

Careline Lifestyles (UK) Ltd

St Stephen's Court

Inspection report

St Stephen's Court
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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

This was an unannounced inspection which took place on the 28 and 30 November and 14 December 2016. The service was last inspected in December 2015 and breaches in regulations were found relating to person centred care, dignity and privacy, safe care and treatment, food and hydration, premises and equipment, complaints, governance and staffing. The provider submitted an action plan after the last inspection explaining how they would become compliant.

St Stephen's Court is a residential care home providing accommodation and nursing care for up to 30 people. Care is provided for people with learning, neurological and physical disabilities. At the time of the inspection there were 29 people living at the service.

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 had not identified a number of issues in checks and audits which we found at inspection. These related to hygiene and maintenance of key areas of the home.

The service was not operating in line with its statement of purpose and public website. They were not running as five specialist units, but as two larger units with a varied mixture of staffing and people's needs. The registered manager agreed to review how the service and staff was managed to support differing needs and capacity support requirements of people using the service. Staffing levels were appropriate, but the levels of staff turnover and absence meant that staffing deployment required daily management support. Staff were recruited safely and nursing staff were supported in helping people with complex support needs, including medicines.

Staff morale had been identified for an area of improvement by the provider. An action plan had been drafted for completion in mid-2016, but to date no effective action had been taken. Staff told us they felt this was the major issue holding back the service. The provider told us about their plans to improve staff morale and reduce staff turnover in future.

Some staff training to use the hydrotherapy pool was not kept up to date as staff left, resulting in people being unable to use this part of the service. We have made a recommendation in respect of this.

People care plans had been updated and the service has implemented a person centred approach when planning the delivery of care. Care plans were detailed and described what people's complex support needs were. People told us they felt involved in their care and its review. Where people lacked capacity we saw that best interest's decisions had been made in line with the requirements of the Mental Capacity Act.

People felt the service offered to them was caring and supported them to achieve their personal goals and ambitions. We saw that staff supported people to maintain their dignity and privacy, as well as to develop skills and personal interests.

The provider's response to some on going and low level complaints and issues was not consistent. Some issues were not being effectively managed or feedback given to people who raised issues.

The service had offered an innovative and popular activity making a summerhouse, and they planned to build on this in the future. People were supported to access activities or develop their self-care skills. The service had facilities to support this.

Improvements had been made to the service delivery since our last inspection, but identified improvements around hygiene practice, had not been embedded by the provider. Action had not been taken promptly to resolve these issues.

The registered manager and deputy manager were visible to people, staff and external professionals and we were told they were thought of as caring and skilled in supporting people. The service had supported a number of people to regain their independence for example by moving to less structured environments.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some parts of the service were in need of maintenance and cleaning.

Staff had been trained to recognise potential abuse and took steps where concerns arose. People in the service felt safe and able to raise any concerns.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There were gaps in some areas of training. Staff turnover was high and we were informed that staff morale was low.

People could make choices about their food and drinks and were supported to eat and drink to maintain wellbeing.

Arrangements were in place to request health and social care services to help keep people well. External professionals' advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

Staff provided care with kindness and compassion and took the time to develop relationships with people. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff worked with people to support them to maintain their dignity.

The staff took an interest in the needs of people and we saw that staff were committed to supporting people to move onto lead more independent lives.

Is the service responsive?

Good ●

The service was responsive.

The provider followed internal policy in responding to complaints.

Staff knew how to support people according to their preferences. People's care plans were more detailed and personalised.

People could raise any concerns and felt confident these would be addressed promptly if managed within the service, although they had less confidence in the response of senior management in the organisation.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider was not operating effective governance oversight to maintain and improve the service.

The registered manager had notified us of any incidents that occurred as required.

The registered manager and deputy were seen by people, staff and external professional as effective and skilled in supporting people.

St Stephen's Court

Detailed findings

Background to this inspection

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

This inspection took place on 28 and 30 November and 14 December 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by two adult social care inspectors and a specialist advisor. The specialist advisor was a qualified nurse by background.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from the local authority safeguarding adult's team and health and social care commissioners of care was also reviewed. We reviewed other information we had received about the service. We also checked information about the service on the provider's public website and the services statement of purpose.

During the inspection we spoke with 12 staff including the registered manager and responsible individual, six people who used the service and one relative. Observations were carried out and medicines were reviewed. We also spoke with three external professionals who regularly visited the service.

Four care records were reviewed as were five medicines records and the staff training matrix. Other records reviewed included safeguarding adults records and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment/induction and training files and staff meeting minutes. We also looked at records relating to the governance and management of the service.

The internal and external communal areas were viewed as were the kitchen and dining areas, storage and laundry areas and, when invited, some people's bedrooms or apartments. We also checked the hydrotherapy suite.

Is the service safe?

Our findings

At our last inspection in December 2015 we found issues relating to staffing, safe care and treatment and premises. We issued requirement notices to the provider about how staffing was calculated, maintenance of the service and how people's behaviour was supported.

We found that some issues relating to premises and hygiene remained. We looked around the service to see if it was kept clean and safe. We found two communal bathrooms were malodorous and lacked suitable bins. The services two assisted bathrooms were both out of use as they awaited repairs to be completed. One ceiling track hoist was also in need of repair. The services two sensory rooms were out of use and had been for more than a month whilst repairs were organised. A laundry area lacked hand washing facilities for staff handling soiled linen. A nurse treatment room lacked hand washing facilities and was cluttered with a large open topped bin propping a door open. We also found opened, unwrapped and undated food in communal fridges. One fridge had an unlabelled box of grated cheese that had visible mould growing on it. By the second day of inspection the registered manager had put daily fridge checks in place. The registered manager told us of the improvements that would be made following on from our inspection. This included having hand washing facilities being addressed and bathroom improvements being actioned.

This was a continued breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

During this inspection we discussed staffing levels with the registered manager and staff team and found that action had been taken to address this historic issue. We saw that the service had two nurses as well as 17 carers and ancillary staff on duty on day one of the inspection. The registered manager and deputy were also available. The registered manager told us the process the provider took to ensure there were adequate staff in place, to meet the services overall needs, as well as people who needed 1 to 1 support. This was based on each person's individual assessment of need. Staff reported to us that staffing was sufficient, but that staff absence was often an issue as this meant the shifts started short staffed. They told us that agency use was common, or that existing staff would be called into cover shifts. Staff told us that staff morale over sickness and cover was an on going issue for the service. We discussed this with the registered manager who told us the provider had identified staff absence as an issue earlier in the year, but that to date no action had been taken. The responsible individual told us they were seeking to improve the staff retention and absence issue through an improved appraisal and staff development scheme.

We found that the building was safe and secure. Staff told us of an incident where a person had barricaded themselves into a communal lounge. We saw that after this event the equipment and furniture they used were still in place so there remained a risk of a repeat incident. By the third day of inspection appropriate risk assessments had been undertaken by the registered manager which saw the room and equipment assessed for safety and to minimise the chance of repeat incidents occurring.

Staff told us and records confirmed they had attended safeguarding adults training. We saw there had been appropriate alerts raised with the local authority and the CQC. A number of incidents related to people's

behaviour towards each other and we saw that action had been taken to reduce the likelihood of repeat incidents. We observed that staff often had to remove people from communal areas where their behaviour caused other people's behaviour to increase. For example one person's repetitive behaviour caused others to make repeated comments about this until the person was removed by staff.

People's records contained details of how to support them if an emergency or evacuation took place. We checked the services contingency plan and saw they had clear guidance in place to ensure that staff had essential information and a clear process to follow to promote the safety of individuals in an emergency situation.

The provider's accident and incident records were reviewed, to ensure that the registered manager took appropriate steps after such events. Records showed that the staff team took any immediate actions, and that post incident the registered manager reviewed these events to check if further actions were required. In most cases these reviews had been thorough and all actions had been completed.

Staff we spoke with and staff records reviewed confirmed to us that staff had been recruited correctly. The necessary checks to ensure people's safety had been carried out before people began work in the service. . Outcomes of checks from the Disclosure and Barring Service (DBS) had also been obtained before they were offered their job. DBS checks are carried out to check if people have any criminal convictions or restrictions placed upon them that would prevent them from working with vulnerable adults. Application forms included full employment histories and the provider obtained references from past employers before making offers of employment. We saw that where staff conduct had not been to a satisfactory level that the registered manager took action to investigate and if appropriate open disciplinary action where required.

People received their medicines in a safe way, supported by qualified nursing staff. We observed medicines as they were administered to people. We saw staff checked people's medicines on the medicine administration records (MAR) and medicine labels to ensure people were receiving the correct medicine. The staff administering medicines explained to people what medicine they were taking and why. People were offered a drink to take with their tablets and the staff remained with the person to ensure they had swallowed their medicines. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration.

Is the service effective?

Our findings

At our last inspection in December 2015 we found issues relating to staff training and nutrition and hydration. We issued requirement notices relating to the training and supervision of staff and around nutrition and hydration to the provider.

Staff attended the provider's induction training and this included supporting people with their behaviour and mental health needs. We saw from records that staff attended regular refresher training and staff told us they found training helpful. However some training for staff had not been always kept up to date. Staff required suitable training to support people to safely access the hydrotherapy pool. We found one person was traveling specifically to another service to access a similar pool as there were not enough staff trained to support this person safely at St Stephen's Court. The registered manager explained they had been exploring alternative training, but to date no further training had been sourced.

We recommend that the provider take appropriate action to source and implement training to meet the specific needs of people who use the service.

During the inspection we looked at how staff were supported and developed to meet the complex needs of people using the service. The registered manager told us that care staff turnover was 45% per annum at the service and almost all the staff we spoke with told us that staff turnover was an issue for them and as a result their morale was poor. Recently appointed staff told us they did not always read people's full care plan, just reading their 'three page profile' before starting work with them. They told us they were deployed to support people one to one without having time to get to know a person well beforehand. More longstanding staff told us that new staff often had to learn through experience rather than through reading written care plans. Staff told us they felt disconnected from the provider's head office as turnover was an on going issue that had not been prioritised. People also told us that new staff often lacked knowledge of how best to support them. We discussed this with the registered manager, we saw the provider had identified staff retention as an issue earlier in 2016, and a draft action plan to resolve this was shown to us. This action plan had not been followed up by the provider as the senior staff responsible subsequently left the organisation. The responsible individual told us they were presently working on reviewing the provider's rewards and recognition scheme and appointing new staff to lead work on staff morale and retention.

Staff said they received supervision from the management team, to discuss their work performance and training needs. Staff commented they could seek informal supervisions and advice from the registered manager and their deputy as well as receiving formal supervision and appraisal. Staff told us they were well supported by the senior staff at the service to carry out their caring role.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager showed us records of where applications and authorisations were held. There were a number of people subject to DoLS at the service and the correct authorisations were in place, as well as having a review and renewal process to keep these up to date. An external professional told us they service had worked well to support one person who was subject to restrictions. They told us, "They [staff] supported my client as they didn't understand why they were so restricted. They helped them come to terms with the situation, and defused what could have been a barrier to progress". Another external professional told us they found the service responded to their input when supporting a person who lacked capacity, taking on board their ideas and supporting the person's best interests.

People who used the service were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. For people who did not have the capacity to make these decisions, their family members and external professionals were involved in their care and made decisions for them in their 'best interests'. Best interest decision making is required to make sure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. The registered manager told us how they worked with local authorities to ensure appropriate capacity assessments were carried out where there were concerns regarding a person's ability to make a decision.

We looked at how the service used restraint and saw that staff had been trained in de-escalation and other behavioural management techniques. Staff had also been trained in suitable techniques for passive holding, to reduce the risk of harm to self and others. We saw that staff attended regular refresher training for this critical course and that care plans for some people detailed what interventions worked best to support de-escalation. Staff we spoke with told us they found the training and support for these interventions useful, and that the registered manager supported staff post incidents to check for learning and seek their feedback.

We checked how the service met people's nutritional needs and found that people had food and drink to meet their needs. We discussed these with the services cook. A rotating menu was in place that included people's suggestions. People's care records included nutritional care plans and these identified requirements such as the need for a weight reducing or modified diet. The staff and people confirmed that food was an important part of the service and we saw that a varied and nutritious menu was available. From records we also saw that this was subject to influence from the people using the service, for example the services 'My say' meetings and personal requests by individuals. One staff member told us the cook "Would make 20 different meals every day if that's what people asked for".

People who used the service were supported by staff to have their healthcare needs met. Staff told us they would contact the person's General Practitioner (GP) if they were worried about them. Records showed people had access to a range of healthcare professionals. For example, in people's care records there was evidence of input from GPs, psychiatry, psychology, opticians, dentists, speech and language therapists, nurses and other personnel. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. Care plans recorded the advice and guidance received.

Is the service caring?

Our findings

At our last inspection in December 2015 we found an issue relating to people's privacy and dignity. We issued a requirement notice asking the service to review its practice.

During this inspection we found that action had been taken. People who used the service were supported by staff who were caring and respectful. People appeared comfortable with the staff who supported them around the service. People who were able to talk to us about their experiences said they were happy with the care and support they received. One person told us, "They are canny [good] here. I have moved on loads since I came to St Stephen's. I have my own care team, my own space and am looking ahead to moving into my own place now".

We spoke to one person's appointed representative. An appointed representative is someone who supports and represents an individual when they lack the capacity to make informed decisions. They told us of numerous examples of how the staff team had helped to support this person with their complex and challenging behaviour. They told us how staff continued to seek new ways to support this person to have a 'fuller life' and felt the registered manager and staff team truly cared for this person's wellbeing.

We carried out observations in communal areas and saw staff interventions were appropriate and caring. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. This guidance was also available in people's support plans which documented how people liked and needed their support from staff. We saw that each person now had a 'three page profile', this quickly explained to the reader how best to support the person as well as critical needs. Staff told us they had found these useful as a quick 'snap shot' of the person.

Not all of the people using the service were able to fully express their views verbally. Support plans provided detailed information to inform staff how a person communicated. For example, one care plan detailed how to spot if someone was unwell or in pain through their behaviour. Another person's care plan advised staff how to support someone with their increasing confusion. This told staff how to use simple language and distraction. Staff also told us how they supported people who did not express their views verbally. They gave examples of asking families or external professionals for information.

Staff respected people's privacy and dignity and provided people with support and personal care in the privacy of their own room. We saw one person was assisted to return to their bedroom to change part of their clothing. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity or reflected the outside weather conditions. We saw staff knocked on a person's apartment door and waited for permission before they went into their room. Staff sought permission from people before we entered their bedrooms or apartments. Records provided guidance for staff about how people communicated and to respect their privacy by giving them time to respond to requests.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of

the registered manager or senior staff any issues or concerns. The registered manager told us advocates were used as required, such as for people who required specific advocacy where they lacked capacity, or general advocacy support for the residents or 'My Say' meetings. The registered manager was able to tell us where they could access different kinds of advocacy to support people using the service.

The registered manager told us how they supported people to have as much choice and independence within the service as possible. Some people were able to come and go from the service as much as they wished, others had goals such as self-care and cooking skills they worked on as part of moving on from the service. We met some people who were planning to move to another service, they told us how the staff team had assisted them to develop self-care and condition management skills to assist in this process. One person told us, "I'm going to my own tenancy with support on site. It's been what I hoped for". They told us then how staff had helped them manage their moods and behaviour so they could now move on successfully.

Is the service responsive?

Our findings

At our last inspection in December 2015 we found issues relating to complaints and activities. We issued requirement notices relating to complaints management, reviews of care plans and activities offered to people to the provider.

During this inspection we found these issues had been addressed. We looked at the services complaints and process, and saw that changes had been made to the complaints process. Complaints were now managed at the provider's head office to ensure a more consistent response. We found that one on going complaint remained following our last inspection that had not yet been resolved. The registered manager told us that this was being addressed and investigations continued.

The service supported people to attend local colleges and other external activities and we saw staff supporting people in activities in the service. For example staff had supported people to make their own summerhouse, as well as other woodwork based activity. People we spoke with told us this had been a useful experience and everyone we talked to about this wished it was able to continue. The registered manager told us they had plans to continue this when the better weather returned and they had a longer sustainable plan for the woodwork sessions.

We saw there was a gardening club in the service, as well as a skills development kitchen, and a number of lounges where people were supported. The hydrotherapy and sensory rooms were out of use at the time of inspection, but people accessed the gym equipment that was also available in the service. The service also had a creative suite that could be used for arts, crafts and in-house recreational activities. We observed people using the skills kitchen with staff support.

We looked at the care plans staff used to direct and review people's care. People's needs were assessed before they moved to the service. These plans were then added to as people were re-assessed over the initial period and were then subject to a process of on-going review. These had been updated and we found the content was person centred, describing the person, their needs and preferences in more detail. The registered manager showed us where new 'three page profiles' had been created for all people so staff could see at a glance how best to support people with critical needs and some personalised details. Staff told us these were useful and relevant and people told us they had been involved in creating and reviewing their care plans and profiles. We saw that some care plans were now quite long and contained a lot of historic and less relevant details. The registered manager told us the provider was investing in new IT based care planning tools which would assist in archiving suitable material and in keeping care plans up to date.

We saw that people were involved in their care plan reviews as much as possible and external professionals commented they had been able to contribute towards reviews. We saw evidence in documentation where external professional advice had been written into revised care plans.

We talked to people about their transition to other services and saw that the service shared information and expertise with new providers as part of a person transition. This was always done with the person's

permission and sought to share best practice. Staff also told us how they were able to offer on going advice to new providers after the person left St Stephens. An external professional told us how the service had supplied them with the information required to identify the appropriate levels of support their client would require in a future placement.

Is the service well-led?

Our findings

At our last inspection we found issues relating to the services governance. We issued a requirement notice to the provider.

At this inspection we looked at how the services governance identified risks that may occur as part of the care and treatment they offered, and saw that risks in relation to safety were not consistently assessed or effectively managed. For example, the provider's audits had not identified the need for hand washing facilities in a laundry and nurse treatment room. The audit tools used by the service and at provider visits for safety and infection control had not identified these issues.

Given the complex needs of people using the service, which included violent, self-injurious and absconding behaviours the provider had not identified that the mix of people's needs, in what was effectively one large unit, could cause issues around safety. For example one person's repetitive behaviours caused disruption to others who had anger management issues. The services statement of purpose stated the service ran as five distinct units for people with specific needs, but this was not how it was operating at inspection. Door security was another issue. For example, the door entry system had key codes, some people were given the codes to afford them freedom and others were not as they were subject to DoLS. To keep the service secure these codes had to be changed weekly due to concerns that codes maybe shared between people. We saw that some staff did not know the codes as we were shown around the building. We discussed with the model of care implemented within the service with the registered manager. The registered manager told us that they planned to look at the services statement of purpose and review how future placements were accepted, based on balancing needs and capacity across the service whilst also managing risk.

The issue of staff turnover and low morale had been identified by the service and provider as an issue in ensuring the consistency of the services delivery of care. Care staff told us this was the major issue holding back the service. This had been identified at previous provider visits and in feedback from staff and people. An action plan had been drafted in mid-2016 which identified steps that could be taken to reduce staff turnover and look into that and other issues affecting staff morale, such as pay rates. This action plan was never followed through by the provider due to key staff, identified to carry on the work, had left the organisation and this was not reallocated. The responsible individual told us the plans they now had in place to start to address the issue were approved and they planned to start taking remedial action soon.

Staff and people we spoke with told us of a 'disconnect' between the service and head office. They told us that if issues could be addressed within the service and by the registered manager they would be resolved quickly. They went on to say that if issues had to be resolved by senior staff at head office then there would be delays without explanation or feedback. They told us that this applied to low level concerns raised through the 'My Say' meetings and they described that this made them feel that the concerns were not taken seriously due to the lack of prompt remedial action. Specific examples were given in relation to the sensory room and hydrotherapy pool facilities being out of use. The registered manager and responsible individual told us of steps the provider had already taken to improve this situation. This included meetings with service users and staff to increase communication and feedback. They also told us of other steps they

were taking with staff appraisals and feedback to gather views and offer staff further development in the provider's services.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was seen by staff and people as approachable and knowledgeable. Feedback we received from external professionals was that they and their deputy manager were skilled in their roles, and dealt with issues quickly. One staff member told us, "I have always had a quick response to any problems I have raised with [The registered manager]. We have dealt with some difficult situations over the last year and they have always been supportive and focused on the needs of the patient". A person told us the registered manager was "Good at her job...and always on the end of the phone when the staff call her". We saw that the registered manager had driven through a number of improvements to the service following the last inspection. For example the improvements in nutrition and hydration, care planning and activities.

The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities. They were open and transparent with us during the inspection and when we brought issues to their attention they took immediate action or were able to show us what actions they planned to take.

The registered manager worked alongside provider staff to carry out checks of the quality of the service, these included feedback from people and staff. Apart from the issues highlighted above the service had responded well to issues raised by people using the service. People we met told us they felt able to raise concerns or issues to the registered manager and they would be responded to positively. Most people and staff we spoke with told us the registered manager and deputy were passionate about using best practice and supporting the staff team to develop new skills or ways of working to support people. For example the use of 'three page profiles' bringing more personalised care planning and ways of thinking into the service.

External professionals all stated they felt the service was well led, by a qualified registered manager who understood the needs of the people living there and who was committed to supporting their best interests. One external professional told us how well the registered manager knew each person at the service. They told us that at reviews or meetings they were well informed and contributed towards discussions.

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
Treatment of disease, disorder or injury	<p>The registered person had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>The registered person had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>The registered person had failed to act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>Regulation 17 (2) (a) (b) and (e)</p>