

Gladstone Medical Centre - M Salahuddin

Inspection report

Gladstone Medical Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating November 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Gladstone Medical Centre - M Salahuddin on 6 November 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage safety incidents, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence based guidelines, although there was no formal method for implementation and monitoring of these guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patient told us that sometimes it was difficult to get through by telephone to make appointments. The practice was monitoring this and implementing a new telephone system. Appointments were available with different clinicians and urgent/same day appointments were always available.
- There was a clear leadership structure and staff felt supported by management.
- The practice reviewed and considered patient views through surveys and a patient participation group (PPG).
- Staff worked well together as a team and all felt supported to carry out their roles.

- The provider was aware of the requirements of the duty of candour.
- All complaints were reported and analysed, however the policies and procedures in place were not always followed.
- The practice did not have effective systems in place to mitigate safety risks including management of medicines, storage of historic paper medical records, infection control and dealing with safeguarding.
- The practice had adequate facilities and was equipped to treat patients and meet their needs, however some areas of the premises were in need of renewal/ refurbishment in order to safely maintain effective infection prevention and control throughout.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients
- Ensure patients are protected from abuse and improper treatment
- Maintain appropriate standards of hygiene for premises and equipment.

The areas where the provider **should** make improvements are:

- Review the availability of medicines in the practice to manage medical emergencies considering the guidelines issued by the British National Formulary and the General Medical Council.
- Review the system for implementation of National Institute for Health and Care Excellence guidelines.
- Review the need for training of staff and awareness of guidance for sepsis.
- Review the system for responding to complaints by patients and other persons to ensure all communication is documented and complaints are responded to in a timely manner.
- Review the system for maintaining an audit trail for printer prescription pads.

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser and a practice manager specialist advisor.

Background to Gladstone Medical Centre - M Salahuddin

Gladstone Medical Centre - M Salahuddin is registered with the Care Quality Commission to provide primary medical services.

Gladstone Medical Centre - M Salahuddin holds a General Medical Services (GMS) contract with NHS England.

The practice team consists of four GPs (two male and two female), a practice nurse, a healthcare assistant, a phlebotomist, a management team, reception and administration staff.

The total practice list size is 4,250. The practice is part of Wirral Clinical Commissioning Group (CCG). The practice is situated in a deprived area. The practice is a training practice that supports medical students and trainee GPs.

It is registered to provide the following regulated activities:

Diagnostic and screening procedures

Family Planning

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Extended hours services are available.

Out of hours primary medical services are accessed by calling NHS 111

Are services safe?

We rated the practice as Requires Improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- The practice did not have consistent, clear and effective systems for safeguarding and protecting people from abuse.
- Care and treatment was not delivered safely or in a safe environment.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- The practice safeguarding policies and procedures were inconsistent and not accurate or up to date. Incorrect coding on medical records for safeguarding of children was evident. Following the inspection, the practice told us they were reviewing the policies and coding of vulnerable patients.
- Staff worked with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity.
- The practice held internal safeguarding meetings as well as attending external ones.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was not an effective system to manage infection prevention and control. The cleaners store cupboard was not fit for purpose with cleaning equipment stored incorrectly. There was no suitable unit for the disposal of contaminated waste water and no low-level facility for staff to fill buckets.
- Clinical waste awaiting collection was not stored in a suitable secure facility.
- Flooring throughout the premises and in particular in waiting areas and clinical rooms was in a poor state of repair and floor coving was not fully sealed.

- On the day of inspection there was no Legionella risk assessment in place. We did see evidence of water testing and water temperature testing having taken place on a regular basis. Following the inspection, the provider told us they would commission a Legionella risk assessment to be undertaken by a competent person in the near future.
- Medical equipment was serviced and calibrated, portable appliance testing was carried out on a regular basis.
- Electrical safety tests done shortly prior to the inspection had identified areas that were not satisfactory. We saw evidence that remedial action was being planned to take place to address these.

Risks to patients

There were not adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies, however the full range of recommended emergency medicines was not available. Staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies, they had received training in basic life support skills. Clinical knew how to identify and manage patients with severe infections including sepsis. However, reception and frontline staff had not received any training or dissemination of the national guidelines in respect of sepsis.

Information to deliver safe care and treatment

Staff had information they needed to deliver safe care and treatment to patients. Some of the information was not reviewed or dealt with in a timely manner.

- The care records we saw showed that mostly information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Are services safe?

- Clinicians made timely referrals in line with protocols.
- We found that there was a backlog of some test results. These should have been reviewed on a daily basis but we found some results that had not been reviewed for nine days. The practice told us these would be dealt with immediately and reviewed.
- The storage of historical paper medical records was not safe, these were stored on open wooden shelving in a back-office room which was lockable.

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- We found that medicine fridge temperature recordings had identified three occasions where the temperature had been out of range and no evidence of action having been taken. The practice responded and commenced a significant event analysis. They contacted the appropriate medicines suppliers and established that the vaccines and medicines held within the fridge at the time would be safe. We saw evidence following the inspection of the significant event analysis.
- We found that patients on high risk medications, for example, Lithium therapy and Sodium Valproate had

not been reviewed appropriately or as required. We saw that a patient on Lithium therapy had not received regular minimum three monthly checks and reviews as per guidance.

- The practice had reviewed its antibiotic prescribing.

Track record on safety

- There were risk assessments in place in relation to safety issues, these were reviewed.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as Good for providing effective services.

Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice had systems in place to keep clinicians up to date with current evidence-based practice. However, there was no formal system in place for implementation, monitoring and ensuring actions were completed by all clinicians.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. There was a dedicated GP for older people. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicines.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Clinical staff carried out home visits for patients who were house bound or who lived in nursing and care homes.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Staff could signpost older patients to external support groups and agencies.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the clinical staff worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- Planned reviews on patients with long term conditions and those who were on 10 or more medicines were undertaken.

Families, children and young people:

- Childhood immunisation uptake rates were meeting the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following a missed appointment in secondary care or for immunisation.
- Patients had access to antenatal care and cervical cancer screening.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was comparable to the national and CCG averages, but below the national target of 80%. The practice showed us how they were trying to achieve a better uptake and showed us information which demonstrated this year's uptake had increased and was above the national target of 80%. This year's information has not yet been verified or published.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74.
- Extended hours surgeries were available for those patients who could not attend during normal working hours.
- There was access to telephone consultations. Online booking of appointments and ordering repeat prescriptions were also available.

Are services effective?

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, drug and alcohol misuse patients and those with a learning disability. Vulnerable patients were highlighted on the patient system so prioritisation of care was enabled.
- Patients had access to and were signposted to other health and social care services such as social services, health visitors and crisis teams.
- Regular multi-disciplinary meetings were held to coordinate care for those people who were vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a GP lead for the care and treatment of patients who experienced poor mental health.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice carried out quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided, including through clinical audit. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements. The most recent

published (2017/2018) Quality Outcome Framework (QOF) results were 98.5% of the total number of points available which was in line with national and CCG averages and an increase from last year's results.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- There was an induction programme for new staff. The practice provided staff with ongoing support. This included one to one meetings, appraisals, clinical supervision and revalidation.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

Are services effective?

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as Good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients we spoke to and in CQC comment cards was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice's GP patient survey results had improved from previous surveys and were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as Good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. Extended hours appointments were available, including access to the Wirral extended hours service which operated at weekends and bank holidays.
- Appointments were available each day with a variety of clinicians, such as GPs and nurses. They were same day and pre-bookable appointments available.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All older patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Longer appointments were available for patients with long term conditions and multiple conditions.

Families, children and young people:

- We found the systems to identify and follow up children living in disadvantaged circumstances and who were at risk needed improving. The coding system used to identify these patients was inaccurate and out of date.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours, online services and telephone consultations.
- NHS health screening programmes were offered to this group, including cervical, breast and bowel cancer.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, those with substance and alcohol misuse and those with a learning disability. These were highlighted on records in order to identify them and provide appropriate and timely care.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice identified and alerted those at risk of dementia. These patients were then offered screening.

Timely access to care and treatment

Feedback from patients either through patient interviews or surveys indicated that there was sometimes difficulty getting through to the practice by telephone and difficulty with accessing an appointment that was convenient to themselves.

The practice was aware of these concerns and had implemented actions to address them. For example, a new telephone system in place, monitoring of calls including missed calls, and audit of appointments systems.

Are services responsive to people's needs?

We also found that:

- Waiting times, delays and cancellations were minimal and managed appropriately. Patients were informed of any delays to their appointment.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice recorded all complaints and concerns including verbal and informal complaints

- The practice had a named person who dealt with all complaints.
- There was a complaint policy in place. However, this had not been fully followed in the three complaints we had examined.
- There was information about how to make a complaint or raise concerns available as posters in the waiting area and clinical rooms. At the time of the inspection we saw no evidence of a written information leaflet for patients

which gave details of how to act and who to contact if they were not satisfied with the outcome of the complaint. Following the inspection, the provider showed us a leaflet containing this information and told us this was in place.

- We examined three complaints. The documentation was poor with some meeting notes not documented or seen. One of the complaints was responded to a day later than required and stated in the policy. We did not see any evidence within the response documentation informing the complainant about how to act if they were not satisfied with the management or response to the complaint. However, the provider told us a leaflet was included in each response which gave this detail.
- We saw that the practice analysed individual concerns and complaints and also analysed trends.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as Good for providing a well-led service.

Leadership capacity and capability

- Leaders were aware of the issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and strategy in place.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Practice leaders had established policies, procedures and activities to ensure safety and effectiveness, however in some cases (for example safeguarding and complaints policies and procedures) these were not accurate or followed correctly.

Managing risks, issues and performance

There were processes in place for managing risks, issues and performance, however some of these needed to be improved.

- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on the quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support service delivery and improvements.

- A full range of patients', staff and external partners' views and concerns were encouraged, heard and acted on.
- The practice encouraged and valued feedback from patients. It proactively sought feedback from through internal and external surveys and complaints received.
- There was an active PPG who told us they had a good relationship with the practice and felt that they were listened to and were able to contribute views and to service developments. The PPG felt valued by the practice.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- The practice supported continuous learning and improvement.
- The practice was a training practice and regularly had trainee doctors and medical students working with them.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not provided safely. Adequate systems for control and prevention of infection were not in place. Management and review of prescribed medicines and emergency medicines was not safe. Paper copies of medical records were not stored safely in order to minimise risks and printer prescription pads were not safely managed. Regulation 12 (1), (2) b, f, g, h
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: Practice safeguarding policies and procedures were inconsistent and not accurate. Current guidance in respect of coding of vulnerable patients was not evident. Vulnerable child patients had been coded incorrectly. Regulation 13 (1), (2)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The premises, waste management and cleaning facilities were not suitable for maintaining effective standards of cleanliness.

Regulation 15 (1) (2)