

Holy Spirit Care Group Limited

Holy Spirit Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Holy Spirit Home Care is a domiciliary home care service providing personal care to 30 people within their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

There were shortfalls in the way the provider assessed the risks to people's health and safety. Care plan records and risk assessments were not always in place where needed. Where they were in place they did not always reflect people's current health and care needs. Quality assurance procedures were not effective in identifying risk or potential risk to people's health and safety. The assessment of the risks associated with medicines was not thorough. There were two breaches of the Health and Social Care Act 2008 (Regulations) 2014.

Accidents and incidents were recorded; however, there was little of evidence of reflective practice taking place to reduce the risk of recurrence.

Recognised best practice standards and guidance had not been used to assist with the forming of care plans nor to assist with acting on the risks to people's health and safety.

We have made a recommendation to the provider about how to make improvements in this area.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not support this practice. Care plans identified people who were living with dementia. There was little evidence of the Mental Capacity Act 2005 being used to determine if decisions had been made for them in their best interest and supporting their rights.

We have made a recommendation to the provider about how to make improvements in this area.

People received support with their meals; however, robust care planning and risk assessment regarding the requirement for good nutritional health was limited.

There were enough staff in place to meet people's care needs. Staff were recruited safely. Robust infection control and COVID-19 policies meant the risk of the spread of infection was reduced.

People praised the quality of the care they received. They found staff to be kind, caring and considerate.

Staff provided people with dignified care that respected their privacy. Care was person-centred and people praised the way staff cared for them in their preferred way. Complaints were handled in accordance with the provider's complaints policy.

People, relatives and staff praised the registered manager; they found her to be approachable, considerate and understanding. People told us they would recommend this service to others.

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

Why we inspected

This service was registered with us on 18 September 2019 and this is the first inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

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 was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service 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 ●

Holy Spirit Home Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 gave the service notice of the inspection. This was because due to Covid-19 restrictions we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 May 2021 and finished on 10 June 2021. We visited the office location on 27 May 2021.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections..

We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives and also received written responses from two further relatives after the inspection. We asked them about their experience of the care provided. We spoke with three members of the care staff, administrator, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included seven people's care records and daily notes recorded by care staff. We looked at the staff recruitment process, staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. Most of this information was provided within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management

- The assessment of the risks to people's health and safety was inconsistent and placed people at potential risk.
- An initial assessment of the risks to people's safety had been completed prior to people commencing with the service. However, this did not always result in risk assessments and detailed care planning to guide staff on how to reduce the risks to people's safety.
- For example, a person's care record stated they were 'not able to mobilise and require full hoist to transfer'. No moving and handling risk assessment had been completed. Another person's care record stated they were at risk of developing pressure sores through lack of movement. Whilst the care plan did inform staff of how regularly to move this person, no risk assessment had been completed. We found other examples in other records. The lack of robust risk assessment increased the potential risk to people's health and safety.
- An environmental risk assessment document was in place. This document was designed to assess the environmental risks to people and staff in a person's home. The use of this document was inconsistent. For some it was fully completed, for others it had not been.
- The environmental risk assessment did not contain guidance for staff on how to make a person safe in an emergency. This could be to help them to leave the home, or, to make them as safe as possible within the home. Many people cared for had limited or no mobility, with some cared for in their bed. The failure to ensure this guidance was in place for staff increased the risk to people's health and safety.

Using medicines safely

- Records used to ensure that people received their medicines in a consistent and safe way were not always present in people's care records; where they were, they were not always complete and reflective of people's needs.
- We saw one person required staff to provide their medicines 'crushed and in a yoghurt'. The person had consented to this. However, the provider had not ensured that guidance for staff was in place on how to do this safely, nor was there any record of a discussion held with a GP and/or pharmacist on the appropriate and safest way to provide medicines in this way. This could lead to the effectiveness of the medicine being compromised.
- Another person required the support of staff with the administration of their medicines. Whilst it was clear in the daily records that staff ensured that these medicines were given, there was no care plan or risk assessment to guide staff on how this support should be provided. The lack of robust medicine care planning and risk assessment increased the risk of people receiving inconsistent and potentially unsafe support with their medicines.

Whilst there was no evidence of people experiencing harm as a result of these issues, the provider failed to ensure that the risks relating to the safe care of people were assessed and mitigated. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were happy with the support staff provided in relation to their medicines. One person said, "They [staff] put my tablets in a pot and give me a cup of water and then watch to make sure I take them. They're very pleasant about it and am well satisfied." A relative said, "[Staff] administered medicines on time and did all the necessary paperwork required. Even ordered the medicines when needed."
- The provider had implemented an electronic medicine administration process (EMARs). This meant that when staff had administered a person's medicines, they entered this onto an electronic record. This record was then instantly sent to staff at the provider's office. Any errors or omissions were highlighted immediately and staff could be notified of their error within minutes; they could return to the person to rectify their error. The provider told us this had significantly decreased the risk of medicine administration errors.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the relevant authorities where required.
- However, the records used to record these incidents, to evidence that they had been investigated and any recommended actions had been implemented and reviewed taken were ineffective.
- There was limited opportunity for management and staff to discuss mistakes, poor practice and poor performance. We have reported on this in more detail in the Well-led section of this report.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect.
- People and their relatives told us they or their family members felt safe with staff. One person said, "I feel very safe when they visit, they're my friends." A relative told us that they were confident that their family member was safe, and the level of care provided was much improved from the previous care company they had used. They told us this had offered them reassurance.
- Processes were in place that enabled staff, people who used the service and their relatives to raise concerns about people's safety. Staff had a good understanding of their responsibilities to identify concerns and report them. Where needed, referrals were made to relevant agencies such as the CQC and the local authority safeguarding team.

Staffing and recruitment

- There were enough suitably qualified and experienced staff in place to keep people safe.
- People told us staff were punctual and stayed for the agreed length of time. One person said, "Staff always arrive on time and more often than not stay on longer. I'm never short-changed." A relative said, "They always stay for the full duration and on occasion stay longer if need be. I can't fault them at all."
- Analysis of the provider's call arrival time records for the past five months showed that almost 100% of all calls were completed at the agreed time. This helped to reassure people and to keep them safe.
- Staff were recruited safely. No staff member could enter a person's home until a satisfactory criminal record check had been completed and received. This ensured people's and other staff's safety was always respected.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and Covid-19.
- People told us they felt assured that staff understood how to reduce the risk of the spread of infection. One person said, "They're always wearing gloves, masks, piny – [plastic disposable apron] and they put

everything in the bin when they leave." Another person said, "Staff wear masks, aprons and gloves before entering. When they leave take them off and put them in the green bin outside."

- We were assured that the provider was preventing visitors to their office from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- The provider had not ensured there was sufficient best practice guidance in place to support the implementation and on-going review of people's care records. Assessments of people's nutritional health were limited.
- In each of the care records we looked at there was no reference to best practice guidance and standards being referred to when care was planned for people. This included people who had health conditions such as diabetes, dementia, high blood pressure and epilepsy. This meant we could not be assured that care was provided in accordance with current best practice guidance and standards.
- During the inspection, the registered manager showed us some best practice guidance information cards which covered a variety of different conditions such as epilepsy, diabetes and stroke. However, these were stored in the provider's office and were not present in the care plans we looked at.
- Some people had been described as having dementia. However, again, there was little evidence of care being planned to consider people's varying levels of memory and understanding. This could lead to people receiving inconsistent care and support.
- People's nutritional health had not been appropriately assessed and care planned. For example, we found people who had diabetes did not have guidance in place for staff to support them. There was no risk assessment and guidance for staff regarding supporting those people safely with their meals or what to do if they became ill as a result of their diabetes.

We recommend the provider ensures that current best practice guidance and law are used when care plans and risk assessments are formed to ensure that people's care is delivered in line with current standards.

- A relative told us they were reassured with the way staff ensured their family member remained hydrated with plenty of drinks.
- People's meal preferences, likes and dislikes were recorded. This meant people received support to have the meals they wanted.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider and the registered manager had a limited understanding of what was required of them in relation to MCA and care provision.
- People had been described as having dementia in their care records. However, there was limited recorded evidence their ability to make and understand decisions had been appropriately assessed prior to care being provided. We could not be assured that the care provided for each person living with dementia had been appropriately assessed and provided in their best interest.

We recommend the provider ensures that the principles of the Mental Capacity Act 2005 are reviewed and appropriately applied to the care records where appropriate.

- People told us they were able to make decisions and did not feel decisions were forced upon them by staff.
- People's care records contained examples where, if able, they had signed to give their consent to certain elements of care provided. This protected the rights of people who had capacity to make their own decisions about their care.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained, experienced and had the skills needed to provide them with effective care.
- People and relatives all felt staff knew how to provide effective care and support for them or their family member. One person said, "I always get the same carers visiting so they know how I like to be supported. I have no complaints whatsoever and would score them 10/10." A relative said, "They're so gentle and mindful of every single move they make. They don't push or fuss. I was gobsmacked. They are superb."
- Staff felt well trained and supported. Records showed training deemed mandatory by the provider had, for most staff, been completed.
- Assessment of staff performance via competency assessment and supervisions had been completed. The provider told us they were aware that appraisals had not all been completed; this had been difficult due to COVID-19 restrictions. They assured us this would be addressed.

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

- People were supported to receive effective, timely care with other agencies where needed.
- Records showed referrals to other health professionals were also made where people's health had deteriorated and risks to safety had increased.
- People were provided with information about how to access other healthcare agencies. Where needed, staff attended appointments with people. This helped to ensure that people were able to receive reviews of their health from other health professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well cared for, treated with respect and equality and diversity was embraced.
- People and relatives felt staff were kind and caring to them or their family members. One person said, "They've become family. It's a very personal and friendly service. I feel they really care about me and before they leave, they always ask if I'd like anything else doing before they leave. I can't praise them enough." A relative said, "They are some of the most caring set of staff I've seen working in care."
- People were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.
- The provider's service user guide explained what level of care people should expect from staff. It was made clear that if people felt discriminated against then this should be reported to the registered manager or provider.

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

- People were supported to make decisions about their care needs.
- Records showed people received regular calls during the COVID-19 pandemic to firstly establish if they were ok, but also to discuss elements of their care provision and if they wanted to make any changes. A relative said, "[My family member] is asked every time about their care needs. Staff explain what they are doing before they start the support. This is very reassuring for [family member] as they can become anxious."
- People were provided with a 'service user guide'. Within this guide information was provided for people about how they could access an advocate if they wished for an independent person to speak on their behalf when decisions were made about their care. This ensured that people could be confident that decisions made, always took their rights and views into account.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, their independence encouraged, and their dignity was maintained.
- People and their relatives felt care staff treated them or their family members with dignity and respect. A relative said, "They are excellent with [family member]. They are respectful and treat [family member] with care and dignity. For example, when having personal care, they use a towel to cover private areas out of decency and respect."
- People told us they were given a choice of male or female care staff for personal care. One person told us, "I asked for a female carer and have always had the same carer since. She is absolutely brilliant. I can't fault her." Another person said, "I asked for a female carer from the start and have always had a female carer

since." This ensured people receive personal care that was dignified and respectful.

- People were encouraged to do as much for themselves as possible, including when support with personal care was provided. People's care records contained guidance for staff to encourage people with domestic tasks such as making meals, cleaning and also choosing what clothes they would like to wear.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's day to day care needs were provided in accordance with people's choices and preferences. There was a person-centred approach to care provision.
- People, and where appropriate their relatives, told us they had been actively involved with the care planning process prior to care commencing and had also discussed changes to the care package when needed.
- One person said, "I was involved in the care plan from the start and it is reviewed six-monthly; sooner if needed. I will tell them if anything changes and they will update it." Another person said, "I had a hospital appointment and needed the carer to come earlier on a particular day. This was not a problem at all for them." A relative said, "The care plan is reviewed regularly, especially when there are changes in medication. My [family member] and I are always involved with any changes in the care plan." .
- People's care records contained agreed guidance telling staff what people would like them to do at each call. This included the types of meals they would like, whether they would like a shower or a bath, or support with domestic tasks. The care plans were reviewed and amended as people's needs changed.
- People's diverse needs and cultural beliefs were always considered when care was planned and delivered. If people had a specific religious or cultural belief that could affect the way they wanted care to be provided, then this would be updated on the care records. This ensured that people were not directly or indirectly discriminated against.

Meeting people's communication needs

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.

- Care records contained examples of how staff should communicate with people who had a sensory impairment. For example, guidance was provided for a person who was partially sighted.
- The provider's records including care plans, policies and procedures and other relevant documentation were all stored electronically. The registered manager told us people could have access to their records in a variety of formats including larger and differing fonts, for those who were blind or partially sighted. This meant that people would not be discriminated against if they had a disability, impairment or sensory loss.

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

- Where able, people were supported to remain active in their communities, meet friends and family and to

take part in activities that were important to them. This helped to reduce the risk of people becoming socially isolated and lonely.

- One person told us they enjoyed chats with their staff, "I don't have many interests, but we talk about everyday things like families, soaps and just have a really nice natter."

Improving care quality in response to complaints or concerns

- People were informed how they could make a complaint and how the provider would respond to it.
- The complaints policy was provided to people when they first commenced using the service. The policy informed people of the various stages of how the complaint would be handled.
- People told us they knew how to make a complaint if needed. People were confident that the complaint would be dealt with appropriately. One person told us they would speak to the carer in the first instance, but they had never had the need to complain. Another person said, "Any concerns I ring the manager and get it sorted."
- Records showed that formal written complaints were responded to in accordance with the provider's complaints policy.

End of life care and support

- End of life care was not provided at the time of the inspection. However, effort had been made to discuss people's wishes and record them in their care plan. The registered manager told us this was an area of care where they were planning on having more detailed conversations with people to ensure their wishes would be met when needed.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The overall management of this service was inconsistent.
- It was clear from the responses received from people using the service and their relatives that the care provided was of a good standard. However, there was a lack of understanding of regulatory requirements to ensure people continued to receive safe and effective care. The inconsistent approach to the assessment and recording of risk could start to impact the quality of the care people received.
- Systems for identifying, capturing and managing risks were at times, ineffective. The quality assurance and governance processes that were in place failed to identify the areas of concern and risk from this inspection. The reviewing of care plans was inconsistent. This led to gaps in records, including required risk assessments, not being in place. The provider had failed to identify these gaps and to address them with the registered manager.
- Staff roles, responsibilities and accountability arrangements were not clear. A registered manager was in place, with a recently appointed administrator to support with office-based tasks. The provider offered support to the registered manager where needed. However, there was no formal structure for the required roles and responsibilities for each person. It was not clear how the provider held staff, including the registered manager, accountable for their actions. This meant some tasks were not completed.
- The provider and registered manager met regularly to discuss any concerns or risks to the service. A business improvement plan was in place. However, this plan did not focus on key areas of risk such care planning. Despite the good working relationship between the registered manager and the provider, there was little evidence of strategic planning,

The provider had failed to ensure that effective governance processes were in place to help to identify, monitor and act on the risks to people's health and safety. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Team meetings were not currently taking place. The provider told us this was due to COVID-19 and restrictions on groups meeting. The registered manager told us they spoke with staff when they came to the office. However, they agreed to review how to safely recommence these meetings to ensure staff received consistent messages about policy, changes to procedures and important updates
- The registered manager was aware of their responsibilities to ensure that relevant agencies such as the CQC were notified of incidents that could affect people's health and safety and the running of the service.
- The provider told us they will work with the registered manager and other office-based staff to act on the

issues highlighted throughout this inspection. This will include a review of a quality assurance processes to determine what is working effectively and what requires improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care from people that was person-centred and provided them with positive outcomes.
- People and relatives praised the quality of the care provided. One person said, "They're [staff] very professional. They're heaven sent! Without them I don't know where I'd be."
- People praised the registered manager for their kind and caring approach. They found them to be approachable, with a clear aim of ensuring good outcomes for people.
- One person said, "I always receive a high-quality service. I just don't have any criticism of them. They go above and beyond." Another person said, "When I call the manager she will always answer, and the conversation is not rushed and always asks about me and my partner."
- Staff enjoyed working for this service. They too praised the approach of the registered manager and felt listened to and their views were appreciated and valued.
- People told us they would recommend this service to others. One person said, "I recommended them to someone I know, and they now also use them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

Working in partnership with others

- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.
- The nominated individual told us they felt they and the staff had a positive relationship with health and social care professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure that the risks relating to the safe care of people were assessed and mitigated. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure that effective governance processes were in place to help to identify, monitor and act on the risks to people's health and safety. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>