

Dolphin Property Company Limited Hillcrest Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Inadequate



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 18 September 2015 and was unannounced. A second visit was carried out to the home announced on 23 September 2015 to complete the inspection.

The last inspection was carried out in May 2014 when we found that the provider was not meeting the regulation relating to the premises. We found shortfalls in the safety and condition of the premises. Following our inspection, the provider wrote to us and told us what action they were going to take to improve.

At this inspection we found that some improvements had been made. However, not all actions which the provider had stated would be completed had been carried out.

Hillcrest Care Home provides care and accommodation for up to 52 people. Some of whom have dementia related conditions. There were 39 people living at the home on the days of the inspection. The home was not accepting any new admissions due to the refurbishment that was planned to be carried out.

Summary of findings

The home was divided into two units; Tree Tops for people who had dementia related conditions and the general unit for people who had nursing and personal care needs. Both Tree Tops and the general unit were spread over two floors.

The previous registered manager had left in May 2015 and a new manager had been in post for three weeks prior to our inspection. She was not yet registered with the Care Quality Commission in line with legal requirements. 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 and associated Regulations about how the home is run.

We identified shortfalls with the suitability of the premises and certain infection control procedures. Paintwork in certain areas was damaged and many of the carpeted areas in the corridors were threadbare. In addition, black tape had been stuck over many of the carpet joins. We read the home's fire risk assessment and noted that a number of areas for action were highlighted which had not yet been completed.

Bathing equipment did not fully meet the needs of people or staff. Baths were not raised and some staff informed us that they had to bathe people whilst they kneeled. Bath hoist straps were stained and discoloured and there was a lack of hand washing facilities in Tree Tops in people's rooms. There was no hand washing soap and paper hand towels were stored on top of people's ensuite toilets. One person told us and staff confirmed that moving and handling hoist slings were shared and not specific to each person. This was an infection control risk. Following our inspection, the manager informed us that new slings had been purchased, however these had been stored in the loft without her knowledge.

We spoke with the manager about our observations. She told us that major refurbishment was due to commence the week after our inspection. She provided us with the refurbishment plans. Following our inspection the manager spoke with us and confirmed that refurbishment had commenced and areas highlighted in the home's fire risk assessment had been addressed.

We passed our concerns about the condition of the premises to the local authority's fire safety team and contracts and commissioning team.

We checked medicines management and found that safe systems were in place for the receipt, storage, administration and disposal on Tree Tops. However, we found minor concerns with the recording and storage of medicines in the general unit. We have made a recommendation that national guidance is followed in relation to medicines recording and storage.

People, relatives and staff informed us that there were sufficient staff to look after people. We observed that staff carried out their duties in a calm, unhurried manner.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. There was one ongoing safeguarding concern. We cannot report on this at the time of this inspection. CQC will monitor the outcome of the safeguarding investigation and actions the provider takes to keep people safe.

The manager was aware of the Supreme Court ruling which had redefined the definition of what constituted a deprivation of a person's liberty. We found that although applications to deprive people of their liberty had been made for people who lived in Tree Tops in line with legal requirements; staff had not completed any applications for people who lived on the general unit. The manager was aware of this issue and told us that this was being addressed. We also found there was a lack of documented evidence to demonstrate that care and treatment was given in line with the Mental Capacity Act 2005.

We received mixed opinion about the meals. The manager had recently changed the menus and people informed us that food at the home had improved. We observed the lunch time period and saw that people were supported with their dietary and hydration needs. The community matron told us that she did not have any concerns about people's nutrition at the home.

People and relatives told us that staff were caring. All of the interactions between people and staff were positive. Staff promoted people's privacy and dignity. We saw staff knocked on people's doors before entering.

Summary of findings

We found shortfalls in care planning documentation on the general unit. This meant that people's care records did not always contain a detailed care plan to instruct staff what action they should take to meet their needs.

There was an activities provider employed to help meet people's social needs. There was an activities programme in place. People were supported to access the local community.

There was a complaints procedure in place. The manager told us that no formal complaints had been received. There was no evidence however, that informal concerns were documented. The manager immediately addressed this issue by recording all minor concerns she had dealt with during her three weeks at the home. She had also set up a steering committee which comprised of people who lived at the home.

There had been a change in the provider's management structure. Staff informed us that this change had led to improvements including the release of funds for the refurbishment of the home.

People, relatives and staff spoke positively about the new manager and the impact she had had during the short time she had been at the home. Comments included, "She's like a breath of fresh air," "She's approachable," "She's human and so lovely" and "She makes a point of coming around and speaking to us." All staff told us that they were happy working at the home and felt valued. One staff member told us, "I love my job."

The manager had commenced various audits and had identified a number of areas where improvements were required such as the premises, infection control procedures, mental capacity, meal times, training and care plans.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, need for consent and good governance. You can see what action we have taken at the back 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.

There were shortfalls in the premises and equipment. In addition, we had concerns with certain infection control procedures.

There was a safe system in place for the management of medicines on Tree Tops unit. Minor concerns were identified with the storage and recording of medicines on the general unit.

There were sufficient staff to look after people. We observed staff carry out their duties in a calm unhurried manner.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. There was one ongoing safeguarding concern.

Inadequate



Is the service effective?

Not all aspects of the service were effective.

Training levels had increased following the appointment of the new manager; training was currently at 68%. Further training was being undertaken by all staff.

There was a lack of documented evidence to demonstrate that care and treatment was sought in line with the Mental Capacity Act 2005.

The manager had changed the menus to ensure that there was an emphasis on home baking. People informed us that meals at the home had improved. People were supported to access healthcare services.

Requires Improvement



Is the service caring?

The service was caring.

People and relatives told us that staff were caring. All of the interactions between people and staff were positive.

Staff promoted people's privacy and dignity. We saw staff knocked on people's doors before entering.

The manager had set up a steering group to ensure that people were involved in all aspects of the service.

Good



Is the service responsive?

Not all aspects of the service were responsive.

There were shortfalls in care planning documentation on the general unit. This meant that people's care records did not always contain a detailed care plan to instruct staff what action they should take to meet their needs.

Requires Improvement



Summary of findings

An activities coordinator was employed to help meet people's social needs. An activities programme was followed.

There was a complaints procedure in place. Minor concerns had not been recorded. The manager addressed this immediately by recording all minor concerns she had dealt with.

Is the service well-led?

Not all aspects of the service were well-led.

The provider had not met the requirements of their own action plan. Not all actions had been completed to ensure the safety of the premises.

There was a new manager in post. She was not yet registered with the Care Quality Commission.

Staff told us that there had been improvements following the provider's new management structure. They said they were happy working at the home and felt valued.

Requires Improvement



Hillcrest Care 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 18 and 23 September 2015 and was unannounced.

The inspection was carried out by an inspector and a specialist advisor in dementia care. We also consulted with a CQC pharmacy manager following our inspection.

We spoke with eight people and two relatives who were visiting on the days of our inspection.

We spoke with the manager, unit manager for Tree Tops, compliance officer, two nurses, one senior care worker, five

care workers, maintenance man and cook. We read three people's care records and viewed information relating to staff training. We looked at a variety of records which related to the management of the home such as audits, minutes of meetings and surveys.

We conferred with a reviewing officer and community matron for nursing homes and an infection control practitioner from the local NHS Trust. We also spoke with a safeguarding adults officer and contracts officer from the local authority.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request that the provider complete a provider information return (PIR) because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions, what the service does well and what improvements they plan to make.

Is the service safe?

Our findings

We spent time looking around the premises and identified shortfalls in a number of areas. Paintwork in certain areas was damaged and many of the carpeted areas along the corridors were threadbare. In addition, black tape had been stuck over many of the carpet joins. We checked the lift and noticed that the flooring was damaged. This was a trip hazard. We read an action plan which stated that the passenger lift alarm was out of order. This meant there was a risk that people and staff could not summon help if required. In addition, staff told us that the lift was not always suitable to meet people's needs. They said that a stretcher would not fit in the lift, in the event of a person requiring emergency treatment in hospital.

Bathing equipment did not fully meet the needs of people who lived at the home or staff. Baths were not raised and some staff informed us that they had to bathe people whilst they kneeled. One person told us and staff confirmed that moving and handling hoist slings were shared and not specific to each person. This was an infection control risk. Following our inspection, the manager informed us that new slings had been purchased, however these had been stored in the loft without her knowledge.

Bath hoist straps were stained and discoloured and there was a lack of hand washing facilities in people's bedrooms in Tree Tops. There was no hand washing soap and paper hand towels were stored on top of people's en-suite toilets. This was an infection control risk.

Staff told us and our own observations confirmed that there were no handrails fitted in many of the en-suite bathrooms. In addition, the manager told us that some handrails were loose. This meant that equipment was not always available or safe to support people with accessing toileting facilities and reduce the risk of falls.

The paintwork was damaged on many of the corridor walls, handrails and skirting boards. This meant that these areas could not easily be cleaned and demonstrated that the home was not well maintained.

We read an infection control audit which had been completed by the provider's representative on 11 August 2015. This stated, "The home desperately requires refurb. The home looks dirty, neglected etc." Infection control procedures within the home had been rated at 50%.

We examined fire safety procedures. Regular tests and checks were carried out on all fire safety equipment. We read the provider's action plan however, which stated that further fire detection was required to be fitted in the loft space and pad storage room which had not been carried out. In addition the action plan stated and training records confirmed that staff required further fire training.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. [Safe care and treatment].

We spoke with the manager about our observations. She told us that major refurbishment was due to commence the week after our inspection. She provided us with the refurbishment plans. Following our inspection, the manager contacted us to inform us that refurbishment had commenced.

We passed our concerns about the condition of the premises to the local authority's fire safety team and contracts and commissioning team.

We checked medicines management and found that safe systems were in place for the receipt, storage, administration and disposal on Tree Tops. We found minor concerns however, with the management of medicines in the general unit. The key pad on the treatment room door was faulty. This meant that staff were not always locking the door to maintain the safety of medicines. The manager addressed this issue immediately. Staff did not always record the amount of medicines carried forward from the previous month. This meant we could not always check whether medicines were being administered as prescribed. The manager told us that she would speak with nursing staff about this issue.

We observed that safe administration procedures were followed. Staff checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines. Staff remained with each person to ensure they had swallowed their medicines. Written guidance was kept with the medicines administration records, for the use of "when required" medicines, and when these should be administered to people who needed them, such as for pain relief.

All people informed us that they felt safe living at the home. One relative said, "She feels safe living here." There were safeguarding policies and procedures in place. We found

Is the service safe?

shortfalls with one person's care planning documentation. The manager herself expressed concerns about our findings and about the standard of recording which she considered placed the person at risk. She referred this issue to the local authority safeguarding adults team. At our second visit to the home, this person's care plan had been updated and the manager had carried out staff supervision to address the issue.

There was one ongoing safeguarding concern. We cannot report on this at the time of this inspection. CQC will monitor the outcome of the safeguarding investigation and actions the provider takes to keep people safe.

Staff told us that safe recruitment procedures were followed. These included a Disclosure and Barring Service (DBS) check and two references.

We recommend the provider references and follows national best practice guidance in relation to the recording and storage of medicines.

Is the service effective?

Our findings

The manager explained that when she commenced employment at the home statistics for staff training were at 33% which was well below expected levels. She provided us with information which showed that training levels had increased and were now at 68%. We saw however, that many staff had not completed fire alarm and evacuation training and dignity in care. The manager told us that this training was being organised.

Most people and relatives told us that staff knew what they were doing. One person said, “They’re great, yes they know how to look after me.” A relative however, considered that further training would be beneficial for some staff.

We spoke with the community matron for nursing homes who said, “I have carried out catheter care and verification of death and I have booked to do venepuncture [taking of blood] with the new nurse... From a clinical point of view I have no concerns.”

Staff said that training had improved following the change in the provider’s management structure. They told us that they felt well supported and had regular supervision. Annual appraisals were carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements. The community matron stated that she had been involved in clinical supervision for the nursing staff. Clinical supervision is a formal process of professional support and learning which enables nurses to develop their knowledge and competence.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty.

The manager was aware of the Supreme Court ruling which had redefined the definition of what constituted a deprivation of a person’s liberty. We found that applications to deprive people of their liberty had been made for people who lived in Tree Tops in line with legal requirements. However, care plans for people who lived in the general unit did not evidence that a DoLS screening checklist had been completed to ascertain whether the

plan would amount to a deprivation of the person’s liberty. The manager told us that this was being addressed. We also found there was a lack of documented evidence to demonstrate that care and treatment was sought in line with the MCA. This meant that people’s rights to make particular decisions had not been protected, as unnecessary restrictions may have been placed on them.

People told us and our own observations confirmed that staff asked for consent before carrying out any care and treatment. We found however, that consent to care and treatment records in two of the care plans we checked, were not signed by the person or their relative or representative, if they were unable to sign.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

We checked how people’s nutritional needs were met. The manager explained that she had changed the menus to ensure there was an emphasis on home baking. She told us, “The food was not nutritious when I started here. We don’t serve spaghetti on toast; they’re home-made nutritious meals. From the resident’s meeting the breaded fish has got a bad review, therefore we are looking at alternatives”.

We spent time with people during lunch in two of the dining rooms. Staff were aware of people’s preferences. We heard one staff member say, “[Name of person] doesn’t like mash.” We saw a continuous choice of hot and cold drinks were offered throughout lunch time. Meals were presented on a covered tray, with appropriate cutlery, condiments and napkins for people who ate in their rooms.

Where people required encouragement to eat their food staff provided this in a dignified manner, for example staff sat next to the person and interacted with them in a positive way. This meant the risk of weight loss was minimised. We heard one staff member say, “Are you ok for me to cut it up or would you like some help?” Staff sat with people in Tree Tops to make it a sociable occasion. The manager said that this action had helped improve people’s dietary intake. The atmosphere in both dining rooms was convivial and staff were available to support people with tasks such as cutting their food up.

Malnutrition risk assessments known as the Malnutrition Universal Screening Tool (MUST) were carried out. MUST is a five-step screening tool to identify if people are

Is the service effective?

malnourished or at risk of malnutrition. We noted that one person's MUST had not been completed monthly and his weight has not been assessed in accordance with the frequency determined by the MUST score. The manager told us that this would be addressed. The manager had commenced a spreadsheet to monitor any weight loss. No major concerns were identified. This was confirmed by the community matron, who said that she did not have any concerns about people's nutrition at the home.

We saw that people were supported to access healthcare services. We read that people attended GP appointments; consultant appointments; dentists, opticians and podiatrists. In addition, a community matron for nursing homes visited the home regularly to provide support and advice. One relative said, "They get the doctor or the district nurse, they don't hang about."

Is the service caring?

Our findings

People and relatives were complimentary about the care provided and the caring nature of staff. One person told us, "The staff are all so lovely." Another stated, "They look after me well." A relative said, "It's a very caring environment." All 12 people who had completed the most recent survey in April 2015 agreed with the question, "Is the overall care in the home satisfactory?"

People looked well presented with evidence that their personal care had been attended to and individual needs respected. People were dressed with thought for their individual needs and had their hair nicely styled.

We observed positive interactions between staff and people. Staff were patient, kind and polite with people. They demonstrated that they knew people well and were able to describe their care preferences and routines. People were asked what they wanted to do and staff listened. We heard staff explaining what they were doing, for example in relation to medicines and heard staff say, "I'm going to come with your tablets and eye drops, is that alright?" and "Are you comfortable?"

We saw staff chatting with individuals on a one to one basis and staff responded to any questions with understanding and compassion. One person who had a dementia related condition became upset when we visited him. A member of staff immediately reassured the individual and diverted his attention by singing and getting him a cup of tea.

We saw positive interactions not only between care workers, but other member of the staff team. We observed a member of domestic staff sitting with a person in their bedroom talking about the rugby.

Staff promoted people's privacy and dignity. They knocked on people's doors before they entered and they could give us examples of how they promoted dignity, such as keeping people covered when they were providing personal care. We read the analysis from the latest survey. All 12 people who had completed the survey agreed with the question, "Is your privacy and dignity maintained at all times?"

End of life care plans were in place for people. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

The manager spoke passionately about her vision for the future of Hillcrest Care Home and explained she wanted to ensure that people were involved in all aspects of the home. She had already set up a steering committee and people were involved in staff recruitment. The steering group comprised of a number of people who used the service. These people had expressed an interest in being involved in how the home was run. We read the minutes from the most recent 'residents' meeting' which was held on 7 September 2015. These stated, "[Name of manager] said she would work with residents and her staff to increase resident involvement in the running of the home and making decisions."

Is the service responsive?

Our findings

We found shortfalls in care planning documentation, mainly for people who lived in the general unit. There were gaps in care plan reviews and there was no wound assessment and treatment plan for one person's pressure ulcer. In addition, re-positioning charts for this person were incomplete. This meant that people's care records did not contain a detailed care plan to instruct staff what action they should take to maintain skin integrity. The manager had completed an audit of care plans. We read her report which stated, "Care plans on general unit are poor quality and do not reflect resident's current needs. All care plans to be audited to assess remedial actions required." The manager had carried out supervision with staff to address the concerns raised.

In one of the care plans we noted that a life story had been compiled from discussions with the person and their relatives. There was no life history information in the other two care plans we checked. This meant that some information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests; to enable them to better respond to the person's needs and enhance their enjoyment of life. We spoke with staff and they were able to describe people's individual needs and how they were met. The manager told us that it was difficult to obtain information about people's life histories from some people's relatives for those people who were unable to communicate verbally.

Dependency assessments were in place which included a dependency needs score, which meant that there was a summary of the care requirements of people living at the home, to ensure that staff had the capacity and skills to be

able to provide appropriate care. Emergency Health Care plans (EHCP) were in place in the care plans for those who required nursing care. An EHCP is a document that is planned and completed in collaboration with people and their GP to anticipate any emergency health problems.

People told us that they were happy living at the home and staff were responsive to their needs. Comments included, "The staff are great here" and "Aye, they're good." We spoke with the community matron for nursing homes who said, "The nurses are super. They are very responsive... They are going to be holding multi-disciplinary meetings with one of the local GP surgeries soon."

An activities coordinator was employed to help meet the social needs of people who lived at the home. People were complimentary about the activities and events which were organised. One person said, "There's always something going on." An interactive crossword and quiz was organised on the second day of our inspection. People were supported to access the local community. One person told us that she had enjoyed lunch at a nearby pub. We attended a steering group committee meeting where activities were discussed. Future outings were discussed. One person suggested a visit to the local colliery museum.

There was a complaints procedure in place. The manager said that no formal complaints had been received. She told us however, that minor concerns had not been recorded. On the second day of our inspection, the manager had recorded all minor concerns which had been raised with her since she started work. These included one person's concerns about her wheelchair and the quality of tea [drink]. This meant evidence was now available to document what actions had been carried out for all concerns and complaints.

Is the service well-led?

Our findings

At our last inspection in May 2014, we found shortfalls in the condition of the premises. Following our inspection, the provider wrote to us to tell us what action they were going to take to improve. They stated that all actions to ensure the safety and suitability of the premises would be completed by January 2015. In March 2015, the previous registered manager asked for an extension of their action plan until May 2015 which we accepted and agreed. However, at this inspection we found that actions to ensure the safety of the premises had not all been carried out as planned. We read a quality monitoring report which had been completed on 18 August 2015 by a compliance officer who worked for the provider. This stated, “I undertook a review of the premises and found that the premises were unsafe and that people were not fully protected against the risk associated with the premises and actions within the action plan were not completed to a satisfactory level.”

We had a positive experience during our time spent in Tree Tops with the exception of the décor and equipment. The unit manager was very knowledgeable about people’s care and was able to provide us with all documentation we requested. Staff spoke positively about the unit manager and her leadership style. Comments included, “She’s so good and knows exactly what’s going on” and “She has the best interests of the residents at heart.” We had concerns however, with certain aspects of care and treatment on the general unit such as the care planning documentation, DoLS and medicines management. The manager was aware of this issue and was concentrating her audits and checks on this unit and carrying out staff supervision.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

There was a manager in post who had commenced employment three weeks prior to our inspection. She was honest with people and ourselves about the improvements which were needed at the home. People, relatives and staff spoke positively about her. Comments included, “She’s like a breath of fresh air,” “The manager came and introduced herself. She was very welcoming.” “She’s approachable,” “She’s human and so lovely” and “She makes a point of coming around and speaking to us.” The community matron said, “She’s knowledgeable and has a lot of valuable information which will be very useful.”

The manager told us that she felt very well supported by her line managers. She said, “I’ve never worked anywhere where I’ve felt so supported by my line managers.” All staff told us that they were happy working at the home and felt valued. One staff member told us, “I love my job.” Other comments included, “It’s just like a family here” and “We’re a good team here.” They told us that there had been improvements at the home following the provider’s new management structure. This included improvements in training and also the release of funds to enable the refurbishment to be completed.

The manager had already completed a number of audits and checks of the service. She had identified a number of areas where improvements were required such the premises, infection control procedures, mental capacity, meal times, training and care plans. An action plan had been completed with clear timescales for completion. She provided us with a copy of her action plan and assured us that all areas would be addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Suitable arrangements were not fully in place for obtaining and acting in accordance with the consent of people in relation to their care and treatment. Regulation 11 (1)(2)(3)(5).

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service. In addition, a system to ensure the maintenance of records was not fully in place. Regulation 17 (1)(2)(a)(b)(c)(f).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not have systems in place to ensure that the premises and equipment were safe or to assess and prevent the risk of infection. Regulation 12 (1)(2)(d)(e)(h).

The enforcement action we took:

We issued a warning notice.