Techcrown Limited

Hollywynd Rest 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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on the 27 and 28 January 2015 and was unannounced. The home was previously inspected on 01 February 2013 and no concerns were identified at that time.

Hollywynd Rest Home provides accommodation and care for up to 40 older people. There were 30 people living at the home at the time of our inspection. People had a range of needs and required differing levels of care and support from staff related to their health and mobility. Accommodation is provided over two floors with a dining area, communal lounge and sun lounge.

The service did not have a registered manager. Prior to the inspection the provider had informed us that a new manager had been appointed. Our records showed the provider had taken steps to register the new manager and remove the previous registered manager from our records. 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.

Summary of findings

Some aspects of the service were not safe. There were not sufficient numbers of staff to keep people safe and meet their needs. People consistently had to wait for their care needs to be met. The majority of concerns that people raised were in relation to staffing levels within the home. At our inspection we observed that there were not sufficient staff to respond to people's care needs in a timely manner.

People told us they could not always get drinks when they wanted them. People were supported to eat sufficient to their needs but choices were limited and the food served did not always reflect their preferences.

People told us that few activities took place within the home and they were under stimulated. Care records contained little information about the choices, preferences and life histories of individuals.

Although there were some examples of positive relationships between people and staff during our visit we observed here there was often little interaction between staff and people and care was focussed on completing the task rather than person led. People's privacy and dignity was not always maintained. Several people expressed concerns regarding the approach of individual members of staff. We informed the provider advised of this who confirmed they had taken action in respect of this following our visit.

People told us they felt safe living at the service in terms of not being harmed and being able to raise any concerns they had. Staff knew what action to take if they suspected abuse and had received training in keeping people safe. When the provider employed new staff at the home they followed safe recruitment practice. Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and had access to healthcare services when needed.

At this inspection we found that there were a number of areas that required improvement. The manager and provider advised there had been a period of instability in terms of management arrangements and were open in respect of the challenges they faced and their commitment to address them. People told us that some aspects of the service had improved already and others told us they felt that they were confident the service would make progress under the new manager.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
Some aspects of the service were not safe.

There were not sufficient numbers of staff to keep people safe and meet their needs. People consistently had to wait for their care needs to be met.

The provider followed safe recruitment practices.

Medicines were managed, stored and administered safely.

Inadequate

Is the service effective?
Some aspects of the service were not effective.

Some people were not able to have drinks when they wanted or their choices or preferences in relation to their diet respected.

Adaptations to the premises did not meet people's needs and promote their independence.

People were supported to maintain good health and had access to healthcare services.

Requires Improvement

Is the service caring?
Some aspects of the service were not consistently caring.

Some staff did not always support people in a kind and friendly way.

People were not always involved in the planning of their care.

People's visitors were made to feel welcome.

Requires Improvement

Is the service responsive?
Some aspects of the service were not responsive.

People did not always receive care that was personalised. Care plans were not used to make sure that people received care centred on them as an individual.

Staff did not have the time they needed to deliver care in a person centred way.

Requires Improvement

Is the service well-led?
Some aspects of the service were not well led.

People and staff were not actively involved in developing the service.

Quality assurance systems were not effective in measuring and evaluating the quality of the service provided.

The manager and staff had a shared understanding of the key challenges, concerns and risks.

Requires Improvement

Hollywynd Rest 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.

This inspection took place on the 27 and 28 January 2015 and was unannounced. The home was previously inspected on 01 Feb 2013 and no concerns were identified at that time.

Two inspectors and an expert by experience undertook this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of the care of older people living with dementia.

Before the inspection, we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that occurred at the home. A notification is information about important events which the service is required to send us be law. We used all this information to decide which areas to focus on during our inspection.

On the day of the inspection we spoke with seven people who lived at the home, two relatives, four care staff, three domestic staff, two kitchen staff, the manager and two directors of the provider. After the inspection we spoke with another relative. We spoke with a health professional who was visiting the home at the time of our inspection. Some people living at the home were unable to tell us about their experiences therefore we observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records including the care records of four people, the records of three staff and other records relating to the management of the home including training records and staffing rotas.

Inadequate

Is the service safe?

Our findings

All of the people we spoke to told us there were not enough staff. One person told us, "They seem short staffed a lot of the time and it can be 15 minutes before they help you". Another person said, "During the night they don't come so I have to make do if I want the toilet and use my pad". Another person told us, "They're always rushing about and it's not pleasant and you have to wait for things to be done". Another said, "Let's just say they try their best but there are not enough of them. This morning there wasn't anyone around for ages and no one notices things so I check people are OK. It's upsetting at night when you see one person rushing putting people to bed". Another person told us that that staff did not have the time to support her with personal care tasks properly for example, washing. The person told us, "They only have so much time and I'm not properly dry. It's uncomfortable".

A relative told us that the person they visited was frequently kept waiting when she used the call bell. They told us the person found this difficult as they needed assistance to use the toilet.

During our visit we noted that call bells rang often and were not responded to quickly. We heard one person calling for help and there were not enough staff around to respond. A member of the inspection team went to the person. The call bell was in its holding case and the person was unable to reach it in order to summon assistance.

We observed that one lady in the communal area was becomingly increasingly distressed. We alerted a non-care member of staff who was not on duty but at the home. The person became increasingly distressed. This impacted on those around the person some of whom began shouting. A member of care staff arrived to serve lunch and the member of staff was able to advise the person who needed support to go to the toilet, although they were now in a very anxious state. It had taken 20 minutes for the person to be supported to go the toilet.

The number of people who required two carers to support them had increased and this impacted on the time staff had to support people. Staff told us, "a lot" of people now required additional staff to support them. Records of staff working hours confirmed that two care staff were on duty from 8.00pm until 8.00am. Staffing levels had not been reviewed to reflect the changing needs of people using the service. This impacted on the care people received. For example, people who required two people to transfer them to bed had to be in bed by 8.00pm as there were not enough staff at night to support them to do so.

We found that the provider had not provided sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were managed so that they received them safely. One person told us "Yes I always get my medication on time. That's one thing they're very good at". Another person said, "I do my own tablets and they're in one of those blister packs. They always make sure there's a supply".

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicine. We reviewed Medication Administration Records (MAR) and these were completed correctly. Where people declined to take medicine this had been recorded and staff sought advice from the GP and other health professionals in relation to this to ensure the safety of the person. Staff had training in safe handling of medicines and we observed people being given the medicines they required. Staff asked people if they wanted the medicine and gave them water to help them swallow any tablets they required. We observed one person was supported with eye ointment and another given instructions on how to use an inhaler. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs. Where people were given a controlled drug this was signed by two staff.

People told us that they felt safe living at the home in terms of not being bullied or harmed and getting their medication on time. Staff were aware of their responsibilities in relation to keeping people safe and told us they had recently undertaken training in safeguarding adults. Records of staff training confirmed this. The provider followed safe recruitment practices. The required Disclosure and Barring checks had been carried out to ensure that prospective new staff were suitable to deliver safe care and were not barred from working with vulnerable people. Staff records held the required

Inadequate

Is the service safe?

documentation including two references and proof of identity. The provider ensured that people were cared for by staff who were fit to do so. Where the provider identified any unsafe practice they took action. The provider submitted statutory notifications as required and informed the CQC and local safeguarding team of any incidents where people might be at risk.

Systems were in place to identify risks and protect people from harm. Assessments of risk had been undertaken for each person. Risk areas assessed included mental health, falls and skin condition. Where someone was identified at risk we saw that actions were identified on how to reduce the risk and referrals made to health professionals as required. For example, Waterlow assessments had been completed which measured and evaluated the risk of people developing pressure ulcers. Where people were identified at risk, referrals were made to health professionals such as community nurses. In one person's records a relative had been involved in developing the risk assessments and had signed to indicate this.

There were arrangements in place to deal with foreseeable emergencies such as fire and people's personal evacuation plans were being updated.

Requires Improvement

Is the service effective?

Our findings

People told us they did not always get drinks when they wanted them. One person told us, "One thing that makes me cross is that I can't get a drink of water from the kitchen after 8.00pm. They don't want people to drink after then because of them weeing themselves. I love to drink lots of water it really annoys me a lot. The other night (named person) wanted a drink of water and there was no one around." Another person called out to us and had mistaken us for the person who brought tea. They told us, "Oh I thought you were the tea lady, they often forget me up here and I'm dying of thirst".

People's comments on the food ranged from, "Not very good" to "not too bad". We asked people about the meal they had eaten. Responses including pulling a face or shrugging shoulders. One person told us, "It was ok". Another person told us, "They're supposed to know I don't like meat but they still give it to me so today I just mashed the potatoes with the veg and had that". Another person told us, "It's all a bit samey you always know what's coming each week".

We observed lunch time and an afternoon drinks round and did not hear anyone being asked for preferences. One person told us, "They know I usually have tea but occasionally I fancy a coffee. If I ask I can have one but they don't ask me I have to ask them". A note of how people usually liked their drinks was on display in the kitchen.

We observed many people sat waiting for 30 minutes to an hour before being served lunch. People were getting impatient waiting for lunch, sighing, tutting, looking at their watches, "This is stupid" said one person to another. One person told us, "Today my breakfast was late again too".

These matters were a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who needed support to eat and drink received it and we observed a person supported with their meal in the lounge with a member of staff giving good eye contact, calm and uninterrupted. The dining area was presented in a dignified and respectful manner with a lot of attention to detail. The tables were beautifully laid with quality tablecloths, placemats, cutlery, flowers, condiments, cups and saucers and napkins. Staff told us they received training in food hygiene and records confirmed this.

The provider used the Malnutrition Universal Screening Tool (MUST) to identify people who were at risk from poor nutrition and hydration. People who were at risk were weighed on a monthly basis and referrals or advice sought where people were identified at risk. Special diets were catered such as soft diet or diabetic and these were indicated on a white board in the kitchen.

The manager advised that she had identified food provided as an area for improvement and wished to offer a wide variety and choice of nutritious foods. The previous cook had left and the new cook confirmed she had met with the manager regarding meals at the home and the menu that was being prepared on a four week rotational basis. A form was to be introduced to record people's individual dietary choices and the manager went through this with staff at the senior care staff meeting.

The premises did not always meet people's needs and promote their independence.

One person told us, "My room isn't really up to standard. It's not serviceable the conditions need updating. I need a bath or at least a shower in my room". Another person told us they no longer had a shower at the home but one on their weekly visit to relatives as it was much easier. A relative of another person told us that the shower in the room was not suitable as it was too high for them to get into. This meant the person had to be taken to use the communal shower room which included using the lift. They expressed concern that this meant the person only had one shower a week or occasionally two. One person told us they did not have hot water in their room and were awaiting this to be fixed. We observed that the showers in people's rooms had a raised base which meant they would be difficult for people to get in and out of independently.

There was a communal bathroom on the ground floor with adapted bath. There was a shower and a bathroom on the first floor. There was an additional bathroom on this floor which did not appear to be in use but used for the storage of equipment and other items.

Requires Improvement

Is the service effective?

These matters were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed. The manager was knowledgeable about MCA and had made applications to the Deprivation of Liberty Safeguards (DoLS) Team to ensure that people who were deprived of their liberty had legal protection. The safeguards exist to provide a proper legal process and suitable protection in circumstances where deprivation of liberty appears unavoidable and in a person's best interest. One person had a DoLS in place and this was recorded on file. Care records contained information for staff in respect of decision making, for example confirming where people appointed someone as their attorney. Power of attorney enables a person to appoint one or more people (known as `attorneys') to help them make decisions on their behalf. Staff observed the key principles of the MCA in their day to day work, checking with people that they were happy to take their medicine.

People told us that they thought staff were sufficiently trained and put most negative comments down to the home being short staffed. Training records showed that staff had completed training in in areas such as first aid, manual handling, food hygiene and safeguarding. The manager was identifying further training in line with the new induction standards. Staff told us when they started working at the home they had an induction of shadowing another member of staff. The provider had recently appointed a new permanent manager and deputy manager. The manager advised they met with senior care staff and were reintroducing regular one to one meetings in order to support staff and review their performance.

People were supported to maintain good health and had access to health professionals. People were confident that a GP or emergency services would be called should they require medical attention. Chiropody was also a regular service that was provided. Waterlow assessments had been completed which measured and evaluated the risk of people developing pressure ulcers. Where people were at risk of developing pressure ulcers, input was sought from health professionals. A health professional who was visiting at the time of our visit explained they visited the home to change dressings and follow a care plan that was set by community nurses. They told us staff from the home were available to assist if required and that people were always ready when they visited. The health professional told us they observed staff transferred people in the correct way when using equipment such as hoists. One person had input from a physiotherapist and was supported by staff to undertake exercises in order to promote mobility. People had equipment appropriate to their needs where required for example, air mattresses to relieve pressure and preserve skin integrity. People's care records showed that they were part of a new preventative service at the surgery set up to avoid the need for people to be admitted to hospital. People's healthcare contacts were listed in their care records.

Daily care records contained information on people's health and at the handover between staff coming into work and those finishing the shift, up to date information was shared regarding people's needs and acted upon.

Requires Improvement

Is the service caring?

Our findings

People told us that not all staff were consistently caring in their approach. One person told us, "When they come they say things like, 'Oh no what do you want now?' So I don't bother if I can help it". Another person said, "They get a bit humpty dumpty and niggly with you. One night I'd called for help and I got shirty with them. I can't remember what I said but they told me to be quiet and count my blessings".

Concerns were raised by two people and a relative about one particular member of staff. We followed this up with the provider who was already aware of these concerns and was able to confirm to us that action had been taken to deal with the concerns raised.

We observd that there was often little interaction between staff and people living at the service. For example, we observed staff entered a person's room and removed a food tray without speaking or acknowledging the person. When two staff supported a woman who wished to go to the toilet they spoke above her head as they supported her. One staff asked the other, "Does she want the toilet?" and the other replied, "Yes she does". The woman had made it clear for some time that was what she had wanted and interrupted the staff talking above her saying, "Yes, I do". This person's dignity was not maintained as it was clear to other residents that she was waiting to use the toilet and was distressed at not being supported to do so. One lady received personal care from a male carer. She told us she had not been asked if she had any objections to this.

Staff told us they wanted to spend more time talking and doing things with people but that they were rushed. There was an emphasis on getting tasks done.

The above evidence demonstrated that people were not treated with dignity and respect while they were receiving care and treatment. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were not helped to contribute to the assessment and planning of their care as much as they were able to. One person told us, "I know I have a care plan somewhere but I never see it". Another said, "No they don't do anything like that with us". We asked a person if they would recommend the home, they replied, "They'd need to know more about what people want".

There was little information in care records in relation to people's preferences in the way they wished for their care to be delivered. The manager had identified that care records were not personalised and had introduced a new format and forms for recording people's preferences such as in relation to their diet.

There was a private telephone where people could make calls. We observed that staff did not always know or ask for permission before entering people's rooms and their privacy not always respected.

We observed some positive and caring relationships between staff and people. We observed a staff member put their arm round a person and ask them what was wrong. We observed two conversations between staff and people where they laughed and smiled with them. A person told us that they had looked after the cat of a person who had died and had been worried about being able to provide food. They told us they had mentioned this to the deputy manager who then ensured food for the cat was provided by the home. Visitors told us they were always made to feel welcome.

Requires Improvement

Is the service responsive?

Our findings

People did not always receive personalised care that was responsive to their needs. People told us that they could not always go to bed or get up at the times they wanted to. One person told us, "I'd like to get up earlier but I have to wait for them to come round". Staff confirmed that people who required two people to support them to transfer to bed had to be in bed by 8.00pm as there were only two night staff on duty". Records of staff working hours confirmed there were two night staff on duty.

People had little choice about when they could have baths or showers. One person told us they were supported to have a shower once a week but would like one every other day.

Care records contained little detail in relation to information about the person and how they wished their care to be delivered and preferences. The manager advised that they had identified that care records were not person centred and needed to be improved. We saw work was underway to involve people in their care and new formats introduced that would record people's preferences and wishes and include personal histories. The manager told us that there was a need for care to be more personalised.

People were not supported to follow their interests and take part in social activities. People told us they felt under stimulated and that there were few activities that took place within the home. One person told us, "There's more activity needed, more interest for us, not just sitting around on sofas. I'd like to start knitting and I used to love gardening. The church people came in and mentioned it but it wasn't encouraged. We did have exercises before but that's dropped off too. I just sit here, I need to be occupied. They think they're being tidy by moving away our magazines but we want them out so we can read them". Another person told us, "They sometimes do things in the lounge, I like to play skittles that's fun but they don't tell me when it's on so I don't get to go". Another said, "Sometimes there are things going on but I'm bored mainly to be honest".

All of the above evidenced that the planning and delivery of people's care was not done in a way to meet their needs and ensure their welfare. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they enjoyed having the cats at the home around and them going in and out of their rooms. One person told us, "It's the highlight of my day".

The manager told us they had identified there was a lack of activities and wanted to offer more things in line with people's interests and hobbies. They explained they wanted to make more use of the garden and people could be involved in growing vegetables and with life skills such as making cakes. The manager told us they wanted to ensure that everyone had, "Something to get up for". People told us they felt able to raise concerns and complaints. One person told us, "I would say something. I'm not frightened to tell them if I'm not happy with them".

People told us they had raised concerns but were not sure of the responses. One person told us, "I have asked about my room (not being up to standard) a while ago but I don't know what's happening about it". Another said, "I've been telling them about my water being cold but there was no progress so my brother went on to the internet and then told me there is going to be a new maintenance person but they didn't tell me that". Another person advised that they had requested to go to bed at 8.00pm instead of 10.00pm but didn't know if this had been arranged.

We observed that a maintenance person had been employed by the service and was working during our visit. The manager advised the senior care staff during their meeting of the complaints procedure to be provided in each person's room.

Requires Improvement

Is the service well-led?

Our findings

During our visit people expressed frustration with various aspects of the service but were more positive that things would improve now a permanent manager was in post. One person told us, "It's different to when I first came here, it's getting much better. I think they're getting more understanding of what's needed. I have spoken with the new manager and I think we'll make progress". When asked if they would recommend the service, one person told us, "I probably would as long as various things got done". Other people were unsure who the new manager was and what had happened to the previous manager.

At the time of our inspection there were no opportunities for people and their relatives to give feedback though some of the people we spoke to felt able to raise concerns. The manager advised that they wished to introduce residents' meetings and quality assurance surveys in order to gain feedback from people. The manager told us their focus was to ensure good systems were in place such as care plans and then to spend more time `on the floor' to support staff.

At the senior care staff meeting we observed that staff spoke openly, gave feedback and suggestions and appeared enthusiastic about the service going forward. The manager and staff both expressed they felt supported in their work. Both directors of the owning company met with us during our visit and expressed their commitment to improving the service.

There was a shared understanding between directors, manager and staff of the challenges. The manager and provider were open and transparent about the challenges they had faced. The provider had been in regular contact with the CQC whilst there was a period of change in respect of management arrangements. The provider had arranged temporary managerial cover until a permanent manager was appointed.

The provider and manager ensured the correct notifications such as notifications of accidents or emergencies and any statutory notifications were sent to the CQC. The provider took appropriate action in response to any safeguarding concerns.

The manager advised they were putting robust quality assurance systems in place. We saw they had introduced a care plan audit to monitor whether records contained the correct information held about a person. The audit included checking records for information such as who was the social worker, photo required, any care plans to be completed, risk assessments and DoLS authorisations. This was signed by the senior carer when checked and signed again when actioned. Following the audit of one care record there was also an action plan that included; a referral to the GP for blood levels, to check nutrition, undertake a capacity assessment, contact day centre to arrange visits and to review in four months.

The manager advised that her quality assurance checks had identified that the systems for the ordering and monitoring of medicines was not as effective as they wished so had changed the pharmacist in order to monitor this more effectively. Records related to the ordering and recording of medicines at the home confirmed this. The manager and provider had introduced a weekly quality assurance report that covered areas such as residents' update, formal complaints, maintenance work undertaken / and accidents & incidents.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The provider did not ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the needs of the people using the service at all times. Regulation 18 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect How the regulation was not being met: When people received care and treatment, staff did not treat them with dignity and respect at all times. This includes staff treating them in a caring and compassionate way. Communication with people using services was not always respectful. Regulation 10(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care How the regulation was not being met: The provider had not taken steps to ensure that care and treatment of service users was appropriate, met their needs and reflected their preferences. Regulation 9 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation	How the regulation was not being met: Reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background were not met. 14(4)(c)
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment	How the regulation was not being met. The provider did not ensure all premises and equipment used were suitable for the purpose for which they are being used and that there were sufficient facilities and amenities provided. Regulation 15(1)(c)