Smallwood Homes Limited

Firbank Nursing Home

Inspection report

81 Fir Road
Bramhall
Stockport
Greater Manchester
SK7 2JF

Tel: 01614408725

Date of inspection visit:
20 February 2018
22 February 2018

Date of publication:
15 May 2018

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**

Summary of findings

Overall summary

This inspection took place on 20 and 22 February 2018 and was unannounced. We last inspected Firbank on 18 October 2016 at which time we rated the service requires improvement overall and identified breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of is the service safe, is the service effective, is the service responsive and is the service well led to at least good.

At this inspection we found the provider had made improvements to some of these areas but was continuing to breach two regulations of the Health and Social Care Act 2014. You can see the action we have told the provider to take at the end of this report.

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

Firbank provides nursing care for up to 21 people. Firbank is located close to Bramhall and the local amenities. The accommodation is arranged over two floors accessed via stairs or a passenger lift. The home has a communal lounge that leads into the dining room area with doors that lead onto the enclosed rear garden. There is a large garden at the rear and patio areas.

At the time of our inspection the home did not have a registered manager, but interviews were taking place. Shortly after our inspection a manager was appointed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found some hot water outlets in the home reached temperatures where people would have been at risk of scalding. We also found some hot water outlets where the temperature was not high enough to destroy bacteria and so minimise the risk of infection.

We made the provider aware of these issues and they immediately called a plumber to try and rectify the

issues. By the second day of our inspection the plumber had fitted temperature control valves on most of the outlets, however one of the showers in the home wasn't able to be restricted and so the management put the shower room out of use until an appropriate shower could be fitted.

Portable Appliance Testing (PAT) in the home had not been carried out since 2014 meaning potentially unsafe electrical items may have been in use in the home.

People we spoke with told us they felt safe. One person told us; "I do feel safe. I don't know what makes me feel safe but I do." A relative we spoke with told us; "[My relative] is being cared for well and they like it here."

People's medicines were managed safely in line with national guidelines. During the inspection we saw people being asked for their agreement to take medicines.

Rather than having fixed breakfast times, people were able to have breakfast whenever they got up. There was a choice of meals available and if people didn't like either option the chef was happy to make them other meals. People were involved in planning the menus and enjoyed the food. One person we spoke to told us; "[My lunch] was delicious. It really was very, very nice."

People and their relatives were involved in planning their care and people's needs were kept under regular review.

Many staff working in the home had worked there for a long time. When people were recruited appropriate checks were done before the person was allowed to start work. New staff underwent training in a number of areas to enable them to deliver care safely and their competency was kept under review.

Care workers told us they felt valued and supported by management and were able to speak with them to discuss any concerns or suggestions they had. Staff worked well together and treated each other, as well as people living in the home with respect.

During the inspection we found the atmosphere in the home to be calm and relaxed. Staff knew the people living in the home well and made a point of engaging them in conversation whenever they passed through a communal area. Where people preferred to stay in their rooms we observed staff making regular checks to ensure they were ok and whether they needed anything.

People living in the home told us they were happy and we observed numerous caring interactions between care workers and people living in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Some hot water outlets were not temperature restricted meaning people were at a risk of scalding.

People told us they felt safe. Systems were in place to protect people from abuse.

The home was staffed with suitable numbers of staff for the people living there.

Is the service effective?

Good

The service was effective. People spoke highly of the food and a choice of meals were available.

Staff in the home were well trained and supported.

People's medicines were managed safely.

Is the service caring?

Good

The service was caring. People told us they felt well cared for.

Staff made a point of involving people in conversations and listening to what they said.

People were involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People were involved in the regular reviews of their care.

A variety of group and individual activities were available in the home.

People felt able to complain and lessons were learned from complaints.

Is the service well-led?

Requires Improvement

The service was not always well led. Safety checks were taking place but did not identify issues with hot water temperatures or expired Portable Appliance Testing (PAT).

Other quality checks were appropriate and used to identify where improvements to the service could be made.

People felt the management team were open and approachable.

Firbank Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 and 22 February 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector, one specialist advisor in health and safety and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed this in line with requested timescales.

We also contacted the local authority, the local authority safeguarding team and Healthwatch to seek their views about the service. The local authority told us they had some concerns and were working with the service to help them improve. We also considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about.

As part of the inspection we spoke with seven people living in the home, two relatives, two members of care staff, the chef, the deputy manager and the operations director of the care management company in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the recruitment records of three care workers, the care records of three people and the medication records of three people. We also looked at records relating to the running of the service which included staff rotas, records of accidents and other incidents, training records, servicing and maintenance

records and audits and checks carried out.

Requires Improvement

Our findings

At our inspection in October 2016 we found shortcomings in the fire safety arrangements in the home and gaps in the fire alarm testing and maintenance records. During this inspection we noted improvements had been made in these areas and care workers had a clear understanding of the fire alarm and evacuation process in the home. This meant risks to people living in the home would be minimised in the event of fire.

At our last inspection we also found issues with the safe management of medicines. Not all the guidance on the management of medicines issued by the National Institute for Clinical Excellence (NICE) was being followed and unauthorised staff had access to the room where the medication was stored. At this inspection we found the door to the medication room was locked throughout the inspection and the keys were held by the nurse on duty.

The fridge for storing medicines was also locked. The temperatures of the fridge were monitored daily and were within the required range. Some medicines lose their effectiveness if they are not stored at the correct temperature.

We also saw records relating to people having medicines given as and when required (PRN) showing there was a clear protocol to guide staff when to give these medicines and they were being kept under review. This meant people were receiving the medication they were prescribed safely.

We looked at the medication administration records for people who had been prescribed PRN medicines. The MAR had clear guidance explaining the reason for the medication, and medicines that shouldn't be taken with it and the minimum interval between doses of the medication being given.

This meant the provider was now meeting the requirements relating to the safe management of medicines.

During this inspection we found the temperature of hot water at a number of outlets was not being properly controlled. People may be at risk of scalding where the temperature of water exceeds 44°C. We found that the temperature of hot water from a number of taps, showers and baths ranged between 44°C and 57.8°C meaning people may have been at risk of scalding especially in baths and showers.

There is a risk of infection where hot water does not reach a sufficient temperature to destroy bacteria and we found a small number of water outlets where the hot water temperature did not reach this level. When these issues were raised with the management team a plumber was called and the temperatures were

regulated and the shower room where the temperature could not be regulated was put out of order.

The management team in the home were unable to provide historic records of temperature checks conducted in the home although at the time of our inspection checks were being carried out by the recently appointed handyman. These checks had not identified the risk of scalding to people from the hot water in some areas.

There was no evidence of portable appliance testing (PAT) having been carried out on appliances within the home since 2014. During our inspection we noted the handyman had been enrolled on a course which would qualify him to perform these checks.

The above evidence demonstrates a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

The home had a safeguarding policy and all staff had undergone safeguarding training and demonstrated they understood the importance of it. One care worker we spoke with told us; "I know if something isn't right and I will raise it." Care workers we spoke with told us they felt comfortable raising things with the management team.

People's care records contained a variety of assessments identifying the support the person needed. These included an assessment of what help the person needed to move around, how well they were able to eat and drink, and whether they needed support to take their medicines. Where risks had been identified plans had been put in place to mitigate the risk. These assessments were summarised in a physical health care plan and had been reviewed monthly and had been updated where the person's needs had changed.

All care workers had undergone training to help them deal with people with challenging behaviour. We saw records showing how the home had identified a pattern in a person's behaviour and had worked with the local authority to mitigate it.

At our last inspection we found there were not always enough staff to meet people's needs. At this inspection, people we spoke with felt there were generally enough staff on duty although some people we spoke with felt there weren't enough care workers to cover when regular workers were absent. One person we spoke with told us; "Apart from illness the staffing is fine. I think it is wonderful." The level of support people needed was reviewed monthly and was used to calculate the number of staff on duty.

During our inspection we observed care workers having time to speak to people and give care in an unhurried way. Care workers we spoke with said they felt the staffing was sufficient. One person told us; "We have enough staff but when [the home] is full we are busy first thing." We looked at the dependency tool used by the management to calculate staffing levels in the home which indicated there were more staff on duty than needed. We discussed this with the management team in the home who assured us that as the home took in more people the staffing levels would be reviewed. This meant the home was now meeting the requirements of the regulations.

The home demonstrated safe recruitment practices. We looked at the recruitment files of two people who had recently started work in the home. The records showed appropriate checks, including checks with the Disclosure and Barring Service (DBS) were being made before care workers started work. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks helped to ensure only suitable applicants were offered work with vulnerable adults.

New care workers had undergone an induction which was documented in their recruitment file. Care workers we spoke with told us they had found their induction helpful and felt able to ask senior staff if they were unsure about anything.

The home was clean and tidy and the furniture was generally in a good state of repair, although we noted one person's chair had some tears to the vinyl which could make it difficult to clean effectively. We spoke with the team of domestic staff who explained the bedrooms in the home were cleaned every day and deep cleaned twice a week. The domestic staff also had a process for cleaning equipment like commodes and catheter stands. Care workers in the home had received training in infection control and food hygiene and we observed them using appropriate personal protective equipment like disposable gloves and aprons when giving care. This meant the risk of exposing people to infection was minimised.

The kitchen in the home had been awarded a 3 star hygiene rating by the local authority meaning it was generally satisfactory. The chef explained the rating had been affected by a faulty fridge which had since been replaced and the local authority were due to re-inspect the kitchen.

Accidents and incidents were recorded and were reviewed on a monthly basis by the deputy manager to identify any trends and any actions that could be taken to improve safety within the service.

Good

Our findings

At our last inspection we found the provider was not ensuring care workers received appropriate induction, training and supervision to enable them to carry out their role. Since that inspection a new training system had been implemented and was overseen by the deputy manager. Care workers were allocated training online and the deputy manager received an email to confirm the training had been completed. In addition to this the deputy manager was able to run reports to see if any care worker's training was due for an update.

We were shown a report indicating all care workers were up to date with their mandatory training. We spoke with care workers who confirmed they had undergone training and that it had improved greatly. One care worker we spoke with told us; "The training is interesting it makes you want to learn."

The deputy manager told us that in addition to the training, care worker's competencies were assessed regularly to make sure they were able to demonstrate their learning in a practical situation so demonstrating they had the practical skills to enable them to care for the people in the home.

Care workers received formal supervisions from the deputy manager which were then recorded in a matrix to ensure all care workers received them regularly. Supervisions for clinical staff were done by the registered manager of a nearby related home as the deputy manager was not a registered nurse.

Prior to the inspection we had been made aware of concerns about the training the care workers had received in identifying and responding to skin integrity and pressure area care. We discussed this with the deputy manager who told us pressure area care was covered in a number of training sessions, including moving and handling and safeguarding. The local authority had been supporting the home prior to our inspection and had arranged to provide additional training for the care workers in this area. Care workers we spoke with were able to explain the signs that people may be developing pressure sores and the action they should take.

People who had been identified as being at high risk of developing pressure sores had additional care records where staff recorded when people had been assisted to move position and body maps showing any areas where there were concerns the person may have been developing a pressure sore. Care workers were able to explain the purpose and benefit of these charts.

This meant the provider was now meeting the requirements for training and supervision of staff.

People's care records contained a variety of assessments identifying what type of support the person needed and how they would like that support to be given. The deputy manager told us that people's cultural and lifestyle preferences were taken into account when the support plan was written.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and is least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA.

People's care records contained assessments of their ability to make decisions and where people weren't fully able to make decisions for themselves it was recorded what decisions they were able to make and what care workers could do to help the person make decisions such as asking at particular times of the day when the person was more able.

Where needed, applications had been made for DoLS authorisations and these applications were reviewed regularly to ensure they were up to date and still required. We saw one example where an application had been withdrawn because a person's capacity to make decisions had improved. During the inspection we observed care workers asking for people's consent and agreement before they assisted them to move or supported them with care.

People told us they enjoyed the food in the home. One person we spoke with told us; "The food is very good, very good indeed. I had egg and bacon for breakfast and cornflakes." Another person we spoke with told us; "The food is wonderful."

There was no set breakfast time in the home and people were able to have breakfast when they chose. A number of people were supported to have their breakfast in the lounge and dining area.

The dining area had a number of tables each with a menu showing the meal options for the day. The chef told us; "We want people to feel like they are eating in a restaurant. People can eat at the tables or choose to eat where they like." When lunch was being served a person said they wanted to watch the end of a TV programme in the lounge rather than sit at a table in the dining area. Care workers told the person; "That's no problem, we'll bring your lunch to you."

We observed the chef asking people if everything was ok with their food and when they saw a person hadn't started their porridge they offered to take it back to the kitchen to keep it warm for them until they were ready for it. People were encouraged to eat and drink and extra food was offered to people by care workers and kitchen staff.

People were offered a choice of hot meal at lunchtime and we saw the chef asking people what they would like. We spoke with the chef who told us; "It's about knowing the people and who likes what. I know [a person] isn't keen on either of the options today so they have asked for bacon on toast with tomatoes. It's no problem"

The menu changed every week and was on a four week cycle. The chef told us the menus were changed every six months and people were involved in choosing what meals they would like on them.

The chef demonstrated a good understanding of people's different needs in relation to their eating and drinking and explained that people who were on different diets had their meals served on the same crockery so as not to highlight their different needs. People's meals were taken directly from the kitchen to the person to ensure they received the correct meal.

People were registered with the same local GP when they moved in to the home and the Senior Nurse Practitioner from the GP's surgery made weekly visits to the home. In people's care records we saw referrals had been made to other healthcare professional such as Speech and Language Therapists and Podiatrists where people needed extra support.

The deputy manager told us that a community dentist visited the home annually but would also attend for emergency appointments. The deputy manager also told us an optician visited the home every year or more frequently if required. In the care records we looked at we saw people had up to date optical prescriptions.

The home was clean and well decorated. We saw bedrooms had been personalised with people's own furniture and ornaments to make them feel more homely.

Good

Our findings

People told us they felt care workers treated them with respect and that they felt cared for. One person we spoke with said; "The girls have a laugh with me. I would say they were looking after me properly." Another person told us; "The girls will help me, they are very good and helpful."

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

We observed care workers interacting with people in a kind and compassionate way. We saw people living in the home being spoken to with respect and friendliness and being involved in conversations. We saw one care worker sit with people and talk about the programme on the TV with them. The care worker included other people in the conversation so everyone was involved.

We also saw care workers check that people were ok as they walked through communal areas. Where people preferred to stay in their rooms we saw care workers visit them regularly to check whether they needed anything.

Where people had differing communication needs we saw care workers adapt the way they spoke and the words they used to help the person understand. We saw a care worker get their attention by gently touching their hand then speaking slowly whilst looking at the person enabling the person to have a conversation.

Care workers knew the people living in the home well and understood their likes and dislikes. One care worker we spoke with told us; "I love the residents, they make me laugh. We've got some real characters here." Another care worker told us; "Everyone in here is so different you've got to try to step into their world." Each person had a key worker who was responsible for acting as an advocate and making sure the person's wellbeing was maintained and their care plan was kept up to date.

At the front of people's care records there was a section containing information about the things that were important to the person and information about their past life and interests. Care workers told us these were useful when new people moved in to the home as they could start to build a rapport with them by talking about something that interested them.

When people were being offered drinks, care workers offered people a choice of drink and knew their preferences. An example of this was when a person chose to have a cup of coffee the care workers knew the

sort of mug the person preferred and that they preferred to have it served without a lid.

During our inspection we saw people being involved in decisions relating to their care, for example when they wanted to have a bath or shower. The person's choice was respected.

Care workers we spoke with understood the importance of maintaining people's confidentiality and during our inspection we saw care workers talk to people about their care so the person they were speaking with could hear them but other people in the room could not. People's care records were kept in a locked room accessible by care workers helping to ensure confidentiality was maintained.

The deputy manager told us relatives of people were welcome to visit the home at any time. During our inspection we saw relatives visiting the home being welcomed warmly. One relative we spoke with told us; "I've no worries at all the staff are fantastic."

Good

Our findings

At our last inspection we found the provider was not ensuring people received person centred care because of a lack of activities in the home. Since that inspection an activities coordinator had been appointed and worked in the home four days a week. People we spoke with told us; "[The activities coordinator] works Monday to Thursday, we play noughts and crosses and have sing-a-longs. I like doing activities." Another person we spoke with told us they sometimes went to the lounge for activities but if they chose to stay in their room the activities coordinator would visit them in their room and have a conversation with them. A relative we spoke with told us; "There wasn't enough for [my relative] to do but now they have an activities organiser."

Posters showing what communal activities were on each day were displayed on the wall throughout the home. The activities coordinator had a list of the activities each person preferred so if a person chose not to join in the communal activity the activities coordinator could try to find something the person wanted to do. On the days of our inspection we saw the planned activities were taking place and people seemed engaged and enjoying them.

The deputy manager told us the activities available were discussed at residents meetings to ensure they were what people wanted to do. We saw minutes of meetings confirming people had been asked for suggestions about activities and their suggestions had been incorporated into the activity plan.

This meant the provider was now meeting the requirements relating to person centred care.

People we spoke with told us they felt the care they received was personal to them. One person we spoke with told us they were able to get up early if they asked and tended to stay up a bit later which they liked. They said; "I tell them when I'm ready to go to bed and they take me." Another person we spoke with explained they liked to get dressed before they had their breakfast which the care workers helped them do.

People's care records had been reviewed regularly and the records showed how people had been involved in deciding what support they needed and how they wanted the support to be given. Where the person had agreed, their relatives had also been involved in agreeing the care plan.

All staff had undergone equality and diversity training and people's cultural preferences were included as part of the care planning process. Staff gave us examples of how they had adapted the care of people to take into account their beliefs and preferences.

People's communication needs were recorded when they first moved in to the home and any communication needs were highlighted in their care plan. The deputy manager told us that adaptations were made for each individual who needed them and gave us examples like reading out information for people who were unable to read it or making a voice recording of the information so the person could play it.

People we spoke with told us they felt happy to complain and told us the deputy manager and senior staff were very approachable. One person told us; "If there are any complaints they are always sorted." Another person said; "I'd tell staff if I wasn't happy with something but I haven't found it necessary."

Complaints were recorded and kept in a file. The file included verbal complaints and contained complaints from people living in the home, relatives of people living in the home and other advocates. Actions resulting from the complaints and any conversations with staff were documented and kept in the file. The subjects of complaints were analysed monthly to identify any trends or themes.

At the time of our inspection no one was receiving end of life care. The deputy manager explained that all care workers had undergone training in how to care for a person nearing the end of their life and that if the person had additional needs not covered by the training then training to meet the person's needs would be sought.

Requires Improvement

Our findings

At our last inspection we found there was a lack of adequate leadership and some quality monitoring was not robust. At the time of this inspection, the service was without a registered manager but interviews were being held and a manager has since been appointed.

The Quality Assurance and Training Manager was acting as a deputy manager and managing the home day to day with the support of the Registered Manager of a nearby home.

Where appropriate, incidents and safeguarding referrals had been referred to the Care Quality Commission (CQC) and other authorities. The deputy manager was clear about their regulatory responsibilities and explained to us that if they needed support then the registered manager of the nearby sister home was very supportive.

We looked at records showing the quality checks that were being carried out in the home. We saw that regular audits were taking place and actions arising out of the audits were documented and had been completed. Incidents in the home were well documented and were analysed monthly to identify trends and recurrent themes and where things could be improved action had been taken.

Although there were quality monitoring systems in place they had not identified the issues with the hot water temperatures or the expired PAT testing as detailed in the Safe domain of this report.

This demonstrates a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

Care workers we spoke with told us they felt valued by the management team and the management had created a culture where staff were encouraged to raise concerns or suggestions to improve the care and support people were receiving. One member of staff we spoke with told us; "If we've got anything to say we can go straight to [the deputy manager]. They are so caring and approachable." Another member of staff told us; "[The deputy manager] is one of the best things that's happened here. We've started to see a change. They are someone you can lean on. They are there."

During our inspection we saw staff treat other staff with professionalism and respect. We discussed this with care workers who told us they felt it was important to create a pleasant atmosphere in the home and if there were any issues they felt able to speak to other staff to resolve them quickly. One care worker told us; "It's

the care workers, kitchen and domestic staff working together. It's nice, everyone gets involved. I look forward to coming to work." Another care worker said; "It's really homely here. I love it."

Staff we spoke with told us that staff meetings were useful to learn about changes being made in the home and they were also used by management to thank staff. One care worker we spoke with told us; "It doesn't seem much but you do get a thank you from management and it means a lot."

Care workers told us they were supported by the management to apply for promotions within the home and a number of people we spoke with had started at the home doing a different job from the one they were doing when we inspected.

We saw minutes of monthly residents' meetings at which a variety of topics were discussed including activities the people would like to do, film and music requests and meals that people would like to have on the menu. The minutes of one meeting indicated that people would rather have their main meal of the day earlier and so this had been changed.

A large poster in the reception area of the home encouraged visitors to the
home and residents to leave feedback and forms for complaints, compliments and general comments were available next to the poster. Next to the poster was a large display showing actions that the home had taken as a result of complaints and other feedback. Examples of actions taken by the home were to get a tilting shower chair and installing new wet rooms as people preferred to have a shower rather than a bath.

The ratings from the previous CQC inspection were also on display in the reception area of the home.

At the time of our inspection the home was being supported by the quality team from the local authority. A member of the local authority team told us they had seen a lot of improvement in the home and that staff in the home had been very receptive to ideas and suggestions and had worked well with them. The deputy manager of the home told us; "The quality team are welcome. If it's going to improve things, why not?"

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	A number of hot water outlets were not temperature regulated meaning people were at risk of scalding

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality monitoring systems had not identified issues with hot water temperatures or expired Portable Appliance Testing (PAT)