

St Georges Hotel - Care Home

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Inspection report

St George's Road
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Date of inspection visit:
18 February 2016

Date of publication:
16 March 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

This unannounced comprehensive inspection took place on 18 February 2016. The last inspection took place on 25 October 2013. The service was meeting the requirements of the regulations at that time.

The service is a care home which offers care and support for up to 22 predominantly older people. At the time of the inspection there were 20 people living at the service. Some of these people were living with dementia. The service is based in a detached house over two floors. There was a main staircase and short runs of steps in other areas of the service. There was no lift at the service but stair lifts were in place to support people using the stairs.

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

The service held a supervision policy which stated; "St Georges Hotel firmly believe that workers should expect regular supervision" and "To ensure both work related and career development issues are thoroughly dealt with supervisors are expected to follow the guidance below. Monthly – concentrates on tasks/work and quarterly – more in depth career development." There were no records in staff files of any formal supervision having taken place. Staff confirmed they did not have formally recorded supervision. One staff member had received an appraisal. However, staff told us they received day to day support from the registered manager who could be contacted at any time if needed. The registered manager worked alongside them regularly. Staff were very positive about the registered manager and told us they were very approachable and supportive.

Staff were supported by a system of induction and training support when they began their care worker role. Staff knew how to recognise and report the signs of abuse. Staff received training relevant for their role and there were opportunities for on-going training and support and development. Some staff had attended more specialised training specific to the needs of people using the service such as dementia care.

Formal staff meetings were not held regularly. However, staff told us they discussed matters with the registered manager all the time and felt well supported and informed.

Care plans contained the assessed needs of people living at the service. The care plans were not always individualised and did not always contain specific guidance and information for staff to help ensure care was provided in a personalised and consistent way. Care plans were reviewed regularly by the registered manager until August 2015, when a new model of care planning was started. Since August 2015 daily notes had been kept by the registered manager and care staff, regarding any changes in people's care needs. Formal review of people's care plans and risk assessments had not taken place since August 2015. However, we found the registered manager and staff were well informed about people's care needs.

We walked around the service which was comfortable. People's bedroom were personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

We looked at how medicines were managed and administered. We found it was always possible to establish if people had received their medicine as prescribed. Creams were dated when opened to help ensure staff knew when an item would no longer be effective and need to be discarded.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. People told us they really enjoyed the food at the service.

Where appropriate, relatives were included in the care plan creation and subsequent reviews.

Activities were provided at the service twice a week. Staff told us some people were not keen on taking part in activities and preferred to chat informally and read or watch TV.

The registered manager was supported by the provider. They did not have a deputy manager or any dedicated administration support. The registered manager told us they were; "Struggling to keep up with it (paperwork) all."

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were mostly appropriately managed. However, risks were not always regularly formally reviewed.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff told us they felt very well supported by the registered manager. However, no formal supervision or appraisals were recorded.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received care and support

which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

The service was not entirely well-led. The service did not regularly contact people, their families and external professionals to seek their views and experiences of the service provided.

Actions, which the service had identified as needing to address, such as auditing the service, care plan updating and formal supervision of staff had not been managed effectively.

Staff and visitors told us the registered manager was very approachable and responded quickly and efficiently to any issues raised with them.

Requires Improvement ●

St Georges Hotel - Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 18 February 2016. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with four people who lived at the service. Not everyone who was living at St Georges Hotel was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with six staff and a visitor during the inspection.

We looked at care documentation for four people living at St Georges Hotel. We also looked at the medicines records for 20 people, three staff files, training records and other records relating to the management of the service. Following the inspection we spoke with the families of four people who lived at the service.

Is the service safe?

Our findings

People and their families told us they felt it was safe at St Georges Hotel. Comments included; "Oh yes I am quite safe here" and "This is a lovely home, they (people living at the service) are very safe here."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received training updates on Safeguarding Adults. There were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. The safeguarding policy had been recently updated to incorporate the new process and contact details for the multi agency referral unit at the local authority.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. There were no gaps in these records and staff had always signed to show when medicines had been administered. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the date when the item would no longer be safe to use. The service was holding medicines that required stricter controls. We checked the records for these medicines against the stock held by the service and all tallied. An audit trail was kept of medicines received into the home and those returned to the pharmacy for destruction.

The service had a main staircase and other short runs of steps throughout the service. There was no lift at the service but stair lifts were in place to support people using the stairs. Due to the layout of the building staff were not able to use a medicine trolley as people's bedrooms were sited on various levels throughout the service. Medicines were stored and administered from a medicine cupboard on the ground floor. The medicine cupboard was regularly checked for any out of date items. The last external pharmacy audit had been carried out in 2012. There were no actions raised from this audit. The registered manager had noted in an action plan in 2015 that a new audit should be arranged. However, this had not been done at the time of this inspection. The registered manager arranged for this to be done during this inspection.

The service were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed the medicine refrigerator temperatures were monitored. Medicines that require cold storage should be stored between 2 and 8 degrees centigrade consistently. The cold storage of medicines at the service was regularly monitored and safe.

Care plans contained risk assessments for a range of circumstances including moving and handling and the likelihood of falls. However, where a risk had been clearly identified, assessed and recorded, there was not always clear guidance for staff on how to support people appropriately. This is important in order to reduce risks and keep people safe whilst maintaining as much independence as possible. For example, one person

who was confused and mobile, had been found entering other people's bedrooms at night and operating the lighting and heating systems. This had caused some anxiety for other people living at the service. Staff were aware of this issue and told us they provided distraction for the person to encourage them away from a situation. We asked staff how they knew what to do in such circumstances, they told us; "We just think on our feet and react according to the situation" and "We just see what works at the time." There was no risk assessment in this person's care file which informed and guided staff on how to provide support in a consistent manner and help ensure specific risks were reduced.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the home, including details of their mobility needs.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

During the inspection we saw people's needs were met quickly. Staff responded to people's requests for support. We saw from the staff rota there were sufficient numbers of care staff to meet people's needs. Staff told us they felt they were enough staff, they did not feel rushed or stressed and could meet people's needs. They all said they were happy working at the service, they were a good team and worked well together.

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. We observed care provision to help us understand the experiences of people who used the service. People we spoke with told us; "Its marvellous here, just lovely," "Lovely roast dinners" and "I go where I like, when I like and go outside when it is sunny." A visitor told us they were very happy with the care provided and told us the staff appeared knowledgeable about their family member and were able to talk about them and how they had spent their time.

Families told us; "It is all positive, I can't tell you how impressed we were over Christmas when we could not be with (the person). We felt terrible. However, when we visited before Christmas we saw staff coming in on their days off with their children and helping to decorate the place and (the person) had such a good time, it was great" and "(the person) is really happy there, it was their choice to go there and it was a good choice."

The premises were in good order. A few people living at the service were living with dementia. There was very little additional signage to support them with knowing where they were, such as clear recognisable indication of where the toilet, bathroom and their own rooms were. The provider acknowledged this and told us that it was only very recently that people living at the service had required this level of support and they would be addressing the issues that this raised.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff told us the training they received was good. One commented; "We do get offered good training, I think there is health and safety coming up soon." Training records showed staff had attended necessary subjects to enable them to carry out their role effectively. Some staff had also undertaken a variety of further training related to people's specific care needs such as dementia care. Updates were provided and the registered manager monitored when these were due for each staff member.

The service held a supervision policy which stated; "St Georges Hotel firmly believe that workers should expect regular supervision" and "To ensure both work related and career development issues are thoroughly dealt with, supervisors are expected to follow the guidance below. Monthly – concentrates on tasks/work and quarterly – more in depth career development." There were no records in staff files of any formal supervision having taken place. Staff confirmed they did not have formally recorded supervision. One staff member had received an appraisal. However, staff told us they received very good day to day support from the registered manager who could be contacted at any time if needed. The registered manager worked alongside them regularly. Staff were very positive about the registered manager and told us they were very approachable and supportive.

At the beginning of each new shift staff discussed each person living at the service, using the daily records and the diary. We found detailed records were kept by both the care staff and the registered manager about all aspects of people's days. This helped ensure staff were well informed about any changes in people's needs and any actions that were required on their shift.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The care certificate should be completed in the first 12 weeks of employment. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. New staff told us they were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

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. We saw people had been asked for their consent to receive care, have their medicines managed for them and have checks made on them at night. Where people were unable to sign this was indicated and family were offered the opportunity to sign in agreement with the contents of their family members care plans.

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. The application 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, and whether any conditions on such authorisations to deprive a person of their liberty were being met. The service had not applied for any authorisations to be made prior to this inspection. However, there was a person who had recently arrived at the service who was being assessed to see what their needs were. This person was being constantly monitored and was not free to leave the service. The registered manager assured us that an application for a potentially restrictive care plan would be done following this inspection. The registered manager was aware of changes to this legislation and the policy for MCA and DoLS had been recently updated to take account of the changes.

Staff had a good understanding of the MCA and had attended training in this subject. Staff were able to tell us how they respected people's right to make decisions for themselves. For example, one person chose to remain in their room and not dress in day clothes. They told us the person was able to make that choice for themselves, and although they were at risk of being socially isolated it was their right to choose how and where they spent their time and what they wore.

We observed the lunch time period in one of the dining rooms. The food looked appetising. People were provided with a choice of food and drinks at the tables. There were condiments and napkins laid upon tablecloths in two dining areas. Some people required their food to be cut for them and this was detailed in their care plan. We saw staff were available in both dining areas if any support was needed. People confirmed the food was very good and they enjoyed it. We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting the people who lived at the service, in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. The service had been inspected by the Food Standards Agency recently and received five stars. The service used the Safer Food Better Business management procedures to help ensure they met the regulations.

Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed. No one at the service required to have their food and fluid intake monitored at the time of this inspection.

People had access to health and social care professionals including GP's, opticians, chiropodists and social workers. Care records contained records of any multi-disciplinary notes. The registered manager kept detailed records of the health and social care professionals who visited people living at the service. One person had recently had a hearing test and been fitted with new hearing aids. The registered manager was seen supporting staff to learn how they worked and were fitted. The person told us they were; "very good."

Is the service caring?

Our findings

People we spoke with told us; "The staff are lovely, so kind" and "I am happy as a lark here, the staff are so nice." Relatives told us; "They (the person) are very well cared for, it is a lovely home" and "The staff are all so kind and welcoming."

We spent time in the communal areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. Staff were heard singing throughout the inspection. During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in gentle and understanding way.

We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

People's dignity and privacy was respected. For example, people were asked where and at what time they would like to have their breakfast served. Some people liked to have breakfast before they got up in their rooms and this was respected. The doors to the toilets and bathrooms had locks on them. This meant people's right to privacy was respected.

People had some life histories documented in their care plans. This is important as it helped care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. The staff team were stable, many had worked at the service for years. They knew the people living at the service well, their preferences and dislikes. For example, we heard staff offering people tea and biscuits; "Just the way you like it."

Bedrooms were decorated and furnished to reflect people's personal tastes. People had photographs of family and things they enjoyed, along with artwork done by their family members.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeably. Visitors reported being offered tea whenever they arrived and asked them where they would like to enjoy the tea with their family member. People were well cared for. Some women wore jewellery and had their hair done by a visiting hairdresser. People's clothing was clean.

People, and their families, were involved in the creation of their own care plans and the registered manager would invite them to attend any care plan review meeting if they wished. Information about people's past lives was sought from family and friends to help ensure the service knew people well.

The service did not hold formal residents meetings. However, they spoke with people who lived at the

service regularly about all aspects of their home such as the food, activities and planned outings.

Is the service responsive?

Our findings

People and visitors commented; "We are so pleased with the care (the person) receives, it is so nice for them to have all the company and care, so much better than them being stuck alone at home with no company" and "I am very happy with everything here." All the people we spoke with confirmed the staff and registered manager responded quickly to anything that they needed or requested.

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. The service had recently had two new people move to live at the service. One person had exhibited behaviour which the service had found challenging. They had recognised this and had approached the local authority to have the person reviewed and moved to a place where their needs could be met more easily.

People were supported to maintain relationships with family. One person's care plan stated how important their family were to them. Staff spoke with this person about their family throughout the inspection and we saw their photographs were displayed in their bedroom. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. One visitor told us; "It makes you feel so welcome when you arrive to be immediately offered a hot drink."

Care plans contained the assessment of each person which had been carried out before they arrived to live at the service. During the first few weeks of the person being at the service staff regularly discussed and reviewed their needs. This information was then recorded on a form in their care plan. The recording of their needs took the form of a tick or a cross in a box against a specific need. For example, if assistance was needed with washing, yes or no. Glasses, yes or no. Each bedroom had a check list on the back of their bedroom which was a list of what the person needed support with each day. This did not respect people's right to privacy as visitors could see this list. The care plans and check lists did not contain individualised information to provide information and guidance for staff on specifically how the person liked to have their support provided. For example, how much support the person needed and with what aspect of their care, and if they wore their glasses all the time or just for reading or TV. Staff knew people well and knew how they wished to have their care provided however, this was not always recorded in their care files. This meant there was not always a consistent approach between staff and people's needs may not always have been met in an agreed way each time.

The registered manager and the provider had recognised the care plans needed updating and had commissioned the support of a consultant. The consultant had been supporting the service with different aspects of the service's paperwork, such as policies and procedures and care plans. An action plan had been developed between the consultant and the registered manager. There were outstanding items on this plan which had not been actioned at the time of this inspection.

The service was in the process of creating new support plans for each person living at St Georges. This new documentation provided more personalised information and guidance for staff on how to meet each

person's needs. We saw this paperwork was present in each person's file but was mostly blank in all but one case. There had been notes added by the consultant to this one new support plan, prompting further individualised information to be provided. However, this had not been added at the time of this inspection. The registered manager and the provider had recognised the need for the registered manager to have dedicated time away from providing care and supporting the staff to address the outstanding actions raised at this inspection. We were assured this would be provided immediately.

The care files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information held did not make it easy for staff to easily identify what specific support a person needed and how it should be provided. The care plans had been regularly reviewed and updated until August 2015. After this the registered manager had not been formally reviewing care plans. However, the registered manager and care staff kept detailed daily records on each person, regarding the care that had been provided, visitors, healthcare visits and any future needs to be arranged such as GP appointments and hospital appointments. These daily notes gave staff a good overview of each person when they arrived for a new shift. Shift handovers discussed each person in detail and were usually held by the registered manager. Family members were given the opportunity to sign in agreement with the content of care plans where people were unable to sign their own.

People had access to a range of activities at the service. There was an organised programme of events including visiting musicians and singers, and bingo held once a week. Trips out were arranged throughout the year however, the last two trips were poorly attended with people preferring to stay in their home. In addition to the organised events we saw people were supported by care staff to engage in activities when staff had the time and opportunity to do so. For example one person enjoyed folding laundry and staff provided this for them when they wished to do it.

People had access to different areas throughout the service, a TV lounge or a quieter lounge. There were outside gardens for people to enjoy. Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people chose to remain in their rooms. We saw staff checked on people and responded promptly to any call bells. A visitor told us; "(The person) chooses to watch sport in their room but other people often call in and sit and watch with them and staff are always popping in."

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were available at the service. People told us they had not had any reason to complain. The service did not have any complaints recorded. The provider told us; "We sort things out as they arise that way everyone stays happy."

Is the service well-led?

Our findings

The registered manager told us they were having difficulty keeping up to date with the paperwork at the service. They told us they had not been able to complete the new support plans in people's files as they had wished and were aware things "were a bit behind."

Staff supervision was not formally recorded in line with the guidance set out in the supervision policy held at the service. Annual appraisals had only been provided for one member of staff at the time of this inspection.

The service had commissioned the support of an external consultant to assist the registered manager and the provider with updating their policies, procedures and care plans. An action plan had been set up between the consultant and the registered manager relating to for example, audits needed, such as the medicines audit. Also support plans that needed to be completed for people living at the service, which had been commenced in 2015. These actions had not been effectively addressed and issues remained outstanding at the time of this inspection.

One person living at the service, who was presenting the service with behaviours that challenged them, was in the process of having their needs assessed since arriving at St Georges. The registered manager and staff told us about the issues this behaviour posed to them and other people living at the service. The registered manager and staff had regularly recorded details about this person's behaviour. However, the person did not have a clear written plan of care or risk assessment that informed and guided staff about how to meet this person's needs in a consistent manner and help ensure any risks were reduced. This person was under constant monitoring and was not free to leave the service. However, the registered manager had not considered applying for a DoLS authorisation for a potentially restrictive care plan until concern was raised at this inspection.

The service had not formally sought the views and experiences of people living at the service, families and external healthcare professionals about the service provided at St Georges since 2014. This meant the service was not actively seeking people's views to inform continuous improvement of the service it provided to people.

All the above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People living at the service, their relatives and staff told us the registered manager was approachable and friendly. There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager had a head of care who supported them. There was no dedicated administration support for the registered manager, who admitted they were finding it difficult to keep up with the paperwork along with the day to day running of the service.

Staff told us they felt well supported by the registered manager and the provider who were regularly present at the service and willing to work alongside the staff if needed.

There were no formal systems in place to support all staff. Staff meetings did not take place. However, there were other opportunities for staff to be kept informed of any operational changes at daily shift handovers held by the registered manager and regular conversations that took place most days. Staff felt they had opportunities to voice their opinions or concerns regarding any changes.

The registered manager worked in the service every day during the week, providing care and supporting staff this meant they were aware of the culture of the service at all times.

There was a maintenance person who was called in for the maintenance and repair of the premises as needed. We saw a faults book in which staff recorded anything that required attention. We found all issues had been addressed in a timely manner. The regular auditing of the premises was carried out by the provider. Equipment such as wheelchairs and stair lifts were regularly serviced to ensure they were safe to use. The service had no hoists in use at the time of this inspection.

The environment was clean and well maintained. People's bedrooms and bathrooms were kept clean. There were no malodours experienced at any time throughout the inspection. The provider carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire training for staff.

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 did not take formal enforcement action at this stage. 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 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have effective systems and processes to ensure they assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and other who may be at risk which arise from the carrying on of the regulated activity. The service did not always maintain complete and contemporaneous record for each person living at the service. The service did not seek and act on feedback from relevant persons on the service provided. Regulation 17(1) (2) (b) (c) (e)</p>