Nelson House

Quality Report

Nelson Trust
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Date of inspection visit: 29 November to 01 December 2016
Date of publication: 23/03/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

We do not currently rate independent standalone substance misuse services.

We found the following areas of good practice:

- The Nelson Trust provided a safe and caring place for people to recover from substance addiction. Staff worked collaboratively with clients to complete a holistic treatment plan. Staff helped arranged funding extensions when clients needed a longer stay.
- Staff managed risk at the service though client assessment and ongoing discussion with clients. There was good support for clients to help them engage with the service when they were admitted and to help them prepare appropriately and maintain their abstinence when they moved on from the residential treatment. Clients often maintained contact and supported others in their recovery.
- Staff maintained a safe and supportive environment and conflict was well managed. Clients said they felt supported and spoke positively of their care.

Summary of findings

- The Nelson Trust offered extensive aftercare, the potential for a staggered end to treatment and opportunities for clients to engage in the local community during and following their residential treatment.
- All staff from the chief executive down were passionate about providing good care. We found positive leadership across the Nelson Trust.

However, we also found the following issues that the service provider needs to improve:

- We noted that a store room in an outbuilding adjacent to the laundry area in Stafford House that should have been locked had been left open for at least several days. This room has furniture piled up high and an iron girder across the ceiling with a rope hanging from it; presenting a ligature risk and potential hazard.
- The provider had not ensured that medicines were always managed safely at Nelson House.

Summary of findings

Contents

Nelson House, Stafford House, Covington House, East Wharf Cottage

Services we looked at
Substance misuse services

Summary of this inspection

Background to Nelson House

The Nelson Trust provides residential substance misuse treatment for clients in four houses in the village of Brimscombe. The service is registered to provide accommodation for persons who require treatment for substance misuse and there was a registered manager in post. Clients were funded by local authorities.

Stafford House and Nelson House were mixed and accommodated both men and women. East Wharf Cottage and Covington House were for women only, and were staffed by women only. Covington House had an annex which was used as a self-contained flat for women who had planned overnight contact with their children.

Previously services at the Nelson Trust were inspected as separate services. Nelson House and Covington House has been inspected in January 2014, and East Wharf Cottage in August 2013. The service was compliant at these three inspections. Stafford House was registered in February 2015 and this was the first inspection of this house.

Our inspection team

The team that inspected the service comprised CQC inspector Lesley Whittaker (inspection lead), one other CQC inspector, and an expert by experience. An expert by experience is a person who has personal experience of using, or supporting someone using, substance misuse services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme to make sure health and care services in England meet the Health and Social Care Act 2008 (regulated activities) regulations 2014.

How we carried out this inspection

To understand the experience of people who use services, we ask the following five questions about every service:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

Before the inspection visit, we reviewed information that we held about the location, asked other organisations for information.

During the inspection visit, the inspection team:

- visited all units at this location, looked at the quality of the physical environment, and observed how staff were caring for clients
- spoke with eleven clients
- spoke with the registered manager, chief executive, chair of trustees and human resources manager
- spoke with fourteen other staff members employed by the service provide including addictions counsellors
- attended and observed one hand-over meeting, a daily meeting for clients and three therapeutic groups
- looked at six care and treatment records, including medicines records, for clients

Summary of this inspection

- looked at policies, procedures and other documents relating to the running of the service.

What people who use the service say

Clients told us that staff were kind, warm, approachable, respectful and professional. Clients told us that staff were always very caring and interested. Clients were involved in developing care plans and had copies. Their families were involved if appropriate.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The houses that clients were accommodated and had treatment in were pleasant and clean. Clients that we spoke to took pride in helping to keep the environment clean and tidy.
- The Nelson Trust was committed to staffing its service with the right people and was actively recruiting to vacancies. Vacancies were covered in the interim by existing staff opting to do extra shifts. There was no use of agency staff.
- There was a dedicated admissions team who focussed on the needs of clients and care managers when a client joined the service. The service had opted to update their risk assessment tool, considering different models.
- The provider had a comprehensive set of rules (known as boundaries) to help clients remain abstinent and to help them gain life skills.

However, we also found the following issues that the service provider needs to improve:

- Although we were advised by staff that they undertook environmental checks, we noted that a store room in an outbuilding adjacent to the laundry area in Stafford House that should have been locked had been left open for at least several days. This room had furniture piled up high and an iron girder across the ceiling with a rope hanging from it; which presented a ligature risk and potential hazard. We also noted some issues such as mould caused by condensation in a bedroom and lightbulbs needing changing which suggested that the nature and frequency of these checks should be considered.
- The provider had not ensured that medicines were always managed safely at Nelson House. Medicine administration records (MAR) were not clear, and it was not always possible to be certain important medicines had been administered. The medicines storage fridge was empty but staff had not been recording temperatures and did not know it should be locked.

Are services effective?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- Clients had individualised holistic care plans. Care plans covered a range of recovery needs and were updated with clients as they progressed through the service. Clients contact with their children was supported appropriately.
- Staff were trained and experienced. Mandatory and therapeutic training was available. Staff received regular supervision and an annual appraisal.
- There was good liaison with referrers and partner agencies. The provider was working with the local recovery community to develop services.
- There were good transition arrangements on entry and exit from the service.
- The provider made appropriate use of therapeutic blanket restrictions that clients consented to.

Are services caring?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- Staff ran groups professionally in a way that maintained a safe and supportive environment. Clients told us that they felt supported by staff.
- Clients told us they felt involved in their care. The service had made adjustments to practice following client feedback.

Are services responsive?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

- The Nelson Trust had extensive after care provision and could offer a staged end to treatment. This was intended to help them remain abstinent after treatment.
- Clients were able to develop useful practical and life skills during their treatment to support their recovery. There were facilities to offer a wide range of treatment and to make snacks and drinks.
- Clients had emergency plans should they disengage with treatment.
- We saw evidence that the provider listened to and investigated complaints.

Are services well-led?

We do not currently rate standalone substance misuse services.

We found the following areas of good practice:

Summary of this inspection

- The provider had systems in place to ensure staff were managed effectively and received supervision and training.
- All staff from the chief executive down were passionate about providing good care.
- The service had a skilled board of trustees who were actively involved in developing the service.
- Staff performance was managed effectively.
- We found positive leadership across the Nelson Trust. Staff development was actively encouraged and there was support for innovation. Nelson Trust had a strong commitment to quality improvement.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

Staff we spoke with knew the principles of the Mental Capacity Act and were able to identify how substances could affect mental capacity, and how this could trigger issues around consent or treatment.

Staff did not conduct a mental capacity assessment with clients as standard. We did not see evidence of mental capacity assessments in the clinical records. However, this would not be a general expectation and the evidence we saw suggested clients generally had capacity, although this may fluctuate dependent on alcohol or substances or mental health situation.

Staff recorded clients' initial consent to treatment and sharing information with others.

Substance misuse services

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are substance misuse services safe?

Safe and clean environment

- The residential houses were located in large Victorian houses over three floors. The weather was below freezing at the time of our visit and a couple of rooms in communal areas were cold because radiators were not working. We raised this with the manager who told us that repair work was underway. Clients told us there could be delays in maintenance and replacement of light bulbs for instance.
- Clients mostly shared bedrooms. In the mixed houses, the women's' bedrooms were in a separate area from the men's'.
- The two female houses had gardens and the mixed houses had small outside areas. Each house had a large communal kitchen. Clients cooked food on a rota basis.
- Residents cleaned the houses on a rota system as therapeutic duties were part of the services' recovery philosophy. The houses appeared visibly clean; however we saw one client bedroom on the top floor of Nelson House with mould caused by condensation.
- Clients used colour coded mops, buckets and cloths for different areas such as bathrooms and the kitchen to prevent cross infection.
- Staff and clients told us the night staff undertook a health and safety environmental check every other day.
- We looked at an outbuilding at Stafford House which was unmonitored with an unlocked door. We identified a number of hazards in this room such as furniture piled up and a metal girder with a rope hanging from it. A client told us the clients in the house had stacked furniture to one end of this room a few days earlier in order to spend time in this room. We alerted staff to this, who were not aware the clients had been using the room. Staff did not know about the potential ligature risk. The manager told us this room would be locked in future.
- The manager of the women's service told us that a staff would accompany any client who was distressed and deemed to be at risk into the garden at the women's house. Staff had checked Covington House to identify ligature risks and knew what to do if a client was at increased risk of harm to themselves. A manager told us clients may have checks in the night if they were concerned about an increased risk of self-harm.
- The provider had carried out all necessary fire, health and safety, gas and electricity checks.

Safe staffing

- The Nelson Trust provided information to show that at 2 September 2016 the service had 47 substantive staff and 10 substantive leavers, five of these were due to redundancies following the closure of one of the mixed houses.
- Staff who worked in the houses were known as recovery workers. Each house also had a senior recovery worker and there was a lead worker for the mixed and the women's service. Recovery workers would progress to having key-working responsibilities for clients.
- The registered manager told us that key-working staff mostly worked an early shift so that therapeutic sessions happened earlier in the day and staff were more available for their clients or for liaison with outside agencies. Non key-working recovery workers therefore mostly worked a late or night shift.
- The provider was finding it difficult to recruit to the night shift at the women's' houses and had two vacancies. The registered manager said it was important to have staff with the right experience and values working at the

service, and had not recruited following the most recent interviews. The provider was continuing to recruit. The Nelson Trust did not use agency staff and shifts were covered by their sessional staff.
- We were told of one occasion shortly before the inspection when one member of staff covered both women's houses at night due to a shift not being filled. The women's service manager told us the trust's human resources department were informed of any unfilled shifts.
- Newly appointed staff were subject to a six month probationary period.

Assessing and managing risk to clients and staff

- The Nelson Trust risk assessed all clients prior to admission. The provider was in the process of revising their risk assessment and management form and showed us the new template. The registered manager explained they had looked at tools used by other rehabilitation services via the 'choices' network of rehabilitation services in order to develop this. All staff would be trained on how to use the new risk assessment.
- The provider had clear admission criteria and excluded some clients on the basis of risk. Nelson Trust did not accept any clients with a Body Mass Index (BMI) of less than 17.5 due to the associated health risks. The admissions team told us that 75% of clients had some degree of anxiety or depression managed by the GP and 40% of the clients were under specialist mental health services. Clients with a dual diagnosis of substance misuse and mental health needs were offered a 24 hour assessment at the service.
- The admissions team managed the process from initial expression of interest to arrival at the service, which included gathering all risk information.
- The biggest risk to clients was relapse into substance use and the provider had a comprehensive set of rules (known as boundaries) to help clients remain abstinent. A relationship between clients in treatment was identified as a high risk which could lead to clients leaving their treatment early and potentially relapsing. Clients signed a contract agreeing to avoid relationships with their peers while in treatment.
- The provider had not ensured that medicines were always managed safely at Nelson House. Medicines were stored securely in a locked cupboard in the medicines room which was kept locked. However, the system for checking stock and recording medicines taken was confusing and difficult to follow. Medicine administration records (MAR) were not easy to follow and it was not always possible to check if a client had received their medicine or not. The system required any 'must take' medicines to be printed in red to ensure staff followed this up. However, we identified that for one client, an anti-convulsant had not been marked as red.
- The medicines storage fridge was empty but staff had not been recording temperatures and did not know it should be locked. This meant that if a client had medicines such as insulin or eye drops requiring refrigeration the provider could not ensure they were stored at the correct temperature.
- We spoke with the clinical service manager about the need to improve the medicines management and during the inspection she arranged for a pharmacist to come in and introduce more effective systems.
- The Nelson Trust had a safeguarding lead who was knowledgeable and understood the application of safeguarding to the client group. We saw there was a clear record of any identified safeguarding concerns. These had been reported to the relevant bodies and the Nelson Trust had kept a record of any outcomes.
- All staff at the service had undergone checks to reduce the risk of employing an unsuitable person. References were on file and all staff had undergone disclosure and barring service (DBS) checks to determine any history of criminal convictions. As the Nelson Trust employed staff with a history of substance misuse some staff did have convictions which the provider had risk assessed.

Track record on safety

- There had been no serious incidents at any of the Nelson Trust services.

Reporting incidents and learning from when things go wrong

- The provider had a system in place to report and learn from incidents. Staff filled in an incident form and there was a system in place to review incidents in the managers meeting. For example we saw a number of clients had pulled muscles playing football, so the service arranged for clients to do stretching exercises before playing.

Duty of candour

- Staff understood the duty of candour and the importance of telling clients when things went wrong.

Are substance misuse services effective? (for example, treatment is effective)

Assessment of needs and planning of care (including assessment of physical and mental health needs and existence of referral pathways)

- The admissions team carried out an assessment of initial needs and developed a two week care plan on a client's admission. Key workers subsequently updated care plans with clients as they progressed through treatment.
- We saw an example of a client's risk assessment being updated by the house lead due to a change in presentation. The worker on duty in one of the women's houses was then promptly briefed regarding this.
- Staff told us that clients had individualised care plans and were able to give examples of addressing individual need. We looked at six care plans and found they were holistic and covered a range of recovery needs including preparation for discharge.
- Care plans identified clients' need not just in respect of substance misuse but with family, education, physical and mental health.
- **Best practice in treatment and care**
- The Nelson Trust delivered psychosocial services in line with best practice guidance. The trust delivered two services; a mixed service and a women's service. The mixed service delivered a range of group and individual treatment directed towards helping clients develop skills to live without drugs. The women's service was focussed on trauma-based model and was delivered by staff who had both in-house and external training.

Skilled staff to deliver care

- Staff at the Nelson Trust were trained and experienced. All staff completed mandatory training which included health and safety, safeguarding, and first aid. In addition recovery staff at both services had training in motivational interviewing and counselling skills. Staff were supported to complete Skills for Care training and were able to undertake further training in counselling and psychotherapy. Staff at the women's houses were trained in trauma work, with some of the counselling team having undertaken training in this with the American founder of the treatment method.
- Staff in the assessment team, in addition to mandatory training, had received additional training from the clinical services manager in assessment and risk assessment.
- The Nelson Trust also employed a teacher qualified in building trades to teach building skills to clients.
- All staff received regular supervision and an annual appraisal. Counselling staff received external counselling supervision. Staff at the women's service had additional supervision to support the trauma based model of care.
- Each residential house was staffed 24 hours, a member of staff slept in at each of the houses. Clients had contact numbers for staff at the other houses for urgent contact. Staff often left one or two houses unattended in the evening whilst a member of staff took clients to a Narcotics Anonymous or Alcoholics Anonymous meeting.
- The Nelson Trust had a lone working policy and night staff on duty at the different houses rang each other on an agreed basis. Staff did not report concerns regarding lone working, and in general told us they felt supported and enjoyed their jobs.

Multidisciplinary and inter-agency team work

- The Nelson Trust worked with a range of referring agencies across the country. The service liaised regularly with funders during a client's admission. The staff at Nelson Trusthad worked with the local GP surgery for a number of years. When needed, the staff could contact local mental health services, but this was not usually necessary. The provider was working closely with the wider recovery community to develop services, housing and voluntary work opportunities.
- The Nelson Trust was working with a charity funded by the Ecclesiastes group which had provided funding to improve the building where the service provided groups and counselling.

Good practice in applying the MCA

- Staff we spoke with knew the principles of the Mental Capacity Act and were able to identify how substances could affect mental capacity, and how this could trigger issues around consent or treatment.

Substance misuse services

- We did not see evidence of mental capacity assessments in the clinical records. However, this would not be a general expectation and the evidence we saw suggested clients generally had capacity, although this may fluctuate dependent on alcohol or substances or mental health situation.
- Staff recorded clients' initial consent to treatment and sharing information with others

Equality and human rights

- The provider had some blanket restrictions in place across the mixed and women's services. Clients consented to these as a condition of treatment. These restrictions were in place to ensure the safety of the clients in their first weeks of admission, and that of other clients in treatment. For example, clients agreed not to leave the house alone, agreed to not enter into a personal relationship with any of their peers and surrendered their mobile phones. Clients understood the importance of these restrictions.

Management of transition arrangements, referral and discharge

- The Nelson Trust were able to work with services which provided detoxification to arrange a direct admission to one of their houses.
- Clients spent time at the house as part of their assessment where possible. This was to determine if it was suitable for both the potential client and the current client group.
- All clients had an emergency plan in place in case of unplanned departure. Clients were given advice on loss of tolerance and increased risk of overdose. The provider informed care managers of unplanned discharge immediately.
- The Nelson Trust was part of the 'Choices' network which enabled clients who could not continue at Nelson Trust to move to another service within the network. For example a client may have used substances but be very motivated or just not able to get on with the ethos at the Nelson Trust. The Nelson Trust also accepted clients from other services if necessary.

Are substance misuse services caring?

Kindness, dignity, respect and support

- We observed a staff meeting in which staff discussed clients' treatment in a respectful and caring manner. Staff discussion was directed towards the best way to support clients and help them develop the necessary skills to develop emotionally and psychologically in order to remain abstinent. Staff ran groups professionally in a way that maintained a safe and supportive environment.
- Clients told us that they felt supported by staff who were warm and professional.

The involvement of clients in the care they receive

- Feedback from clients had led to prospective clients being shown the house by a peer, rather than a member of staff when they came for their assessment.
- The Nelson Trust had sought feedback from clients on what was important to them in a worker but clients did not participate directly in staff recruitment.
- At each house clients showed the CQC inspector around the house in order to have the opportunity to tell us about the service.
- The Nelson Trust enabled families of clients to be involved if this was appropriate.

Are substance misuse services responsive to people's needs?
(for example, to feedback?)

Access and discharge

- The Nelson Trust had extensive after care provision. Clients who were following a planned discharge pathway were offered a 'tapered' ending where they could use a week's worth of residential funding to cover four weeks or more of continued participation in group work and weekly aftercare sessions.
- The Nelson Trust was also able to support clients to move to a dry house, where they would be living with other people in recovery from addiction.

The facilities promote recovery, comfort, dignity and confidentiality

- Clients living in the four houses had access to kitchen facilities and shared communal lounges and dining rooms. Almost all bedrooms were shared, as it was part of the treatment for clients to have support from peers. There were a small number of single rooms in the four

houses intended for clients preparing to leave the service. Clients carried out all the cooking and cleaning, known as therapeutic duties. Staff told us this helped clients develop responsibility and learn essential skills for life after treatment.

- In addition to the four residential houses the service had the School House and the "**Skills, Training, Arts and Recreation Centre** (STAR) "centre. Groups and counselling were available at the school, and activities and education at the STAR centre.

Meeting the needs of all clients

- The Nelson Trust worked with each client as an individual. The service provided a wide range of groups, counselling, activities and voluntary work for clients. The purpose of these was to help clients develop psychologically and emotionally and develop skills to help them remain abstinent after treatment.
- We spoke with one client who told us that his faith had been respected and other faiths or atheism were also respected. We saw that a client with diabetes had food and drink specific to their dietary needs available. All clients at this service were knowledgeable about their needs and catered for them in the shopping and cooking arrangements.
- All clients in treatment had the opportunity to complete a genogram with a member of the family therapy team. This helped clients decide if they had treatment or therapy needs in relation to their families. The Nelson Trust was able to offer family therapy when needed.
- The Nelson Trust carried out an assessment of women referred to the trauma group before they began the treatment. This was to ensure that women were not destabilised by the work which could potentially cause them to relapse. We saw staff discussion about clients who were struggling and decisions made to either increase or decrease the intensity of treatment.
- The Nelson Trust provided a range of activities for clients. Clients were able to build their own bicycle which they could keep and take when they left treatment. Other courses available included aromatherapy, horticulture, stained glass, music, pottery and creative writing.
- Clients had the opportunity to receive tuition in literacy and maths if they wanted to. Other courses involved clients learning accredited courses in peer mentor skills and the impact of addiction on society.
- The trust had recently developed three micro businesses. The trust had a Recovery Café in Gloucester, staffed by people in recovery and clients were able to do voluntary work here to train as a barista and learn customer service skills. Additionally the trust had set up a building business to help train clients in building skills. They had employed an experienced builder to deliver this training. Clients were able to volunteer and learn a range of building skills.
- The provider told us about their latest project. They had purchased a building in Cheltenham and planned to open a drug and alcohol-free music venue. These projects were developed and managed by an ex-service user and had included input from the wider recovery community in the local area.

Listening to and learning from concerns and complaints

- We saw evidence the provider listened to and investigated complaints. We saw one example where clients had complained about a staff member and the provider had undertaken a thorough investigation.

Are substance misuse services well-led?

Vision and values

- The Nelson Trust had a recovery based philosophy with the statement 'we believe in the possibility of change' displayed on the website. All staff, from the chief executive down were passionate about providing good care.

Good governance

- The service had a board of nine trustees. The present chair had been in post for two years and had refreshed the other trustee posts which had come up for renewal. The trust had been able to attract a multi-disciplinary team of trustees encompassing experience in health services, law, probation, and property and asset management.
- The chair regularly visited the service and the board considered reports and performance against key performance indicators.
- We spoke with the chief executive who told us about the range of projects that the Nelson Trust was engaged in. The provider had expanded the provision of facilities in

the local community for all people in recovery not just clients of Nelson Trust. The trust was constantly engaged in improvement projects to provide more facilities for people in recovery.
- The provider had systems in place to ensure staff were managed effectively and received supervision and training. We saw evidence that staff performance was managed effectively.
- The provider had a new system in place to monitor and update policies and procedures and we saw evidence of systematic updating taking place.

Leadership, morale and staff engagement

- We found positive leadership across the trust. Staff development was actively encouraged and there was support for innovation. We spoke with staff who had been able to develop to management positions from more junior roles within the organisation. Staff morale was high and staff we spoke with were very positive about their roles and the management team.

Commitment to quality improvement and innovation

- The Nelson Trust had a strong commitment to quality improvement and innovation. In particular there had been a great deal of emphasis on helping clients to make the most of their lives post-discharge. The Nelson Trust had purchased four resettlement houses for clients to move into when the housing association was no longer able to provide this.
- The trust had an innovative micro business project to develop services in the local area for clients to develop work skills. This project was led by a former client now employed by the service. The three projects had been developed with input from the wider recovery community rather than by the management team at the Nelson Trust.
- The trust was involved in research with Kings College, London into delivering trauma-informed treatment in a women-only residential rehabilitation service . This had influenced the development of the services for woman.

Outstanding practice and areas for improvement

Outstanding practice

- The trust had an innovative micro business project to develop services in the local area for clients to develop work skills. This project was led by a former client now employed by the service. The three projects had been developed with input from the wider recovery community rather than by the management team at Nelson trust.
- The trust was involved in research with Oxford University into factors preventing women from accessing rehabilitation services. This had influenced the development of the services for woman.

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that medicines are safely managed at Nelson House.

Action the provider SHOULD take to improve

- The provider should ensure that all areas of the environment including outbuildings are subject to regular checks and consideration of ligature risk.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require treatment for substance misuse	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had not ensured that medicines were always managed safely at Nelson House. Medicine administration records (MAR) were not clear, and it was not always possible to be certain important medicines had been administered. The medicines storage fridge was empty but staff had not been recording temperatures and did not know it should be locked. Regulation 12 (1)(2)(d)