives and staff told us improvements had been made and there were usually enough staff to meet people's needs. One person told us, "Yes, there are enough staff, responses [to call bells] have always been very good."
- Although the provider did not use a tool to determine staffing levels, the registered manager told us that they regularly reviewed staffing levels and would adapt this if people's needs changed. They provided an example of when they did this.
- The provider was in the process of recruiting new staff to fill vacancies. Agency staff were used in the interim and the registered manager and staff told us they used the same agency staff regularly to provide continuity for people.
- At the last inspection in December 2017 safe recruitment checks were not always in place because staff's full employment history was not checked as required. At this inspection, safe recruitment practices were followed and staff's employment history had been explored and documented.

#### Preventing and controlling infection

- People were protected by the systems in place for prevention and control of infection. Checks to evidence the environment was clean were completed.
- Staff had received training on infection control and told us they wore personal protective equipment when



appropriate.

- The environment was clean and free from bad odours.

## 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

People received effective outcomes and the provider had plans to improve the environment.

Staff skills, knowledge and experience

- Staff did not have regular supervisions or appraisals. This meant that staff did not have a formal way of discussing their work at the service, personal development or their well-being. Despite this, staff told us they felt supported by the registered manager and felt able to gain support from them at any time. The registered manager told us they had plans to ensure staff received regular supervision in future.
- At the last inspection in December 2017, we made a recommendation that the provider provided staff with dementia training. At this inspection, staff had received this training. Staff had additionally received a variety of training to ensure they had the skills and knowledge to support people effectively. One person told us, "Staff seem to be well trained" and "Staff are good at their jobs, they manage well". One member of staff told us they would like more training in end of life care and the registered manager told us they had plans to deliver this.
- Staff had completed a comprehensive induction which included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in the care sector.

Eating, drinking, balanced diet

- People's dietary needs were met. People were provided with a nutritious and balanced diet. People were provided with a choice of meals and drink. However, people living with dementia were not offered meal choices in a meaningful way. They were asked to select their menu choices before the mealtime, which could mean they may not remember what they had ordered.
- People were positive about the food on offer. One person told us, "The food's good".
- We observed the lunchtime experience and found that people enjoyed their meals and were supported in an appropriate way.

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

- Although the service was in need of some redecoration in places, it was warm, bright and welcoming. People and staff told us that many people enjoyed the sea views that could be seen from the home. The lounge had large windows with a view of the sea, however the armchairs were positioned so they were facing away from the window. This meant people could not easily enjoy the views. Most areas of the service were homely but we observed a nurse's station positioned in the lounge, posters for staff were on the wall by this. There was an activity area but this could not be used by people because it contained mobility aids. This meant communal areas were not always utilised in the best way for the people living at Cheybassa Lodge. The registered manager told us they would soon be changing the layout of the lounge so more chairs would be facing the view and all areas would be accessible for people.
- People were able to personalise their rooms as they wished.

- Efforts had been made to make the home dementia friendly. However, we found this could be further developed in line with best practice guidance from the Alheimers Society. Some pictorial signs were positioned around the home but more at key points around the service were needed. Some use of contrasting colours, for example brightly coloured toilet seats were in use, this could further be developed for example, with crockery and light switches. Some sensory items were in the service, however, these were not accessible to people and we did not see that they were being used. There was a lack of reminiscence and comfort items. Following the inspection, the registered manager told us they would consult with a dementia specialist to continue with ensuring the environment was suitable for people who lived with dementia.

#### 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records and capacity assessments had been completed. Most of these had associated best interest decisions recorded which reflected other people, including family's involvement.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA. However, staff were not aware of who had a DoLS in place. This meant that staff may not know who was able to leave the service unaccompanied. We discussed our concerns with staff and they told us that if a situation arose where they may need to know this information, they would look in the person's care plan for the information or ask the registered manager for advice. Following the inspection, the registered manager confirmed they had put a system in place so staff knew who had a DoLS in place.

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

- People's needs were assessed before they moved into the home. Once this information was gathered, it was used to develop people's support plans and risk assessments.
- Staff completed regular assessments of people's ongoing needs using recognised tools for areas such as nutrition and skin integrity.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

#### Staff providing consistent, effective, timely care

- People were supported to access services to maintain and improve their health. During the inspection process, we observed that joint work between the service and an external healthcare team provided positive results for one person.
- Any changes in people's health were promptly recognised and support was sought by external healthcare workers when necessary.
- A healthcare professional was positive about the way the service worked with them to provide effective care for people. They told us, "The manager is incredibly receptive, they've taken everything on board and implemented it."

- Staff told us they worked well as a team and the registered manager felt that team work had improved in the last few months. Daily handovers took place and staff communicated well with each other to ensure good outcomes for people.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect. We made a recommendation that the provider adheres to the Accessible Information standard.

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

- All organisations that provide adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. The registered manager had limited knowledge about the AIS and we saw information was not always provided in the most accessible way for people. For example, meal choices. We recommend the provider seeks guidance from a reputable source to ensure the requirements of the AIS are met.
- Records demonstrated and the registered manager confirmed that people were initially involved in the implementation of their care plans but they were not involved in any ongoing reviews. The registered manager told us they had plans to do this. Despite this, people and relatives told us they were involved in decisions about their care. One person told us, "I do feel involved with my care" and a relative told us, "The staff will phone me if they think there's anything I need to know, the communication is good."
- People told us they had choice and control over their care and daily lives. One person told us, "The staff are very good. I can stay in bed if I want, I can choose what I do."

Ensuring people are well treated and supported; equality and diversity

- People told us they were always treated with kindness and were positive about the staff's caring attitude. One person told us, "The staff are marvellous" and a relative told us, "The carers deserve medals. They are all lovely, helpful and very caring."
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. Staff demonstrated they knew people well and understood their likes, dislikes and preferences.
- The registered manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Whilst they did not always ask questions about all protected characteristics during the assessment stage, they told us they would ensure they looked at any specific needs during care planning. The registered manager was confident people's protected characteristics would be supported and that no discrimination would take place or be tolerated. Staff confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. For example, staff were consistent in knocking on doors before entering people's rooms. One person told us, "They [staff] are private and discreet when dealing with me."
- Staff promoted and respected people's independence. For example, one person had a catheter but wished

to be independent with this. Staff respected this.

- Staff had a good understanding of their role in maintaining people's dignity and independence.
- Relatives told us that they could visit the service at any time and were made to feel welcome.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

People's needs, wishes and preferences were not always reflected in their care plans. Activities were limited and did not always provide meaningful interaction.

#### Personalised care

- Care plans were not consistently detailed or person centred. The space for staff to write in was very small which limited the amount of detail that could be written. The registered manager told us they had already identified this and had raised this with the provider. The provider told us they would look into a new care plan format to ensure there was enough space for staff to write as much detail as was necessary about people.
- Care plans did not always contain information about people's associated health conditions. A healthcare professional told us they were in the process of improving the care plans with the registered manager and the next identified area was writing care plans regarding people's specific healthcare conditions.
- Some care plans were not reflective of people's current needs. For example, on one person's care plan it stated, '(Name) does not like vegetables.' We observed that the person was given vegetables on the day of inspection. We asked the registered manager about this who told us that the person only disliked some vegetables but ate others. The person confirmed this.
- Although some areas of care plans were lacking in information about people, staff were knowledgeable about people's needs. A healthcare professional confirmed this and told us, "Staff know people well, for example, they know when someone's brewing a urine infection." However, staff who were unfamiliar with people would need to rely on the information in people's care plans. The lack of information posed a risk that they would not have enough information about people to support them in line with their needs and preferences.
- Although there was an activities programme in place and activities such as singers, quizzes and games were on offer we found that activities were not always reflective of people's preference
- There was no evidence to suggest that people were involved in activities that were offered. One person asked to watch TV but a staff member told them they could not. They said, "No, we have games in the morning and TV in the afternoon." This demonstrated the person was not able to partake in their preferred activity. We discussed our concerns with the registered manager who told us this was an old culture in the home which should not happen anymore. They told us they would address this with staff so people could choose what activities they wanted to do.
- People and staff had mixed views about the activities on offer. People's comments included, "Entertainment is a bit thin", "I'm not sure about the entertainment" and, "I like the quizzes". Staff comments included, "I don't think they [people] get enough outside activities, also we need to look at additional people coming in and more varied activities" and "Yes, they have enough activities".
- We observed a game in the morning which some people enjoyed. During other times of the day there was a lack of stimulation and engagement for people. We recommend the provider seeks reputable guidance in order to provide personalised support for people.

### End of life care and support

- People were supported to make decisions about their preferences for end of life care and these were documented in people's care plans.
- No one was receiving end of life care at the time of our visit. However, the registered manager told us the service engaged with external healthcare professionals effectively to ensure people's end of life care needs were met.
- Records demonstrated that the service also supported relatives with end of life care. A relative had expressed their gratitude in a card which stated, 'Thank you so much for the care and compassion you gave to [Name] in the last year of her life. In particular the kindness you showed both her, and her friends and relatives in the last few days of her life'.

### Improving care quality in response to complaints or concerns

- A system was in place for people and their representative to raise concerns and make complaints.
- The people we spoke with told us they had not felt the need to make a complaint but would be comfortable to raise any issues with the registered manager.
- We viewed the complaints file and these records demonstrated that complaints were investigated and resolved for people. The registered manager told us they learnt from complaints and used these to improve the service.



# Is the service well-led?

## Our findings

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

Quality assurance systems were in place but these did not always pick up on the concerns identified at inspection. Improvements were needed with records. People, staff, relatives and health professionals thought the service was well led.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care:

- At our previous inspection in December 2017 we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because they did not have effective quality assurance processes in place. At this inspection we did not find sufficient improvement had been made and the provider remained in breach of this regulation.
- Some quality assurance systems were in place to monitor and improve the safety and quality of the service being delivered and the running of the home. These included a range of audits such as medicine and infection control audits. When actions for improvement were identified these were carried out and checked for completion. However, we found that this system had not identified all the concerns and areas for improvement that we found during this inspection. For example, the lack of supervisions, complying with the AIS, ensuring the activities were meaningful and person-centred and maintaining accurate records for people.
- Care plan audits had not been undertaken for people who lived in the service and as such, a lack of person centred information was not always available to staff.
- The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager and provider was responsive to our feedback and told us about some of the changes they were going to implement following the inspection.
- There was a clear staffing structure in place. The registered manager had responsibility of the day to day running of the service and told us they were well supported by the provider. Staff had a good understanding of their roles and responsibilities.
- The registered manager had been in post since October 2018 and demonstrated commitment to the service and was working hard to make improvements at Cheybassa Lodge. People, relatives, staff and health professionals were pleased by the improvements in the home since the registered manager had started. One person told us, "Things have definitely improved", a healthcare professional told us, "There's a massive improvement in here and staff are feeling more empowered" and a member of staff told us, "She's lovely, she came here and saved us, nothing bothers her and she's always got time for you".
- However, this was the second consecutive rating of Requires Improvement.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- The registered manager expressed an ethos for providing good, high-quality care for people. They told us, "We embrace each person as an individual". People, relatives and staff told us the culture in the home was good. One relative told us, "It's fabulous here, If I needed to be somewhere like this, it would be here."
- Although people were positive about the culture of the home, further improvements were needed to ensure consistent, high-quality and person-centred care was delivered. This has been reported on in the safe, effective, caring and responsive domains of the report.
- Staff told us the registered manager dealt with issues in the home that needed rectifying. Records demonstrated that when staff performance fell below standards action was taken to address shortfalls and support the staff member to develop and improve their performance.
- The registered manager had a good understanding of the Duty of Candour. This is where we ask providers to be open, honest and transparent about their service. When incidents had occurred, which caused harm to people, the registered manager had reported these to appropriate health and social care professionals. The home's previous inspection rating was presented in communal areas for people, relatives and staff to read. The previous report was also on the provider's website.

#### Engaging and involving people using the service, the public and staff

- The registered manager told us they regularly engaged with people and relatives on a day to day basis to ensure people were happy with the service. However, meetings between people and their relatives did not take place to allow them to voice their opinions and views on the running of the service in a formal way. The registered manager told us they planned to hold meetings in the future for people.
- The provider asked people for their views about the service during their provider visits and additionally sent out surveys to people to gain their views. We saw responses were predominantly positive. However, where people had made suggestions for improvement, we did not always see that action was always taken or had planned to be taken. For example, some people had stated they would like to go out more but no plans were in place to detail how this would be addressed. This meant that people may not always feel listened to.
- Staff meetings were infrequent. However, staff told us they were confident that their views and ideas would be listened to and acted upon if possible.
- The service engaged with multiple different health and social care professionals to ensure people received effective, joined up care. Records demonstrated multi-agency support had positively impacted on people's lives.
- Some links had been made with the community such as the local church and the Lions Club which supported people's well-being.

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 17 HSCA RA Regulations 2014 Good governance  A failure to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2)(a)(f)  The failure to maintain an accurate, complete record in respect of each service user. Regulation 17 (2)(c)