

Surrey Rest Homes Limited

Heath Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The unannounced inspection took place on 4 August 2014.

Heath Lodge Care Home is a residential home which provides accommodation and personal care for up to 26

people. At the time of our visit there were 20 people living there. The home provides support to elderly people, some of who are living with dementia. The premises consisted of two buildings, a large detached house with accommodation arranged over 2 floors. People's rooms were personalised with photographs, pictures and personal items.

Heath Lodge Care Home had a registered manager in post that was a responsible for the day to day running of

Summary of findings

the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

An inspection carried out by an external contractor identified that some of the smoke detectors were not working. These were still not working at the time of our inspection. Further checks raised concerns about a fire exit door and that a fire risk assessment had not been updated since October 2013. People were at risk of harm in the event of a fire as the smoke detection systems did not work.

The provider's quality assurance checks had not been effective at identifying the problems with the fire safety system. For example the health and safety check had not identified the ongoing issues with the fire safety systems that we found during our visit.

People told us that they felt safe at Heath Lodge Care Home. A person said, "The carers are very good." Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. Recruitment practices were safe and relevant checks had been completed before staff started work. Staff worked within good practice guidelines to ensure people's care, treatment and support promoted good quality of life.

People had enough to eat and drink throughout the day and night and there were arrangements in place to identify and support people who needed to be monitored. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The service worked effectively with healthcare professionals and was pro-active in referring people for treatment.

Staff involved and treated people with compassion, kindness, dignity and respect. People told us, "The care is very good indeed. They are very caring. The staff react as soon as someone needs something." Staff were happy, cheerful and caring towards people. People's preferences, likes and dislikes had been taken into consideration and

support was provided in accordance with people's wishes. People's relatives and friends were able to visit. People's privacy and dignity were respected and promoted.

The service was organised to meet people's changing needs. People's needs were assessed when they entered the service and on a continuous basis.

People told us they would feel comfortable talking to the staff or the registered manager if they were unhappy about anything. People were very positive about the service, one person said "I would give them first place."

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service.

People had access to activities that were important and relevant to them. People were protected from social isolation with the activities, interests and hobbies they were involved with. Staff supported people with their interests and religious beliefs in their local community.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service. People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided. Management obtained guidance and best practice techniques from external agencies and professional bodies.

People told us the staff were friendly and management were always visible and approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff told us the manager of the service very good and very supportive.

We found a breach 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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

People were at risk of harm in the event of a fire as effective smoke detection systems were not in place. A fire exit was not closing properly and a fire risk assessment had not been updated since October 2013.

People were protected from abuse and avoidable harm because of good recruitment procedures and trained staff working within current guidance.

People were protected because staff understood and knew how to apply legislation that supported people to consent to treatment.

People were cared for and supported by sufficient number of suitably qualified, skilled and experienced staff to keep people safe and meet their needs.

Requires Improvement



Is the service effective?

The service was effective.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. There was a consistent staff team that people knew and they supported the delivery of consistent care and were knowledgeable of the needs of people using the service.

People had enough to eat and drink throughout the day and night and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The manager worked effectively with healthcare professionals and was pro-active in referring people for treatment.

Good



Is the service caring?

The service was caring.

Staff involved and treated people with compassion, kindness, dignity and respect. Interactions between staff and people who used the service were kind and respectful. Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit.

People's privacy and dignity were respected and promoted. Staff told us they always made sure they respect people's privacy and dignity before personal care tasks are performed.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People's needs were assessed when they entered the service and on a continuous basis. Information regarding people's treatment, care and support was reviewed monthly or when changes occurred.

People were protected from social isolation through systems the service had in place. We found there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard.

Good



Is the service well-led?

The service was not consistently well led. The provider had systems in place to regularly assess and monitor the quality of the service provided, however these had not identified the issues with the fire detection and safety system.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

People who used the service told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the service and staff would report any concerns to their manager. Staff told us the manager of the service were very good and very supportive.

The manager obtained guidance and best practice techniques from external agencies and professional bodies.

Requires Improvement



Heath Lodge Care Home

Detailed findings

Background to this inspection

We visited the service on 4 August 2014. We spoke with six residents, a relative, a friend, 5 staff the registered manager and 2 visiting healthcare professional. We observed care and support in communal areas, looked at some of the bedrooms, reviewed a range of records about people's care, support and treatment, and the quality assurance and monitoring systems that reviewed that quality of the service provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The inspection was conducted by two inspectors and an expert by experience that had experience of older people's care services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is information given to us by the provider; this enables us to ensure we were addressing

potential areas of concern and highlights good practices. Before our inspection in August 2014, we also reviewed the information we held about the service such as previous inspection reports, notifications sent by the provider.

We contacted the local authority and health authority, who had funding responsibility for people using the service. We also contacted three health and social care professionals who visited the service.

At the last inspection made in April 2013 we had no concerns.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People told us they felt safe and were provided with easy to read guidance about what to do if they suspected abuse was taking place. A person said, “The carers are very good.”

However we found people were at risk of harm because not all of the fire safety systems were working. An external contractor had serviced the smoke detectors and identified a number were not working. These were still not working at the time of our inspection. Weekly fire checks conducted by staff identified problems with a fire door that did not close correctly. This had not been fixed at the time of our inspection, some weeks after the problem had been identified. The fault had also not been recorded in the homes maintenance book so the maintenance person had not been made aware of the issues. Fire Risk assessments had been conducted on 14 October 2013, and had not been updated since to take into account the issues that had been raised to ensure people were kept safe from harm. People could be at risk of harm in the event of a fire as the smoke detection systems were not effective. We also saw that the front door was designated as a fire exit but had a door chain on it, this could restrict access to and from the building, we discussed this with registered manager and it was rectified immediately. This was a breach in Regulation 15 of the Health and Social Care Act 2008.

Information on identifying abuse and the action to take was freely available for people to look at. Posters were on display throughout the home. The service held the most recent local authority multi agency safeguarding policy as well as their own company policies on Safeguarding Adults at risk. The local authority is the lead agency for all matters relating to safeguarding adults at risk in Surrey. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received safeguarding training within the last year. Staff knew what to do if they suspected any abuse. A member of staff told us, “First of all I would report it to a senior member of staff, they have to tell the police, CQC and social services”

Where people were unable to make decisions for themselves there were policies and procedures in relation to the Mental Capacity Act (MCA) 2005. All staff had been trained on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). The MCA is a legal framework about how decisions should be taken where people may

lack capacity to do so for themselves. DoLS provide a legal framework to prevent unlawful deprivation and restrictions of people’s liberty. Staff had access to information about dealing with issues relating to abuse and human rights. No one had been placed under DoLS, however the registered manager had contacted the DoLS team to obtain advice and guidance due to one person’s situation.

There were arrangements in place to protect people’s rights and the provider acted in accordance with appropriate guidelines. People who had capacity were able to give consent and make decisions about the care and support given. People who lacked mental capacity, were able to make small decisions about everyday issues such as what to wear or what to eat, but were unable to make complex decisions about financial, medication or treatment matters. For people who lacked capacity detailed information was found in their care records about who could make these decisions and in what context they could be made.

People were involved in their risk assessment regarding their health and well-being. Any issues that arose were discussed with the person along with the involvement of a healthcare professional such as the consultant psychiatrist, GP, district nurse and relative. Staff were knowledgeable about people’s needs, and what techniques to use to when people were distressed or at risk of harm. Risk assessments clearly detailed the support needs, views, wishes, likes, dislikes and routines of people. Risk assessments and protocols identified the level of concern, risks and how to manage the risks. Care and treatment were planned and delivered in a way that was intended to ensure people’s safety and welfare.

Where people needed support to move and were susceptible to falls or injuries, information about preventions and actions to be taken were recorded. We noted that rails were placed throughout the home and in the communal areas, so that people could use them to assist them with their balance or when getting up or down from a seats. For people who had behaviours that challenged others, techniques were identified such as having a choice of when to get up in the morning as this alleviated their aggressive behaviour. Action plans were put in place in accordance to people’s care and support needs.

We saw that there was sufficient qualified, skilled and experienced staff to meet people’s needs. People told us, “The staff are very nice. There are enough staff. They are

Is the service safe?

friendly and chatty. They bring my tea.” People confirmed that there was enough staff to meet their needs. The staffing rotas were based on the individual needs of people. This included one to one support, and supporting people to attend appointments and activities outside the home. The registered manager told us that if an individual’s needs changed, staffing levels would be increased. She stated that she was aware that “The weekend is more vulnerable for people, although it is a more relaxed atmosphere, visitors come and go, things can happen, but my staff know what to do.”

There was a recruitment and selection policy in place which ensured as far as possible that staff were suitable to work with adults at risk. Staff confirmed they submitted an application form providing a full employment history, information about previous training and qualifications, two referees and proof of identity. We saw that the provider had obtained and verified the information provided, ensured that people were of good character and completed criminal record checks before staff started work.

Is the service effective?

Our findings

People's needs were met by staff that were qualified, skilled and experienced to meet those needs. We saw two members of staff using equipment to transfer a person, with limited mobility, from a chair to their wheelchair. This was carried out sensitively and skilfully. During the process the person was constantly reassured and told what was happening. Conversations with staff and further observation of transfer techniques, confirmed that staff had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively.

People told us they felt supported and staff knew what they were doing. One person said, "The staff are friendly and very nice." A relative told us, "They were getting to know my mother's needs, and she was settling in well." The provider promoted good practice by developing the knowledge and skills staff required to meet people's needs. A staff training chart showed that all staff had necessary training to such as moving and handling and infection control. Discussions with staff confirmed that a staff induction programme was in place.

Staff told us they had regular meetings with their line manager to discuss their work and performance. A member of staff said, "I had supervision last week, we talk about issues and training during each supervision, we have them every 2 to 3 months. I feel very supported." The registered manager confirmed that staff were able to discuss issues and development needs. Staff confirmed that they had annual appraisals or were due to have one. We reviewed the provider's records which reflected what staff had told us.

People had their needs assessed and specific care records had been developed in relation to their individual needs. Where people needed assistance with eating or had special dietary requirements, such as allergies or had a risk of choking, information and guidelines were recorded to ensure that people's needs were met. Where people required products to be added to their food and drink to enable them to swallow without harm, instructions were given to the dosage and consistency required.

People told us, "The food is OK, I'm finicky. If I don't like it, I won't have it.", "The food is fair/pretty good, can't grumble about that.", "They would know if you weren't drinking enough. They're pretty good here." People were offered a

choice of menu for breakfast, lunch and tea. There was a choice of nutritious food and drink available throughout the day; an alternative option was available if people did not like what was on offer. People confirmed that they had sufficient quantities of food and drink. The portion size varied according to the persons' wishes. We saw staff preparing and getting people ready for lunch, at a slow and steady pace, they were not rushed. People who were unable to eat themselves were supported by a member of staff. Throughout the day people were encouraged to take regular drinks.

Care records contained information about people's food likes and dislikes and preferences as required by religious or cultural needs; people's nutritional intake was assessed and monitored; this information was given to the staff who prepared the meals. The home used information provided by the Malnutrition Universal Screening tool (MUST) which identifies adults, who are malnourished, at risk of malnutrition (under nutrition), or obesity. This was also used in the development of a plan of care for people who had been identified as malnourished or obese. Staff would discuss any changes with people, relatives and healthcare professionals would also be involved in their care.

The kitchen was clean and food was stored and recorded correctly in accordance to environmental health guidelines. We saw records that recorded fridge, freezer and cooked food temperatures. This showed us that people were protected from the risk of food poisoning.

Pre admission assessments recorded individual's personal details, mental capacity, details of healthcare professionals such as doctor, care manager, information about any medical history, medicines, allergies, physical and mental health, identified needs and any potential risks. This information was reviewed prior to any care and support given. This meant that staff had the most up to date information that related to the person regarding their health, care and support needs.

People had access to healthcare professional such as GPs and occupational therapists. When people's needs changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. A visiting healthcare professional told us, "Staff were good at communicating people's needs to us, level of care is very good, very attentive to residents, staff know them, any instructions given to staff are followed through." People were supported by staff or relatives to attend their health

Is the service effective?

appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. This meant that people were supported to maintain good health.

Is the service caring?

Our findings

People told us that staff were caring. One person told us “The care is very good indeed. They are very caring. The staff react as soon as someone needs something.” Staff were caring and sensitive to people needs, for example staff were seen encouraging a person and supported him to drink his tea safely which he wanted to do standing up. Where a person was sitting in a slouch position, staff spoke to her to see if she was alright and after some gentle persuasion she sat up on her own. A relative told us how impressed she was at how staff had dealt with a difficult situation, they told us “When someone was awkward, they were very considerate and whispered in her ear, they didn’t make a scene.”

People could make choices about when to get up in the morning, what to eat and what to wear. People’s rooms were personalised with photographs, pictures and personal items of their choice.

People’s needs were assessed with them to ensure the service could meet their needs. The provider also obtained information from relatives, health and social care professionals involved in their care. This enabled the provider to have sufficient information to assess people’s care and support needs before they received any care, support and treatment.

Staff knew about the people they supported. They were able to talk about people and their life, their likes, dislikes and interests and the care and support they needed. For example staff were seen talking to a person about their past employment history and how things had changed. There was detailed information in care records that highlighted people’s personal preferences, so that staff would know what people needed from them. A staff member told us, “We have residents from different countries and religions; we bring them together and give them choices around food and prayer, for example.” Staff knew people’s religious, personal and social needs and preferences from reading their care records and getting to know them. Care records were reviewed on a monthly basis or when care needs changed.

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks, or choice of meal. Staff did not rush people

for a response, nor did they make the choice for the person. Relatives confirmed their involvement in their family member’s care planning, and there was detailed information recorded of decisions made for those who lacked mental capacity. Staff were knowledgeable about how to support each person in ways that were right for them.

People told us that staff treated them with kindness and compassion. Comments made included, “I would prefer this place 100 times. I would give them first place.” We saw that staff treated people with dignity and respect. Staff called people by their preferred names, and personal care tasks were conducted in private. Staff knocked on people’s door and asked permission to come in before entering. One person had an accident and we watched staff responded quickly and calmly. They ensured that the person was cleaned and their clothes changed. Staff were patient and gentle when assisting and supporting a gentleman from getting out of a chair, to stand and then walk. They allowed him to move at his own pace. They explained to people when they were going to do something with them, such as moving them with lifting equipment. At each stage they checked that the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner.

People’s relatives and friends were encouraged to visit and maintain relationships. People confirmed that they were able to practice their religious beliefs, because the provider offered support to attend the local religious centres.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secured office. This ensured that people such as visitors and other people who used the service could not gain access to people’s private information without staff being present. A member of staff told us “We keep care plans in the office and don’t leave them out for others to read. We don’t talk about people in front of other people.”

People were supported to express their views about their care, support, treatment or the service in different ways. This happened through day to day conversations with staff, ‘resident’ meetings and at parties. We saw minutes of the

Is the service caring?

'resident' meetings which recorded people's feedback about activities, care provided and the menu. Information about advocacy services was displayed on the notice board.

Is the service responsive?

Our findings

People confirmed they or their relative were involved in the planning and delivery of their care. A relative told us, “The care plan is due to be done, so I am waiting for the manager to talk to me about that.”

The care records had detailed information which outlined individual’s care and support and any changes to people’s care was updated in their care record, this ensured that staff had up to date information in regards to people’s care needs. The manager confirmed that the service involved people, health care professionals and relatives in the decisions and planning of care.

Care given was based on an individual’s needs, care and treatment. Pre and admission assessment provided information about people’s needs and support. For people who displayed behaviours that challenged others, guidelines were provided to staff to minimise risk, whilst ensuring the person was safe. Staff were quick to respond to people’s needs. For example the registered manager noticed that a person’s socks were too tight and asked a member of staff to change their socks for them.

For people who had difficulty in moving unsupported and were confined to bed, information was recorded in their care records about changing their position on a regular basis to stop pressure sores developing. Visits from the district nurse were also noted. The registered manager told us they do not use agency staff, existing staff would cover annual and sick leave. She told us by having a consistent staff team they were able to build up a rapport with people and that people were cared for by staff they knew and who and understood their needs.

Information was displayed on the notice board informing people of onsite eye tests which were taking place. Other information displayed included today’s date; name of the person in charge and staff on duty. Information about an advocacy service was also displayed, so that people could obtain support from an independent person if they wished.

People told us “The response to the call bell was good.” We noted there was a call bell system in place. The system was simple and there was an audible sound when the bell was activated. Information displayed on the call unit indicated what room the call button had been activated. The registered manager told us that people who don’t use the call bell system are checked every half hour. The registered

manager told us there was no system to monitor or review the response times to call bells, however most calls were answered within two minutes. During our inspection we timed the call bell response and found them to be answered within two minutes.

People were provided with the necessary equipment and medicines to assist with their care and support needs. We saw items such as lifting equipment, wheelchairs, bath seats, specialist mattresses and beds, which were used in accordance to people’s needs. Information regarding people’s individual needs and equipment used was recorded in their care records and staff were knowledgeable about the equipment individuals needed.

People confirmed that they took part in the activities in the home, such as games, arts and crafts and reminiscence sessions. They were also able to pursue hobbies and interests if they wished. People told us, “There have been some outings with the home, but I can’t remember the details.” Relatives told us, “I am pleased that there seemed to be more activities here than in the previous home where my mother had been. She was pleased that there would be an arts and crafts session on a Tuesday as my mother liked that sort of thing.” We observed activities such as ball throwing, snakes and ladders, quoits played as well as staff giving people manicures throughout the day. Staff were very good at engaging people in these activities, other people who were not interested in participating read the newspaper, completed a crossword or watched television. There was a daily activity plan displayed which staff followed during our visit. We also noted that ‘pat the dog’, where an owner and their dog visited the home and engaged with people, which people enjoyed. People confirmed that friends and relatives visited them at the home. The registered manager told us they had worked with an organisation that was integrating young people and older people in the local community, they had organised a tea party and photography sessions at the home to expand people’s experiences. This was a group activity so people had the choice to join in if they wanted to.

People were made aware of the complaints system. This was provided in a format that met their needs with easy to read words and pictures. People had their comments and complaints listened to and acted upon. People’s feedback was obtained in a variety of ways such as ‘residents meetings, surveys, discussions with people and their

Is the service responsive?

relatives. The complaints policy gave staff clear instructions about how to respond to someone making a complaint and how the provider would deal with any issues arising from the complaint. People told us that they had not made a complaint

Staff told us that they were aware of the complaints policy and procedure as well as the whistle blowing policy. Staff

knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. The manager maintained a complaints log. The manager had received seven complaints in the last twelve months. These were dealt with in a timely manner and resolved satisfactorily.

Is the service well-led?

Our findings

To ensure people received care that met their needs and kept them safe, the provider had a number of systems in place to make sure the service assessed and monitored its delivery of care. However these were not always effective. The provider's quality checks had not identified that the fire safety systems were not effective. This showed that some improvement was required in the provider's quality assurance system.

There were various monthly audits carried out such as medicines, housekeeping, care plans, and an additional medicines audit conducted by an external agency in March 2014. Staff told us the registered manager conducted regular spot check on rooms to make sure they were clean, tidy and safe for people to live in. Where issues had been raised in these audits and checks, action had been taken to correct the issues raised.

People were involved in how the service was run in a number of ways. People told us that there was 'residents' meetings for people to provide feedback about the service. We saw minutes of the meeting that where people discussed the summer party, care provided and the menu.

A quality assurance survey conducted every year obtained feedback from people, their relatives and health and social care professionals. Where people had been asked if the service could improve comments such as "nothing I am happy here" were seen on the surveys. Other areas in the surveys showed that people felt the strengths of the home were, "It's is food, activities and staff." People also felt they

had the freedom to do what they wanted. One person recorded, "I can do what I want, when I want." We saw that people's feedback was positive and stated that they were well looked after and encouraged to form positive relationships between healthcare professionals, staff and people.

The provider obtained guidance from external bodies such as NHS England, National institute of Health Care Excellence (NICE) to ensure they worked within current guidelines and worked with best practice techniques. For example current information about infection control and best practices regarding MRSA were available to staff.

The provider had a system to manage and report incidents, and accidents. Members of staff told us they would report concerns to the registered manager. We saw incidents had been raised and dealt with and relevant notifications had been received by the CQC. We saw accident records were kept and audited monthly to look for patterns or trends. This enabled staff to take immediate action to minimise or prevent accidents

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment.

We saw that the registered manager had an open door policy, which meant they actively encouraged people to voice any concerns. She engaged with people and had a vast amount of knowledge about the people living at the home. She was polite, caring towards them and encouraging them. People felt she was approachable and would discuss issues with her.

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>The registered person had not ensured that service users and others having access to the premises were protected against the risks associated with unsafe or unsuitable premises by means of adequate maintenance of the fire safety systems.</p> <p>Regulation 15 (1)(c)</p>