Nottinghamshire County Council

Woods Court Residential Care Home for Older People

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an unannounced inspection of the service on 24 July 2015. Woods Court Residential Care Home for Older People provides accommodation for persons who require personal care, for up to 49 people. Respite services were also provided. On the day of our inspection 33 people were using the service and there was a registered manager in place.

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.

Summary of findings

People's medicines were stored and handled safely, however in the records that we looked at we saw they did not contain information about the way people liked to take their medicines. There were no protocols in place for people who received their medicines on an 'as needed' basis.

The risk to people experiencing abuse at the home was reduced because staff had received training on safeguarding of adults, could identify the different types of abuse and knew who to report concerns to. Accidents and incidents were investigated; however the registered manager did not always record any actions to be taken to reduce the risk to people's safety.

Some people and relatives felt there were enough staff to meet people's needs whereas others felt there were not. Throughout the inspection staff were available to support people where needed. Personal emergency evacuation plans were in place for all people and these were regularly reviewed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA and DoLS appropriately and was making further applications for more people to the authorising body.

People were supported by staff who had received the appropriate training to support people effectively. People spoke positively about the food they received and staff provided specially adapted equipment to support people who wished to eat and drink independently. People, who had been identified as being at risk of malnutrition or dehydration, had their food and fluid intake regularly monitored. People had regular access to their GP and other health care professionals.

People were supported by staff who were caring but some people and their relatives felt the staff did not have the time to sit and talk to them. Some staff did not engage with people when they were carrying out tasks near to them. People were supported to access an independent advocate if they wished to. There were no restrictions on friends and relatives visiting their family members. People could have privacy when needed and there was sufficient space for people be alone if they wanted to be.

People and their relatives were involved with the planning of the care and support provided. Care plans were written in a way that focused on people's choices and preferences. Adjustments had been made to the service to support people living with dementia. Regular reviews of people's assessed needs were conducted to ensure staff responded appropriately, although these were not always completed as often as required according to people's care records. Some people told us they felt bored and were unable to access the activities and hobbies that interested them. A complaints procedure was in place and people felt confident in using it.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service. Staff understood the values and aims of the service and were aware of how they could contribute to reduce the risk to people's health and safety. Some people and their relatives spoke positively about the registered manager whereas others were not aware who they were. The registered manager was aware of their regulatory responsibilities.

There was a lack of regular quality monitoring by the registered manager.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the back of this report.

Summary of findings

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 consistently safe.

People's medicines were stored and handled safely. Information about the way people liked to take their medicines and protocols for receiving 'as needed' medicines were not in place.

People were supported by staff who had received safeguarding adults training, could identify the types of abuse and knew who to report concerns to.

Accidents and incidents were investigated however the registered manager did not always record any actions to be taken to reduce the risk to people's safety.

Some people and their relatives felt there were enough staff to meet people's needs whereas others felt there were not. Personal emergency evacuation plans were in place for all people.

Is the service effective?

Good

The service was effective.

People received support from staff who had the right skills, had the quality of their work regularly assessed and were well trained.

People spoke highly of the food and were supported to eat independently.

Staff applied the principles of the MCA and DoLS appropriately when providing care for people.

People were supported to access external healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring but some people felt the staff did not have the time to sit and talk with them.

Some staff did not engage with people when they were carrying out tasks near to them.

People were supported to access an independent advocate if they wanted to.

There were no restrictions on friends and relatives visiting their family members. People could have privacy when needed and there was sufficient space for people be alone if they wanted to be.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People were unable to access the activities and hobbies that interested them.

Summary of findings

People and their relatives were involved with the planning of the care and support provided. Care plans were written in a way that focused on people's choices and preferences.

Adjustments had been made to the service to support people living with dementia. Regular reviews of people's assessed needs were conducted, although these were not always completed as often as required stated in their care records.

A complaints procedure was in place and people felt confident in using it.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

There was a lack of regular quality monitoring by the registered manager.

Some people and their relatives spoke positively about the registered manager whereas others were not aware who they were.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service and were aware of how they could contribute to reduce the risk to people's health and safety.

The registered manager was aware of their regulatory responsibilities.

Woods Court Residential Care Home for Older People

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 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 inspection took place on 24 July 2015 and was unannounced.

The inspection team consisted of three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection, we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with twelve people who used the service, four relatives, three members of the care staff, a domestic assistant, the cook, a team leader and the registered manager.

We looked at all or parts of the care records and other relevant records of six people who used the service, as well as a range of records relating to the running of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires improvement

Is the service safe?

Our findings

We looked at the medicine administration records for 10 people. These were used to record when a person has taken or refused their medicines. These were all completed appropriately. However, the records did not contain information about how people liked to take their medicines. Additionally, there were no protocols in place for people who received their medicines on an 'as needed' basis. 'As needed' medicines are not administered as part of a regular daily dose or at specific times. The lack of individualised protocols for people to indicate when these medicines should be administered could mean that staff administered them inconsistently which could have an impact on people's health. For example a person was receiving a medicine which contained paracetamol and which should not be used in conjunction with paracetamol tablets. However there was no alert about this in their records, despite an error having occurred previously at the home in relation to these types of medicines.

These examples were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The majority of the people we spoke with told us they received their medicines when they needed them. One person said, "Oh yes, every morning and on time." Another person said, "The pain relief is absolutely fantastic, when it's just starting to get silly they [staff] bring me the tablets. I never have to ask for it, it's always around the right time say to within 10 to 15 minutes."

People's medicines were stored safely in a locked trolley and cupboards. Appropriate procedures were in place for the ordering and supply of people's medicines. We carried out a stock check of two controlled drugs that were used and found the amounts tallied with the controlled drug record book. We saw staff had undertaken competency assessments in relation to medicines administration within the last few months. There was evidence of completion of training prior to undertaking medicines administration and staff told us they were shadowed until the manager was satisfied they could administer medicines independently.

Some people raised concerns with us about the number of staff there were to support them at the home, whilst others felt there enough. One person said, "They [staff] come very quickly, unless they are attending to someone else, although that's not very often." Another person said, "I don't normally have to wait a long time, but sometimes you do. I've never had any problems with that". However one person said, "Some [staff] talk if you pass them, they say good morning, but they haven't got time [to sit with you]." Another person said, "If I ring the buzzer it can be quite a while before they come and they'll say, 'Oh we've got other patients' " A relative said, "No, there are not enough staff. The other day I came and I saw a lady trying to get up, there was no-one [staff] around but they [staff] can't be everywhere."

The majority of the staff we spoke with told us they did think there was enough staff to enable them to carry out their roles and maintain people's safety. One staff member said, "Staff numbers are good but perhaps there needs to be a better balance between morning and afternoons. There are days when it is busy and finding time to spend with people is difficult, but most days you can sit down with them and spend some time with them."

The registered manager told us they carried out a monthly assessment of the needs of the people within the home to ensure that there were sufficient staff with the right experience to support people. They told us if they needed extra staff then staff were willing to cover extra shifts. During the inspection we saw staff respond in a timely manner to people's requests for help in the communal areas and when a call bell had been pressed in people's bedrooms.

We looked at the recruitment files for six members of staff. All files had the appropriate records in place including; references, details of previous employment and proof of identity documents. We also saw criminal record checks had been conducted before staff commenced working at the service. These checks enabled the registered manager to make safer recruitment decisions reducing the risk of people receiving support from inappropriate staff.

People told us they felt safe living at the home. One person said, "[I am] Safe, yes. I leave my bedroom door open, I don't like it shut and they [staff] just pop their head round the door to see if I'm alright". Another person said, "Yes [I am safe], we sit here most days, if we need them [staff] we ring, it's up there on the wall." The person was referring to the call button used to call staff if they need them. A relative we spoke with said, "[Family member] is safe. They wouldn't accept care at home but they do here."

Requires improvement

Is the service safe?

The risk to people's safety was reduced because the staff who supported them had attended safeguarding adults training, could identify the signs of abuse and knew who to report concerns to both internally and to external agencies. Recommendations from safeguarding investigations were acted upon by the home. A safeguarding adults policy was in place.

Information was available for people on how they could maintain their safety and the safety of others. This included how to report concerns if they felt they or others had been the victim of abuse.

People had the risks to their safety identified and regularly assessed to ensure that the care and support provided for them by the staff reduced the risk to their safety. Risk assessments had been completed in a number of areas such the risk of falling, developing pressure ulcers and the risks of using equipment such as a hoist or specialised chairs. Most of the risk assessments had been reviewed between every one to three months but we did identify some where they had not been reviewed since the end of 2014. This meant the risk assessments may not reflect people's current level of support that was required to keep them safe.

People had personal emergency evacuation plans (PEEPs) in place. People's needs had been assessed in order for staff to be able to evacuate them safely in case of an emergency. These were regularly reviewed to ensure they were appropriate to people's current health and needs.

There were no restrictions on people's freedom when walking around the home. People were able to access all parts of the home, except those that had been identified that could pose a risk to their safety. These included the medicines storage room and the area where cleaning products were stored. Within each person's care record we saw people had been asked whether they wanted to have a key to lock their room when they were not there. This enabled people to be confident that their belongings were safe when they were not in their room.

Where people had been involved in an accident or incident at the home the incident had been recorded and reported to the registered manager. The registered manager told us they reviewed the incident reports and made recommendations to staff to reduce the risk of these incidents happening again. However some of the records did not always contain the manager's comments to show they had reviewed them and considered changes that may be needed to reduce the risk to people's safety. The registered manager told us they analysed the types of accidents and incidents that occurred and then where needed requested external reviews from health and social care professionals. For example where there had been an increase in the number of falls for a person at the home, we saw the local authority's 'Falls Team' had been contacted to offer guidance on how to reduce the number of falls this person had.

Records showed that regular checks on the equipment used at the home were carried out and external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

Good

Is the service effective?

Our findings

People were supported by staff who had completed sufficient training in order for them to carry out their role effectively and to support people in line with their assessed needs as recorded within their care records. Training had been completed in key areas such as moving and handling, and where people required further training or a refresher course, this had been arranged for them. The people we spoke with did not raise any concerns with us about the staff's ability when supporting them. Training records showed that staff had completed an induction prior to commencing their role and the staff we spoke with told us they felt they had skills to carry out their role effectively. We saw plans were in place for staff to commence a new nationally recognised qualification in adult social care.

Staff received regular supervision and appraisal of their work. The records we looked at reflected this. Staff said they had supervision with a team leader every six to eight weeks and they had the opportunity in these sessions to talk about any concerns that they had and their own personal development. They also told us they felt supported by the management.

People were supported by staff who understood their needs and had the required skills to meet these needs. We observed staff interact with people effectively throughout the inspection. They showed a good understanding of people's preferences and choices and ensured wherever possible they accommodated people's wishes.

Where people lacked the mental capacity to consent to care and treatment, staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. The staff we spoke with could explain the principles of the MCA. We saw assessments of capacity and best interests' documentation were in place where required. Records showed that people were supported to make decisions for themselves and where they were unable to, relatives had been consulted. We saw a variety of consent forms within people's care records and where able, people had signed to say they gave consent to the relevant decision being made. For example people had signed to say they agreed for their information to be shared with other healthcare professionals.

We checked whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. DoLS were in place for some people who needed them and the registered manager had identified eight others who may require these safeguards to be put in place. They told us they would make the necessary applications to the authorising body.

We observed staff giving people choices and acting on their wishes. For example in the records we looked at we saw people's wish to not have life-saving treatment if it were to have a detrimental effect on their on-going health were recorded on their care plans. The appropriate documentation was completed for the majority of people; however we did find a small number of examples where there were gaps on the documentation. The registered manager told us they would contact each person's GP to ensure they completed this paperwork correctly to ensure people's wishes were met.

We observed one interaction between a member of staff and a person who had just arrived at the home. The staff member took the person's photograph. They did not ask the person's permission to do this nor did they explain why they wanted to do this. After the photo was taken the person asked why it had been taken and the staff member said it was for their records. They did not explain how the photograph would be used.

All of the people we spoke with told us they liked the food and drink provided at the home. One person said, "The food is very good, we have a choice, it's very well cooked." Another person said, "The food's good, if you don't want something they'll [staff] ask if you would like something else." Another person said, "The food's very good, enjoyable and something to look forward to."

We observed the lunchtime experience in each of the dining rooms within the home. People were offered the choice of where to sit. People had their food served to them and were encouraged by the staff to eat independently. Where needed, people were provided with specially adapted equipment to enhance their ability to eat independently. Where people required more support this was provided by the staff. The majority of people received their meal in good time although we did see one person wait 25 minutes for their meal to be served.

People who had specific dietary requirements, as a result of their cultural or religious background, or specific health

Good

Is the service effective?

condition such as diabetes, were supported to have the appropriate food and drink to meet their needs. We spoke with the cook who could explain how they met these requirements.

People who had been assessed as being at risk of dehydration, malnutrition or excessive weight gain or loss had plans in place to support them. We saw food and fluid monitoring charts were in place to record the amount of food and drink that people consumed. Where people's weight needed to be monitored they were weighed regularly and this was recorded in people's care records. Records showed that the majority of people had been weighed in line with their assessed need. However we did find one example where a person had not been weighed as often as their care record stated they should be. The registered manager told us they would address this.

People told us and records reflected that they had access to external healthcare professionals such as GPs, dentists and chiropodists. One person told us, "The liaison with the hospital consultant and the GP from the home is great." Another said, "If you want a doctor you can tell one of the staff and they'll get one." We saw an optician carrying out an eyesight test for a person during the inspection and another person told us they had seen their physiotherapist on the day of the inspection.

We saw other examples where people's health was regularly monitored. People living with diabetes, were at risk of developing pressure sores and had difficulties mobilising independently, all had their needs regularly assessed and were referred to external healthcare professionals where needed.

Good

Is the service caring?

Our findings

People and the relatives we spoke with felt the staff were caring. All felt staff did their jobs well but some felt the staff could spend a more time sitting and talking with them. One person said, "They [staff] come and sit down and talk to us." Another person said, "They are lovely, they [staff] don't complain." A relative said, "The staff are very caring, but it's like any job, sometimes they have other stuff going on and can't be as attentive as you'd like."

We talked with staff about the people they cared for. They understood people's needs and preferences and could explain how they supported people. Some of the care staff had a natural rapport with people and a light hearted approach, encouraging people to ask for help when they needed it and chatting with them about their plans for the day. However we observed some staff support people without engaging in meaningful conversations with them. For example one member of staff was cleaning the table a person was sat by. They were doing this for several minutes and they did not speak to the person other than to ask if they'd finished with their cup.

People responded to people's distress or discomfort in a timely manner and reassurance was offered when needed. However we saw staff supporting a person with being moved from their wheelchair to a more comfortable chair via a hoist and the staff were issuing instructions to the person and at times were talking over each other. This appeared to confuse the person who was seemed unsure what was happening.

People told us they felt listened to and their views were respected. People were involved with decisions about their care and their care records reflected this. One person said, "They [staff] always ask me how I'd like things done." A relative said, "If I want things doing [for my family member] I just ask staff and they'll do it for me, such as putting [family member's] make up on."

We saw some staff provide people with explanations about their care and support. For example one person was attending a hospital appointment with their relative. A staff member explained to them what would happen when they arrived and the types of questions they may be asked. The person thanked the member of staff for their help.

The registered manager ensured that if required, people were supported by an independent advocate to make major decisions. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Information was available in the home for people to access this support, although the registered manager agreed that this information should be made more easily accessible for people.

People told us they felt they were treated with dignity and respect. Information was available for people throughout the home which explained how they should expect to be treated with dignity at all times. When staff discussed people and their personal care or other health related matters, this was done discreetly to avoid people's dignity being compromised.

People told us they had privacy when they needed it. One person said, "We are all treated the same, they [staff] knock and wait at the door. If it's already open they can come in." Another person said, "If you want to be on your own they respect that."

Staff encouraged people to do as much for themselves as possible to increase their independence. Staff supported people with the use of walking aids, to attend toilets on their own and to choose where they wanted to sit and eat. The records that we looked at showed people or their relatives where appropriate had been consulted and were involved in decisions about promoting their or their family member's independence.

The registered manager told us there were no unnecessary restrictions on people's friends and relatives visiting them. We saw people's friends and relatives visit people throughout the inspection.

Requires improvement

Is the service responsive?

Our findings

The majority of the people we spoke with told us they did not think there were enough activities provided at the home. Some people told us they felt unable to follow their own hobbies and interests. One person said, "We don't do much at all." Another said, "I more or less come here and smoke, have my dinner and come back here, then tea and back here. I watch a bit of TV sometimes, it's boring." Another person said, "I've got some books in my room. I can use those. I've never been here when they [staff] organise anything. What I do miss is listening to music, not like this (referring to the music that was playing in the lounge at the time) but classical stuff." We asked this person if the staff had ever asked them about their musical tastes and they said no.

Relatives also expressed concerns about the activities provided for their family members. One relative said, "I don't think there's enough to occupy their minds." Another said, "It varies, it depends on the staff who are working and time. Some people seem to be bored a lot. A couple of years ago they [staff] did crafts and such but I don't know if they do that now." We raised this issue with the registered manager and they told us, "We had an activities person, but they left at Christmas. One of our senior care workers does activities, but this is ad hoc. I do acknowledge that we don't do as much as we should."

People's care records contained an initial assessment of people's needs. These records were written in a person centred way from the perspective of each person. People's likes and dislikes were recorded within their care records and the staff we spoke with could describe these for the people they supported. Each person's records indicated the care plans should be updated monthly but we found the records had not been reviewed as frequently as this. Many of the records were reviewed every two or three months, which meant the care and support provided may not always reflect people's current needs. The registered manager told us they were confident that people received the support they needed, but this was not always reflected in people's care records.

People told us they had been involved with the planning of their care when they came to the home. A person who used the service said, "They [staff] asked me what things I can and can't do and the things that I liked." A relative told us they had been involved with the planning of their family member's care and attended an annual review.

Records showed that staff responded to people's changing needs. For example equipment was in place for people that needed a pressure relieving mattress and a profiling bed to reduce the risk of them obtaining pressure damage to their skin. Where people were unable to reposition themselves records showed that staff responded to this by regularly moving people to reduce the risk of them obtaining pressure sores. People's records showed staff repositioned them at the intervals as required within their care plans.

People's ability to undertake tasks independently of the staff had been assessed and was regularly reviewed. People's ability to provide themselves with personal care and take part in daily tasks were some of the areas assessed. We asked people whether they were able to decide for themselves when they wanted to go to bed and to get up. One person told us, "The staff get to know when people want to go to bed and work to that. We've got freedom of choice." Another person said, "You have freedom to you wake yourself up normally."

People living with dementia or other mental health conditions were provided with information throughout the home that would assist them in identifying their bedroom, the toilets and bathrooms and other communal areas. The signage enabled people to increase their level of independence and reduce their need for staff support.

People were provided with the information they needed to raise a complaint. The people we spoke with understood how to make a complaint and felt their concerns would be acted upon. One person said, "I've not complained, but I'll tell them [staff] if I don't like something, they [staff] do listen." A relative we spoke with said, "If I had a problem I'd go down to reception and ask them to get someone to sort it out."

Records showed that the registered manager recorded people's complaints and acted on them in a timely manner.

Requires improvement

Is the service well-led?

Our findings

The registered manager did not have auditing processes in place to effectively assure the quality of the service people received. They were unable to provide documentation that showed they regularly assessed the risks to the service as a whole. They had either not identified the concerns found on this inspection or had not made sufficient progress to address the issues they were already aware of. The lack of regular quality monitoring by the registered manager could place people's safety at risk.

The registered manager told us they held regular staff meetings to discuss the risks to people and the service as a whole, although records were not always available to show how the registered manager planned to address these risks.

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

People were encouraged to become involved with development of the service and were given the opportunity to contribute to decisions made. People and their relatives were given questionnaires to complete and there had also been a food survey completed. A relative we spoke with said, "I've had a questionnaire and evaluation forms although I admit I'm very bad at filling them in." Staff told us they felt able to give their views on the service and how improvements could be made. One staff member said, "The manager listens to us and then things change."

People were supported by staff who enjoyed their job and understood the values and aims of the service. One staff member said, "There is a good atmosphere here. I think the care is very good here. That is the priority." Another staff member said, "It's a good place to work. I've worked in care for a few years and it's the first place I've worked where it's good to work and the people are put first."

People were able to access their local community when friends and family took them out. However the registered manager told us that links with the local community were limited. This meant people who did not have friends and family to take them out into the community may not be able to access the same external facilities as others.

People were supported by staff who understood the whistleblowing process and knew who they could report their concerns to externally if they needed to.

Some of the people and their relatives spoke positively about the registered manager. A relative we spoke with said, "They [the manager] make it clear that if you have any worries you must tell them." However others expressed concerns that they did not know who the registered manager was. Staff spoke highly of the registered manager. One staff member said, "She is firm but fair. Her priority is the residents, she wants the residents to be happy and will do all she can to improve things for them." Another said, "I could tell her anything. She is also out and about, here and there and keeping an eye on things."

People were supported and staff were managed by a registered manager who understood their regulatory responsibilities. We saw that all conditions of their registration with the CQC were being met and notifications were being sent to the CQC where appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users because the registered manager did not always ensure the proper and safe management of medicines. Regulation 12 (2) (g).

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered manager did not always assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); The registered manager did not always 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. Regulation 17 (2) (a) (b).