

Miss Julie Windows and Mrs Janet Windows

The Beeches

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

We carried out an unannounced comprehensive inspection on 8 July 2014. During this inspection we found breaches of legal requirements. As a result of this we undertook a focused inspection on 18 February 2015 to follow up whether action had been taken to meet legal requirements.

Comprehensive Inspection 8 July 2014.

The inspection was unannounced. There were no outstanding breaches of legal requirements from the last inspection that we needed to follow up.

The Beeches is a care home, registered to provide accommodation for up to 23 older people. The home has two bedrooms which are registered as double rooms. These are being used for single occupancy. Six of the bedrooms had en-suite facilities of a toilet and wash hand basin. At the time of our inspection 16 people were in residence. The staff team were led by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Summary of findings

The Beeches is a small family run care home and some people told us that this was why they had chosen to live at the home. People were satisfied with the way they were looked after and said they enjoyed a good quality of life. People's choices and preferences were important to staff who made sure each person received personalised care. People enjoyed the food served at The Beeches and if they needed specific diets or foods, these were easily available. People were asked about their preferences and interests and a range of different social activities were arranged. People were helped to influence how the home was run on a day to day basis and were consulted on changes. For example, they were asked for their opinion about paint colours when the lounge was redecorated and they were asked where the best places would be to place grab rails. These are pieces of equipment which can help people to be more independent.

Improvements need to be made with two aspects to ensure that people are safer. Staff had not participated in a recent of fire drill, with the last recorded drill having taken place in November 2013. This has the potential to mean that staff may not react appropriately if fire evacuation procedures were required. Secondly, although the hot water temperatures were being checked on a regular basis, the advice that temperatures should be no more than 43°C had not been acted upon when temperatures were recorded as 48°C and 49°C on two separate occasions. Other recordings were above 43°C but these two were the highest. This is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

However, people were kept safe by the staff recruitment procedures. These ensured that only suitable staff were employed to work in the home. Staff received safeguarding training to ensure they knew what to do to report any bad practice.

People were encouraged to be as independent as possible but precautions were in place to protect people from injury were risks had been identified. Staff were kind and caring and had a nice approach with the people they were looking after. Many of the staff had worked at the

home for a long time and were therefore very familiar with people's individual needs and preferences. Staffing numbers each shift were appropriate to meet everyone's needs.

People were supported to live their lives in the way they wanted and their choices and preferences were respected. People were treated well and supported to express their views. They were actively involved in making decisions about the way they were looked after and their day to day lives.

The manager and assistant manager provided leadership for the staff team but improvements were needed to ensure that the systems in place for monitoring quality and safety were more robust.

Focused Inspection 18 February 2015.

Following our inspection on 8 July 2014 the provider was asked to take action to meet the requirements of the regulations. The provider sent us an action plan and advised us they would comply with the regulations by 31 August 2014.

This was an unannounced follow up inspection to ensure the provider had taken action to meet legal requirements. There were 17 people in residence at the time of this inspection.

We found the provider had made the required improvements. In respect of the lack of practice fire evacuation procedures (fire drills), there had been four sessions arranged. Ten staff had participated in the drill held 4 August 2014. A further two drills had taken place in November 2014 and one drill in February 2015. Records evidenced that new members of staff had also received fire awareness training.

Temperature valve regulators had been fitted to all wash hand basin's in people's bedrooms and the shared toilet rooms and bathrooms. Hot water temperatures were checked and all recordings were within safe limits.

At the last inspection on 8 July 2014 we found the arrangements in place for checking that the service was running well needed to be improved. The arrangements in place at that time had not picked up the shortfalls referred to above. Some improvements have been made however the provider and registered manager need to familiarise themselves with the new Care Act 2014 and regulations, that come into force on 1 April 2015.

Summary of findings

Since the last inspection concerns had been raised with South Gloucestershire Council regarding management cover when the registered manager and assistant manager had both been away. The registered manager

explained that people who lived in the home, their relatives and friends and the staff team had been advised that either of the two deputies provided management cover during these occasions.

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?

8 July 2014

The service was not completely safe.

People felt safe but their safety could potentially be affected. Improvements were required to ensure people were kept safer and not exposed to avoidable risks. The frequency of fire drills was inadequate and may mean staff would not react appropriately if fire evacuation procedures were required. Secondly, hot water checks showed temperatures above an acceptable level. These checks had been completed at the wash hand-basins in people's bedrooms.

Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from coming to harm.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. While no applications have been submitted, the manager/owner had sought advice when they had concerns. Relevant staff had been trained to understand when an application should be made, and in how to submit one. People's rights were properly recognised, respected and promoted.

18 February 2015

The service was safe. Measures had been put in place to ensure that potential risks to people's welfare were being assessed, in order that corrective action could be taken if need be.

Due to the improvements made we have revised the rating for this key question.

Good



Is the service effective?

The service is effective because people were supported by staff who had the necessary skills and knowledge to meet their care and support needs.

Staff were knowledgeable about the people they were looking after and were able to talk about a people's preferences and daily routines.

Staff were supported to do their job because they were regularly supervised by the manager and were provided with a range of relevant training opportunities. Two-thirds of the staff team had National Vocational Qualifications in health and social care (levels two and three).

People enjoyed the meals and could choose what they wanted to eat and drink. Adjustments were made to the planned menus for those people who needed specific foods or diets.

Good



Summary of findings

People were supported to see their GP and other health and social care professionals as required.

Is the service caring?

The service was caring.

People told us they were well looked after and the staff were kind and understood what they needed. One of the relatives told us they had chosen the home because of its small size, the friendliness of the staff and because it was a family run business.

Interactions between people and staff were friendly and respectful, and people were encouraged to be as independent as possible.

Staff knew the likes and dislikes of each person and their preferences in relation to their care and support. Staff were trained in how to respect people's privacy and dignity. Staff were respectful towards people and called them by their preferred name.

Good



Is the service responsive?

The service was responsive to people's needs.

Assessment and care planning procedures took account of each person's needs, choices and preferences.

Resident meetings enabled people to be involved have a say about their day to day life. This included what they ate and how they spent their time.

A range of different activities were arranged for people to participate in. The activities were based upon what people liked to do. People told us about musical entertainers who visited the home and quizzes that were arranged by the staff.

There was a range of different measures in place to ensure that the service met people's needs. Individual care plan review meetings, residents meetings and a complaints procedure ensured that people had a voice.

Good



Is the service well-led?

8 July 2014

The service was not well-led and requires improvements.

The manager had a programme of spot checks and formal audit arrangements to check on the quality and safety of the service. The current arrangements in place had not picked up the shortfalls with fire safety practice sessions and the hot water temperature recordings.

There is a management team in place and on-call arrangements to cover evenings and weekends. The staff team have worked in the home for a number of years which meant they were familiar with the way the home was run and how people liked to be cared for.

Requires Improvement



Summary of findings

Staff meetings and residents meetings are held regularly and all are encouraged to have a say in the day to day running of the home. People who live in the home and staff jointly made decisions to change facilities within the home.

People's care needs were kept under regular review and care plans were amended when people's care and support needs changed.

18 February 2015

Some improvements had been made to ensure the service was well led but there was a lack of understanding about the Care Act 2014 and the new regulations, that come into force on 1 April 2015. We have not revised the rating at this point and will review when we complete our next comprehensive inspection.

The Beeches

Detailed findings

Background to this inspection

This report includes the findings of two inspections of The Beeches. We carried out both inspections under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. These inspections were 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.

The first was a comprehensive inspection of all aspects of the service and took place on 8 July 2014. This inspection identified one breach of regulations. The second inspection on 18 February 2015 focused on the action we asked the provider to take in relation to that breach. You can find full information about our findings in the detailed sections of this report.

8 July 2014

The inspection was carried out by one inspector over one day. There were no previous breaches of the regulations that we needed to follow up after our last inspection in July 2013.

Prior to the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC to

tell us about events that had happened in the home. The provider had also completed their Provider Information Return (PIR) and submitted this to us within the timescale we set. A PIR is a document that is completed by the provider which tells us about the service and also how they ensure that the service is safe, effective, caring, responsive and well-led.

Prior to the inspection we spoke with one commissioner from the local authority to obtain their views on the service and how it was run. The commissioner had no information that they wanted to share with us.

During the day we spoke with nine people who lived in The Beeches, with two visitors, four members of staff, the manager and one of the providers. The people who lived in The Beeches were able to tell us what it was like to live there. We looked at the care records of four people, and records relating to the management of the home. We looked in some people's bedrooms and also observed staff providing support to those people in the communal areas.

18 February 2015

We undertook an unannounced focused inspection on 18 February 2015. The inspection was carried out by one inspector. During the inspection we spoke to four people, two care staff, the assistant manager and the registered manager. We looked at records relating to the running of the home.

Is the service safe?

Our findings

Findings from the comprehensive inspection 8 July 2014

People told us that they had “no worries” living at The Beeches, that “there was always someone watching to make sure they did not fall” and “I have never seen the staff being anything but kind and helpful”.

We looked around the home and found it was well maintained and in good decorative order. Equipment such as stand-aids, electric hoists were available and had been regularly checked and serviced to ensure they were safe for people to use. Bathrooms, shower rooms and toilets were fitted with assisted baths, seats, grab rails and raised toilet seat to meet people’s needs and help them to be more independent.

Records showed, and staff confirmed, that they had received fire training. However the fire drill practices that had been arranged for February and May 2014 had been cancelled. The last fire drill took place in November 2013. Fire drills should be carried out at least every three months in order that staff would be familiar with what to do in the case of a fire.

Records of hot water temperature checks showed high recordings at 48°C and 49°C on two occasions since April 2014. Other temperatures were around 44/45°C. Hot water should be delivered at taps at close to 43°C and this was clearly stated on the recording form. Higher temperatures put people at risk of scalding. These issues are a breach of the relevant regulation (Regulation 15) and the action we have asked the provider to take can be found at the back of this report.

Staff had good awareness of safeguarding issues and told us that they would report any concerns they had about people’s safety to the manager or person in charge. They also told us that they would report directly to the local authority safeguarding team or the Care Quality Commission if need be. Staff understood their responsibilities for safeguarding the people who lived in the home.

A staff member told us about one person who liked to walk up to the local shops but was now escorted by a staff member because of the risk of falls. A risk assessment had been completed when the likelihood of falls had increased.

Whilst some staff had a limited understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), the management team had attending safeguarding training and demonstrated a good understanding of issues relevant to this. This included MCA and DoLS. DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty. We were told no one living at the home was being deprived of their liberty and what we observed in relation to how people were being cared for, supported this. Staff said they would refer any issues to the manager if they had concerns.

All staff were clear that none of the people who lived in the home at the time of our inspection lacked the capacity to make decisions about day to day activities. These safeguards protect the rights of adults who live in the home to ensure that if there were restrictions placed upon their freedom and liberty, they were assessed by a social care professional to see whether they were needed. The manager told us there was no one living in the home who needed a DoLS authorisation. They also told us that in the past they had contacted the South Gloucestershire Council DoLS Assessor for advice where they had concerns they might be depriving a person of their liberty. We saw no evidence to suggest that anyone living in the home was being deprived of their liberty.

Five staff files were checked to ensure safe recruitment procedures were followed before new staff were appointed. Appropriate checks had been undertaken. Each file contained an application form, two written references and evidence of the person’s identity. Criminal Records Bureau (CRB) checks, now called Disclosure and Barring Service (DBS) checks had been carried out for all staff. This helped to ensure that only suitable staff were employed.

We looked at the staff rotas for the previous four weeks. This showed us that shifts were covered with a mix of management, ancillary and care staff. A senior staff member (registered manager, assistant manager or deputy manager) was always on duty during the day including weekends. On the day we visited, the registered manager and assistant manager/owner were present in the home plus there was the deputy manager, one cook and two care

Is the service safe?

staff on duty. The manager increased staffing numbers when activities were planned or when people's needs increased. Staff felt that the staffing levels were appropriate and people we spoke with said that there were always staff about to help them. There was little turnover of staff, with many having worked at the home for years. There was no use of agency staff and any vacant shifts were covered by the staff team or the managers. People were looked after by staff who were familiar with their needs and preferences.

Findings from the focused inspection 18 February 2015

The provider had taken action to meet the requirements of regulation 15: safety and suitability of premises. Records

showed four fire drills had taken place between August 2014 and February 2015. Records showed which staff had been involved in the drills. Other records evidenced that staff members had received fire awareness training and this included new members of care staff.

Temperature valve regulators had been fitted to all wash hand basin's in people's bedrooms and the shared toilet rooms and bathrooms. Hot water temperature checks were recorded and these were at or below the recommended safe limit of 43°C. This action has minimised the risk of scalding.

The rating for this key question has been revised from Requires Improvement to Good.

Is the service effective?

Our findings

Findings from the comprehensive Inspection 8 July 2014

People told us "The girls help me and do anything I ask", "They (the staff) all know what I like and dislike" and "I am very well looked after and could not ask for better care". People were supported by staff who had the necessary skills and knowledge to meet their care and support needs.

Staff turnover was low and there had only been two new members of staff since the last inspection. This meant people were looked after by staff who were familiar with their needs.

People were happy with the care and support they received which they told us met their needs. Relatives confirmed this. Some people were able to access the garden area independently and staff told us they would help people out into the garden if they were unable to do so on their own.

Staff were well supported. They told us they had a regular supervision with the manager and records confirmed this. Supervisions were arranged on a two to three monthly basis. We saw one record that showed the manager had identified some performance issues with one staff member. Records did not include what action had been taken in relation to this. The manager explained that the staff member was being supervised each shift and this was due to be reviewed.

Staff told us they received training to help them do their job. New staff completed an induction training programme when they first started working in the home. Training records showed staff had been provided with food hygiene, safeguarding adults, administration of medicines, moving and handling and first aid training. Some staff had completed dementia awareness training. Of the 16 staff members, 11 had either achieved or were working towards a National Vocational Qualification (NVQ) in health and social care at level two or three (68%). The manager and

owner told us they had made improvements in staff training since the last inspection to ensure the quality of service provision was improved. There was a greater emphasis on taught learning and assessment of understanding after training had been attended.

People told us they were offered a wide choice of meals and types of food. What people would like to eat and see on the menu's was discussed in resident meetings. When we visited people were served a roast chicken meal or chicken salad. There was a wide variety of foods included in the menus and everyone had a choice of two main meals at lunch time. People chose where they ate their meals and these were social occasions which were unhurried. Those people who were eating their meals in one of the dining rooms made the following comments: "The chicken is so tender and the gravy is delicious", "The meals here are always very well cooked" and "The only real complaint I have is that I am given far too much food". The mealtime was noted to be a social event.

The manager told us no one was at risk of poor dietary and fluid intake. One person had a specific dietary requirements; information was displayed in the kitchen detailing what this person could and couldn't eat and drink.

People were registered with the local GP and staff told us they requested home visits whenever people were unwell or when people asked to see the doctor. Arrangements were also in place for people to receive support from visiting opticians, dentists and chiropodists. The chiropodist tended to a number of people whilst we were in the home. The home worked alongside community and hospital social workers, physiotherapists and district nurses, in order to make sure people were well looked after. One person said their social worker had made the arrangements for them to move in. When people were funded by the local authority, a copy of their assessment and care plan was provided so that the manager could ensure their needs would be met.

Is the service caring?

Our findings

Findings from the comprehensive Inspection 8 July 2014

People told us they were well looked after. "I like living here and everyone is very kind to me", "I'd rather be in my own home but they look after me alright", "When I was unwell recently I could not have asked for better care" and "I have been living here for a long time and everything is alright".

Relatives who were visiting said "I chose this home for Mum because it was family run, small and the staff were friendly and welcoming when I visited" and another person said "I visit everyday after lunch and I am very satisfied with my wife's care".

Staff we spoke with were knowledgeable about the people they were looking after and were able to talk about their individual preferences and daily routines.

The interactions between people and staff were friendly and respectful. People were called by their first names, as was their preference, and people's preferred name was recorded during assessment and recorded in their care records. It was evident there were good relationships between the staff, people and the visitors. We saw respectful interaction between individual staff members and people.

People were supported to be as independent as possible and were walking around the home with their walking aids. People were encouraged to move around, to make their beds if they wanted and to do any light dusting for example. One person said they never went out but staff and the manager confirmed that when the person was offered a trip away from the home they always declined. From our observations and what we were told, we found people were able to make everyday choices, were treated with respect and were encouraged to be part of the local community. One person said they liked to go to the local

pub and another said "The girls push me in my wheelchair to the local shop so I can buy things I need". One person had their meals at their preferred time and this was different from the others. Another person told us they chose where they spent their time.

Staff knew the likes and dislikes of each individual person and their preferences in relation to their care and support. One person liked to have their breakfast and their lunch at later times than the other people and these wishes were respected by the staff. Another person told us they did not like to get dressed in day clothes and go downstairs until just before lunch was served.

Care plans set out how people wanted to be looked after and detailed what was important to them. The plans included details about the person's personal history and their preferences. Staff told us they liked to spend time sitting and talking to people about how things were going, their families, their past life and activities they liked to do.

Staff had received training in how to respect people's privacy and dignity and understood how to put this into practice. One person told us they were always helped with bathing by the same member of staff and this was important to them. Another said the staff always knocked on their door before entering their bedroom. We saw whilst we were being shown around the home staff were knocking on bedroom doors before entering and were polite in their conversations with people.

Both people living in the home and visitors were invited to attend 'Resident Meetings' which were held every three months. People told us the meetings were important and they were encouraged to speak up about what they wanted. Records showed topics for discussion were menu choices, proposed activities and the changes to the environment. Recent changes had been made to the ground floor bathroom and people had been consulted about where the hand rails were to be sited.

Is the service responsive?

Our findings

Findings from the comprehensive Inspection 8 July 2014

People said they were able to choose what time they got up and went to bed and when they had their meals. One person was supported to attend regular hospital appointments for treatment and also had specific dietary requirements. Their food and drink menu was adjusted in order to meet their needs.

We looked at the care records of four people. They showed comprehensive assessments of people's needs had been carried out. These needs were used to develop an individual care plan. One person had only moved in to the home in the last month. This person had been visited in their own home and their needs had been fully assessed in order to ensure that The Beeches was a suitable place for them to live and the staff had the appropriate skills. The information from the assessment had been used to develop the person's care plan when they had moved in. Care records gave staff information they needed to understand people's needs and how to meet them.

For the other three people their care plans were well written and provided detailed information about how the planned care was to be provided. The plans provided details about the person's life history, their personal grooming needs and their night time requirements. It was evident from the information recorded people were involved in their assessments and decisions about the way they wanted to be looked after.

A call bell system was in place in each of the bedrooms. The call bell unit had been placed next to people who chose to remain in their own bedroom so they could ring for assistance. The manager told us staff were always requested to do this for those who remained in their bedrooms. Call bells were responded to promptly by the staff team.

The provider arranged for external entertainers to visit the home on a regular basis. People told us they were asked in the residents meetings about what they would like to be arranged. A pianist and singer recently visited the home and one person said "I like a good old sing-song". Another person told us they liked the quizzes. People were supported to go out to the local shops and to the pub but this tended to be on a sporadic basis and was weather dependant.

There were opportunities for people and their families to have a say about the day to day running of the home. Resident meetings were held three monthly and menu's, activities and "planned maintenance issues" were examples of items discussed.

The homes complaints procedure was displayed in the main hallway and stated that all formal complaints would be acknowledged, investigated and responded to within 28 days. The home had not received any formal complaints since the last inspection. People told us any grumbles they had were listened to and acted upon. The manager told us they would use information from complaints to review their practice. The home had received eight complimentary cards and letters since the beginning of the year.

Is the service well-led?

Our findings

Findings from the comprehensive inspection 8 July 2014

People told us they saw the managers every day and they could talk to them about anything. The manager is supported by an assistant manager (one of the owners) and a deputy manager. At least one of the managers would be on duty at the weekends. Overnight and at weekends, a manager was on-call to deal with any emergencies or other situations and we were told this works well. The Beeches is a family run business and many of the care staff and ancillary staff had worked at the home for many years. The leadership arrangements were proportionate for the size of the service. Staff we spoke with said they were well supported by the management team, that they were approachable and "everything was for the residents".

Staff meetings were organised on a three monthly basis and staff confirmed these meetings took place. Minutes were kept of the meetings which included the topics discussed and any action that was required. A copy of the meeting notes was posted in the kitchen for those staff who could not attend. These meetings enabled the staff to share their views about how the service was running and peoples care and support needs.

Staff told us there were systems to ensure they had all the information they needed about people and how to meet their needs, and about any changes at the home. For example, verbal handover reports took place at the beginning of a shift and information was recorded in a communication book which they were expected to read.

Care plans were reviewed on a monthly basis and any changes to people's care and support needs were identified and the plans were updated. We saw one plan had been amended where the person's mobility had changed and another plan had been altered when an identified risk had increased.

The manager completed 'spot checks' around the home and looked at cleanliness and hygiene. These spot checks were undertaken on a sporadic basis. Two hygiene checks had been completed eight days apart and then not again for two months. During our inspection no concerns with hygiene were raised. Other audits had been completed in respect of care files and medicines. When these audits were recorded on formal audit forms it was clear to see what

actions had taken place as a result of the audits. The current arrangements in place had not picked up the shortfalls with fire safety practice sessions and the hot water temperature checks.

Formal audit arrangements were used to assess the services performance in respect of quality and safety. Records showed the fire alarm, fire safety equipment and emergency lighting system was checked and serviced weekly, monthly and annually as recommended. Fire doors were checked on a weekly basis. All portable electrical equipment had been checked and was next due in 2015. The moving and handling equipment had all been checked appropriately in April 2014. The audit arrangements had however failed to pick up the raised hot water temperatures and the lack of regular fire drills.

Notifications had been sent in to CQC to tell us about events that had happened in the home. A notification is information about important events which the service is required to send us by law. Six notifications had been sent in during the 12 month period prior to our inspection. Two had been in respect of unexpected deaths, one in respect of an expected death and three in respect of un-witnessed falls where the person had sustained a bony injury. These rates were similar to expected for care homes of this size.

Prior to the inspection the manager had completed the Provider Information Return (PIR) but the information was very brief and did not provide any information about the future plans for the service. The owners and managers vision for the home is simply "We want to ensure that everyone is happy and contented". Both providers had a daily input in to the home and worked closely with the manager to ensure that this aim was realised.

Findings from the focused inspection 18 February 2015

Although we found no breach in regulations in respect of this key question at the last inspection, improvements were required to ensure that the service was well led. Whilst some improvements had been made the provider and registered manager need to familiarise themselves with the Care Act 2014 and new regulations, that come into force on 1 April 2015.

They need to do this to ensure they do not breach any of the legal requirements. We expect the provider and

Is the service well-led?

registered manager to have made the necessary improvements by the next inspection. Failure to make these improvements may mean we have to take formal enforcement action in order to drive up standards.

Since the last inspection concerns had been raised again with South Gloucestershire Council regarding management cover when the registered manager and assistant manager

had been away from the service at the same time. The registered manager was aware of these concerns and told us that meetings had been held with the people who lived in the home, their relatives and friends and the whole staff team. They had been advised that either of the two deputies provided management cover during these occasions.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>8 July 2014</p> <p>People who use services and others were not protected against the risks associated with fire safety and hot water temperatures. This is because of inadequate planned and practised fire evacuation procedures and a lack of action when hot water temperatures were above the acceptable 43°C at tap end. Regulation 15 (1) (c) (i).</p> <p>18 February 2015.</p> <p>The provider is now meeting this regulation.</p>