

James Hirons

James Hirons Care Home

Inspection report

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19 November 2019

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

James Hirons is a care home, which provides accommodation and personal care for up to 23 older people, some of whom are living with dementia. The home has two floors, with numerous communal lounges, conservatories and a dining area on the ground floor. People had their own bedrooms, and most were en-suite. There is a large communal garden area. At the time of our inspection there were 22 people living at James Hirons.

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

People told us they were happy living at James Hirons and described the home as having a happy atmosphere with things to do. Most staff had a kind and caring approach toward people and gave support when needed, however, this was not consistent. Improvements were required to ensure staff consistently showed a caring attitude and responsive approach to people.

Staff did not always have detailed information available to tell them to keep people safe. Whilst some risks had been identified, risk management plans were not robust.

The provider and registered manager had not ensured staff always had the skills or knowledge to safely provide care and support to people. Competency assessments on staff's moving and handling skills had not always been undertaken and unsafe practices were seen during our visit.

People had their prescribed medicines available to them, but staff did not always follow manufacturer's guidance in how medicines should be given.

The home was well-maintained and good cleanliness reduced risks of cross infection.

Staff understood the importance of giving people choices. 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; the policies and systems in the service supported this practice.

People's needs were assessed, and information was used to form plans of care. However, plans of care were basic and did not always contain all the information staff needed to deliver personalised care.

There were enough staff on shift to meet people's needs and the provider had a system to ensure staff were suitable to work at the home. There were some gaps in staff's employment history which had not been addressed.

Agency staff were used to cover shifts when needed, but agency staff profiles had not always been checked to ensure their training had been updated when required.

There were systems were in place for people and relatives to give their feedback on the service, although some people felt their comments were not always acted on. The provider's complaints policy was displayed so people had the information they needed.

There were processes to audit the quality and safety of the service. Some issues had been identified as requiring improvements and were acted on. However, some audits, checks and falls analysis were not robust and had not identified where improvements were needed.

Following our inspection feedback, the registered manager took some immediate actions to make improvements. This included scheduling refresher training for staff's moving and handling and taking action to ensure hazardous products were safety stored.

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

Rating at the last inspection

The last rating for this service was Good (published 23 May 2017). During this inspection visit, we found the safety and quality of the service had deteriorated and some people's care outcomes were not of a good standard: the service is now rated Requires Improvement. We identified breaches of the Health and Social Care Act 2014 (Regulated Activities):

Regulation 12 Safe care and treatment

Regulation 17 Good governance

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The home was not consistently effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Details are in our well led findings below.

Requires Improvement ●

James Hirons Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection Team

Two inspectors and an assistant inspector carried out this inspection on 18 November 2019. One inspector returned to complete the inspection on 19 November 2019.

Service and service type

James Hirons is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced on 18 November 2019. We informed the registered manager we would return on 19 November 2019 to complete our inspection.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as serious injury and abuse. We also sought feedback from the local authority. We used all the information to plan our inspection visit.

During the inspection

We spoke with 10 people and spent time with people in communal areas, observing interactions and support they received from staff. We spoke with three members of care staff, the activities staff member, an

agency chef on the first day of our inspection and the home's chef on the second day of our inspection, a kitchen assistant, a housekeeper, the administrator, deputy manager and registered manager. We reviewed a range of records. This included a full review of five people's care plans, risk management plans, multiple medication records, accident and incident records and health and safety checks. We also looked at records relating to the management of the home. We had telephone conversations with five people's relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated Good. At this inspection we found the rating had deteriorated to 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 people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Some staff knew people well and how to reduce risks of harm or injury. For example, one staff member told us, "[Name] is at risk of falling, I know how to give them clear instructions to reduce risks."
- Individual risks had been identified but risk management plans were either not always in place, not robust or did not always contain the level of information staff needed. For example, one person required restricted fluids, but not all staff were aware of what the restriction was. The registered manager had not ensured there was a safe way of monitoring this.
- The provider and registered manager did not ensure staff followed best practice guidance related to the storage of substances hazardous to health. Hazardous items, including ant-killer powder and fly-killer aerosol spray, were stored in an unlocked cupboard next to dining tables where people ate their meals. The registered manager told us these items should not be there and removed them.
- Staff did not always use safe moving and handling techniques, which posed risks of injury to people. During our inspection visit, we observed four incidents of different staff members using poor moving and handling techniques. For example, when staff supported people to stand up from their armchair, they placed pressure under people's armpits, this posed unnecessary risks of injury to people's shoulders.
- Some people were at risk of developing sore skin. Pressure relieving equipment, such as airflow cushions and mattresses were in place, however, daily checks to ensure these were set correctly were not effective. Of the three we checked, two were set incorrectly which meant people did not receive the desired pressure relief. For example, one person's mattress airflow pump was set at 200kg and should have been set at 79kg. The registered manager told us they would ensure accurate daily checks were commenced.
- Another person, identified as 'at risk' of developing sore skin, had a pressure relieving cushion available to them, but staff had left this in the person's bedroom on both days of our inspection visit. The deputy manager told us the person did not need to use it because they did not currently have skin damage. We discussed the importance of preventing skin damage with the deputy and registered manager, who assured us the person's special cushion would be used.
- The provider had a system for staff to report accidents and incidents. Whilst some individual actions had been taken to mitigate identified risks, when falls had occurred these were not used to prompt a review of people's risk management plans. For example, one person had three recorded falls during September 2019 and a further three recorded falls during October 2019. The person's falls risk assessment stated they "did not listen to instruction". Consideration had not been given to include clear guidance for staff as to how to minimise the person's risks.
- There was a maintained fire alarm system and additional work had recently been completed to install a further ground floor designated fire exit. However, further improvements were needed. For example, fire notices told people to "go to the closest conservatory", but these posed risks of people being directed

toward a potentially unsafe area.

- People did not have individual personal emergency evacuation plans (PEEPS). Staff did not have information to inform them how to safely move people in the event of an emergency, in a time efficient way. For example, all six people on the top floor (split level second floor) had restricted mobility, two of whom required a wheelchair and the registered manager had not given any consideration to specialist evacuation equipment.
- The provider and registered manager had not assessed staff's ability to respond in an emergency. Some staff told us they had not received fire safety training and were not consistently sure about what to do if the fire alarm sounded. The registered manager had not timed 'zone evacuation' to ensure enough staff were on shift to achieve this in the desired time. The registered manager told us fire training was planned for and assured us a series of scenario-based timed fire drills would take place for all staff.

Using medicines safely

- People had their prescribed medicines available to them and were supported with these from trained care staff. However, our findings showed staff training was not always effective and improvements were required.
- Medicines were not always given in line with manufacturer's instructions. One person was prescribed pain relief through a skin patch and records showed staff did not adhere to the guidance. We discussed this with the deputy manager who confirmed they had not read the patient information leaflet. Care notes recorded this person was often unsettled and shouted for 'help', but there was no evidence staff had checked they were applying the skin patches correctly to ensure the person received their pain relief as desired.
- One person self-medicated, however no risk management plan had been completed. The person kept cough syrup and drug-based creams on top of a heated radiator, and one topical preparation had expired in October 2018, which the person told us they were still using. This posed potential risks to the person's wellbeing.
- Some people were prescribed medicines 'when required' and protocols were in place to tell staff when these should be given. One person's protocol stated they were prescribed a medicine to be given for anxiety when other distraction techniques did not work. However, records showed the medicine was routinely given every morning. The deputy manager told us, "We always give [Name] a tablet in the mornings otherwise they get very agitated." This was not in line with the person's protocol and had not been reviewed by the person's GP. Following our feedback, the deputy manager assured us a review would be requested by the person's GP.

The above concerns were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment

Preventing and controlling infection

- Staff understood the importance of infection prevention and had personal protective equipment available to them. Staff used gloves to reduce risks of spreading infection, for example, when undertaking personal care.
- The home was clean and tidy and odour free. People were satisfied with the levels of cleanliness maintained in their bedrooms.

Staffing and recruitment

- Overall, there were enough staff on shift to meet people's needs. Whilst staff were not always present in communal areas, people had pendant alarms to gain staff's support when needed and told us staff came quickly.
- However, staff told us afternoons could be more difficult at times. One staff member told us, "In the afternoons there are only three staff, but we also have to cover the kitchen to prepare sandwiches for

teatime. Saturdays are the hardest, when we have no cleaner, so as well as caring for people, preparing the teatime meal, we also have to do the basic cleaning tasks."

- Overall, the provider's system ensured staff's suitability to work at the home. We looked at the employment records for two staff members who had recently been recruited and police checks, and references had been obtained. However, we found the registered manager's checks on information supplied was not always robust, for example in addressing any gaps in employment history.
- Agency care staff were used to cover permanent staff's leave and two current vacancies. Records showed over 900 hours were used during September and October 2019. When we looked at a file containing agency staff's profiles, the administrator confirmed to us that staff had completed shifts despite their profile showing their training was out of date; as long ago as March 2018. The registered manager had not requested updated profiles from the agency to assure themselves staff continued to have the skills they needed to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- Most staff had received training from the provider in how to safeguard people from the risk of abuse. Staff demonstrated an understanding of safeguarding principles and gave us examples of types of abuse that said they would report any concerns to management and 'whistle-blow' to external organisations such as CQC or the local authority if needed.
- The manager understood their responsibilities in reporting specific incidents to us, commissioners and the local authority.

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 available evidence.

At the last inspection this key question was rated as Good. At this inspection we found the rating had deteriorated to Requires Improvement. People's outcomes were not consistently good, and people's feedback confirmed this.

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

- People had a pre-assessment before moving to live at the home. These assessments were used to formulate care plans.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Staff support: induction, training, skills and experience

- Staff received an induction and training, but this was not always effective in giving staff the skills they needed. We have further reported on this in the safe domain.
- New staff did not always receive training in a timely way. One staff member told us, "I have worked here for over six months, when I started my induction was about showing me around the home and key information like fire exits, but I've had no actual training yet. The training from my last job is out of date now". Another staff member said, "This is my second month in the job, I haven't had any training here yet. I think some is planned for me."
- Staff felt supported through team and one to one meetings with managers. One staff member told us, "It's a good team here, we help one another out".

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered enough to eat and drink and had choices available to them. People gave us mixed feedback on the quality of the food. One person told us, "It's average, I can't say it's brilliant". Another person said they thought it was "very good". A further person told us, "I have diabetes and sometimes I don't feel they make the effort to make sure I get diabetic puddings".
- Staff were not consistently clear about people's dietary needs. For example, on the first day of our inspection the agency chef did not know about one person's specific dietary needs due to a health condition and had no information available to them. Two staff told us one person required a pureed diet, but in fact they required a fork-mashable diet.
- People's weight was monitored. Fortified milk was used to add additional calories to people's drinks and snacks were offered between meals.

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

- People had access to GPs and district nurse teams when concerns were identified by staff. One person

told us, "The doctor comes every week, so we can see them easily if we are poorly". The registered manager told us about arrangements were in place with professionals to ensure people received oral care, podiatry services and eye tests.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- People's capacity to make decisions had been assessed and the registered manager understood when 'best interests' meetings would be needed.
- Staff had a limited understanding of DoLS, however, understood the importance of gaining people's consent when performing care tasks and explaining what was happening. For example, before supporting them with personal care.

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

- The home was adapted to meet people's needs, such as hand-rails along corridors. People could freely access a secure garden area.
- The home was well-maintained and decorated in a style people liked. Maximum natural light enabled people to read in quiet areas of the home. People were supported to personalise their bedrooms as much as they wished to.

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.

At the last inspection this key question was rated as Good. At this inspection we found the rating had deteriorated to Requires Improvement.

People were not consistently supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, equality and diversity

- People and their relatives gave positive feedback about staff and described them as kind and caring. One person told us, "Staff always support me when needed." One relative told us, "I've seen the chef spend time with my family member and take time to sit with them and hold their hand in a caring way."
- Some positive caring interactions during our inspection visit, which included staff's reassurance to one person when they asked where they needed to go.
- However staff were not consistently caring or responsive to people's needs. When one person called out, "Help me, I'm in pain", when a staff member responded they asked the person, "What do you want me to do about it? There's nothing I can do". The staff member left the person and did not report to the deputy or registered manager. We informed the registered manager about this.

Respecting and promoting people's privacy, dignity and independence

- Overall, people's privacy and dignity was respected. For example, staff consistently knocked on people's bedroom door before entering and understood the importance of giving privacy when supporting people with personal care.
- However, improvement was needed when people were supported with their meals to ensure their dignity was maintained. On two occasions a staff member stood over a person 'feeding' them their meal. This did not afford dignity to the person and support was not given in a way to promote the person's enjoyment of their meal.
- Staff promoted people's independence and gave examples of how they encouraged people to maintain their skills.

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

- During our inspection visit, staff supported people to make decisions about how they wished to spend their time. One person told us, "There's thing to get involved with here if we want to, like quizzes and chatting."
- People told us they could spend time in their bedrooms or one of the numerous communal areas of the home.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection we found the rating had deteriorated to Requires Improvement. People's needs were not consistently met through good organisation and delivery.

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

- People had individual care plans, however, these did not always give staff detailed or personalised information about people's needs or preferences. For example, the registered manager told us one person displayed "aggressive behaviour" but their care plan did not tell staff how to manage any distressed behaviour.

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

- Planned activities took place and people were supported to take part in these, including arm-chair exercises and listening to local speaker events arranged to take place in the home.
- People were supported to maintain their own hobbies, such as reading and completing puzzle books. One person told us, "I can't see well to read the newspaper, so I'm very pleased the activities lady reads it to me". One relative told us, "Staff spend time with my family member and hold their hand, and make sure the music they enjoy is playing in their bedroom for them."
- Activities staff ensured risks of social isolation were minimised. One staff member told us, "When I arrive, I go around and say hello to everyone, including people who choose to stay in their bedrooms. I try to include everyone and spend time with them all".
- People's pastoral care needs were met. A monthly church service was offered in home for those people wishing to attend and follow their faith.

Meetings 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.

- There was some signage around the home. Corridors were decorated in a style that promoted a positive living environment and enable people to find their way about the home.
- People had communication care plans, which gave staff information about, for example, if a person had a hearing impairment. One person's care plan told staff they were very deaf despite them wearing hearing aids and to "shout". Consideration had not been given to staff using a notepad or board to ensure communication was effective.

Improving care quality in response to complaints or concerns

- Overall, people and their relatives told us they had no complaints. However, they shared some examples

with us of where they felt issues raised had not been responded to. For example, where a breakdown of financial expenditure had been requested, this had not been provided.

- One relative who attended 'resident and relative' meetings told us, "My relation attends meetings and has told the manager the food could be improved on, but nothing seems to have been done. For example, they had scampi last week, they were served three tiny pieces and they were rock hard, they didn't enjoy it."
- The provider had a complaints policy, and this was displayed. The registered manager told us they had not received any complaints during 2019.

End of life care and support

- The home did not specialise in end of life care. However, the provider aimed to support people's wishes to remain at the home for end of life care whenever possible and in line with people's wishes.
- The provider had received compliments from bereaved relatives thanking staff for the care and support loved ones had received.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted and open, fair culture.

At the last inspection this key question was rated Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service was not always well managed and well led. Leaders and the culture they created did not always promote high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider had systems of auditing the safety and quality of the service, and staff undertook regular audits delegated to them by the registered manager. A health and safety audit undertaken during July 2019 had identified where some improvements were needed and these had been acted on. However, health and safety checks did not include ensuring products hazardous to health were always stored safely.
- Audits were not always robust and did not identify where improvements were required. For example, a medication audit completed during November 2019 focused only on a stock check count of tablets and did not check other important information, such as whether staff followed the manufacturer's instructions for medicines or that risk management plans were in place when needed.
- Quality assurance checks on care records had not always identified gaps in important information. For example, some people had health conditions and their care records did not give staff enough information about these, such as signs or symptoms of deterioration to observe for.
- The registered manager had not undertaken competency assessments of staff's skills. For example, when new staff commenced employment at the home, training completed elsewhere was accepted by the registered manager without risk assessment or assessment of, for example, staff's moving and handling skills. This presented risks of injury to people because we found staff did not consistently have the skills they needed. This is further reported on in our safe and effective domains.
- The provider and registered manager's review of policies had not always identified where information was either incorrect or had been omitted, which meant staff did not always have the information they required. For example, the fire policy indicated the home had a 'sprinkler system' which it did not and the policy did not tell staff about zoned evacuation, which the registered manager told us was their expectation in the event of a fire.
- The provider had not ensured the registered manager's analysis of accidents and incidents was used as effectively as it could have been to ensure learning was identified and risks of reoccurrence minimised. For example, on both the September and October 2019 analysis, falls and times were listed but there were no comments recorded. Information had not been used to mitigate risks of reoccurrence.
- The provider undertook monthly 'compliance visits' to the service. However, these had not identified the issues we found. This meant there were missed opportunities to identify where improvements were needed to ensure a consistently safe and quality service was provided.

The above concerns were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

- The registered manager acted on our feedback immediately and began to make improvements required. For example, they assured us people would have individual personal emergency evacuation plans, specialist evacuation equipment was ordered on the second day of our inspection visit, and a review of the fire policy would be undertaken to ensure staff had the information they required. All staff were due to attend scheduled fire training during November 2019 to ensure they knew what to do in the event of an emergency.

- People knew who the registered manager was and felt at ease with them. One person linked arms with him, as they walked to the dining area, and shared a laugh and joke.

- Staff felt supported by the registered manager and described them as being approachable. Staff received support through one to one and team meetings and told us they could contribute to meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager told us they recognised the importance of making themselves available to people and their relatives. They had an 'open-door' policy, so people could speak with them when needed.

- People and relatives were given opportunities to give feedback, through 'resident and relative' meetings and annual surveys. The feedback survey undertaken during April 2019 had, overall, received very positive results. However, where improvements were needed, such as with "vegetables not always liked", actions taken to ask the chef to seek frequent feedback had not resolved matters. Issues related to food were raised again during a 'resident meeting' in September 2019 and during our inspection, we received some negative comments about the food which meant some issues had not been fully resolved.

- The provider understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was displayed, and there were systems in place to notify CQC of serious incidents at the home.

- The manager had signed up to receive information and alerts from, for example, the Care Quality Commission.

Working in partnership with others

- The registered manager met weekly with the provider's trustee chairman to discuss the needs of the service and told us they felt well supported by trustees.

- The registered manager liaised with visiting healthcare professionals, such as the GP and district nurse team.

Continuous learning and improving care

- The registered manager recognised the importance of continuous learning. They attended local provider forum meetings where learning was shared.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to the health and safety of service users had not always been assessed and the provider and registered manager had not always done all that was reasonably practicable to mitigate any such risks. The provider and registered manager had not always ensured staff providing care or treatment to service users had the qualifications, competence, skills or experience to do so safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager did not always assess, monitor, or improve the quality and safety of the service, or mitigate 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>