

Mr Geoffrey Walden Knights

Chypons Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an announced inspection on 16 October 2014. This was a comprehensive inspection which was brought forward after we received information of concern. Chypons is a care home for older people who require personal care. It provides accommodation over two floors for up to 27 people. At the time of the inspection there were 21 people living at the home.

There was a registered manager. 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 service is run.

Whilst people told us they were happy with their care we found a number of concerns. Chypons did not have robust processes for assessing and monitoring the service provided. This meant that planned improvements and necessary changes were not implemented promptly. The planning and delivery of care did not ensure people's individual needs were met and did not ensure their welfare and safety. The registered manager did not operate an effective recruitment procedure. Staff had not had appropriate checks made about them before commencing work unsupervised at the home.

Summary of findings

Staff and people living at the home were relaxed in each other's company. People told us; "The best thing about living here is the friends that I have made" and "I am quite happy with it (Chypons) It's a lovely place to be."

The premises were accessible and comfortable. There were appropriate spaces for people to spend time with visitors, taking part in activities, just chatting together or spending time on their own. There was an outside space for people to independently enjoy the views of the sea safely .

People looked cared for and their needs were met. People and their relatives were positive about the care and support they received from staff and management who they felt were competent to meet their individual needs. People told us "Staff take time, they are interested in me as a person and they know what makes me tick" and "I feel involved in the care I get here, staff talk to me and if I don't want something I say."

Staff working at the home understood the needs of people they supported. Visitors reported a good relationship with the staff and management who they said were approachable. However, we noted it was not recorded when people and their families were involved in the planning of their own care and their consent to the person's proposed plan of care was not sought.

Staff were appropriately trained and skilled to ensure that the care provided to people was safe and effective to meet their needs.

Chypons had developed positive contacts with other professionals who ensured effective care delivery for people whenever they needed or wanted it.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. People were put at risk because recruitment processes were not robust and were not followed. New staff began working unsupervised before the results of necessary checks had been received.

People and their friends and family told us they felt safe at Chypons. Staff were aware of how to recognise potential abuse and report any concerns.

Care plans did not always direct and inform staff how to meet people's needs safely.

People were not always protected from the risks associated with medicine administration.

Requires Improvement



Is the service effective?

The service was effective. Although people received good care and support from well trained and well supported staff, people were not involved in the planning of their own care plans. People's consent to care was not recorded.

External healthcare professionals were involved in providing specialist areas of care and treatment to people. Staff could access appropriate health, social and medical support whenever it was needed.

Good



Is the service caring?

The service was caring. During our visit staff were kind, compassionate and treated people and their families with dignity and respect.

Each person had a named member of staff who ensured their voice and choices were known and recorded.

The home worked closely with people, their families/representatives and external healthcare professionals to discuss people's end of life wishes.

Good



Is the service responsive?

The service was not responsive. Although there were activities for people to participate in and people were encouraged to follow their specific interests, we did not see a process for providing meaningful activities that had been chosen by the individuals taking part.

There was a lack of effective communication between staff and management.

People were supported to raise concerns should they wish to.

Requires Improvement



Is the service well-led?

The service was not well-led. The processes used to monitor and assess the service provided at the home were not adequate.

Requires Improvement



Summary of findings

The registered manager was not aware of specific risks and systems were not sufficient to bring identified risks to their attention.

The registered manager did not have formal support and supervision.

Chypons Residential 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 checked 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.

We visited Chypons on 16 October 2014. The inspection was carried out by two inspectors. The inspection was unannounced and was in response to information of

concern received by the Care Quality Commission. We reviewed the information we held about this service prior to the inspection. We last inspected the home on 15 April 2014. At that time there were no concerns .

During the inspection we spoke with the provider, the registered manager, the deputy manager, five members of staff, six people who used the service, two visitors and three visiting healthcare professionals.

We looked around the home and observed care practices on the day of our visit. We looked at three records which related to people's individual care. We also looked at six staff files and records in relation to the running of the home.

Is the service safe?

Our findings

During the inspection we had concerns regarding the recruitment processes used at the home. Four new members of staff were working unsupervised on care shifts at the home before references and Disclosure and Barring Service checks had been received by the registered manager. Therefore the provider could not be sure the individuals were safe to work with people at the home. This did not ensure people were protected from unsuitable staff. This is a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were risk assessments which were specific to the care needs of some people. However, a potential risk posed by an unalarmed fire door leading from a person's room out on to steep steps down to the street had not been identified. Steps had not been taken to reduce this risk. The fire door was opened by a turn knob. The person living in this room was living with dementia and was independently mobile with a frame. This meant the person was not protected from the risk of injury should they open the door and leave by the steps without staff knowledge.

One person who was cared for in bed had been assessed as at risk from rolling out of bed. They were unable to use a call bell, due to their needs, to summon assistance. This person was not able to communicate easily due to their healthcare needs and was dependent on staff for all their needs. The care plan did not tell staff at what intervals they should check on the person to ensure they were safe and comfortable. The records showed this person was checked at varying intervals from two to four hourly. The lack of specific directions in this person's care plan did not ensure staff were informed about how to safely meet the person's assessed needs. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We visited the kitchen. There was a large walk-in cold storage food fridge. There were no daily records to show the temperature of the fridge. The temperature gauge did not show the maximum and minimum temperature reached in the fridge over a period of time. This meant the safe storage of the food within could not be assured. The registered manager told us this would be addressed immediately.

A bucket of cleaning materials was left unattended in a corridor during our inspection. This meant people passing by could access potentially dangerous chemicals and were not protected from the risks associated with this.

Oxygen was being used regularly by one person in the home; we saw risks assessments had been carried out to address the potential risks associated with oxygen use. These risk assessments had been regularly reviewed to ensure they still met the person's needs. There was clear signage in the home showing where oxygen was stored when not in use.

People told us; "I am safe here," "I would tell them (staff) if I had any problems with anyone," "The best thing about living here is the friends that I have made" and "I am quite happy with it (Chypons) It's a lovely place to be." A visiting healthcare professional told us; "Staff are alert and work together with us, things have improved recently."

People were protected from the risk of abuse because staff were trained to identify signs of possible abuse and knew how to act on any concerns. Staff told us they had received safeguarding training and the records confirmed this. There was a record kept of staff training which ensured the management were aware when updates to specific training courses, such as 'safeguarding adults', was due. We spoke with staff about safeguarding adults and what they would do if they suspected abuse was taking place. They told us they would have no hesitation in reporting any issues to the manager and were confident these would be acted on. Staff were aware of the safeguarding adults policy and procedure and knew where to find it should they need to.

The home was kept secure. People could use the outside space around the home. Access to the street level and car park was by pushing a central button on the front door and turning the handle. This door was locked to people coming in from outside.

People were supported because the organisation had sufficient numbers of staff to meet the needs of the people living there, at all times. The registered manager reviewed staffing levels regularly. People and relatives said they felt there were enough staff to meet people's needs and they always appeared competent and knowledgeable. Staff also told us they felt there were sufficient numbers of staff to meet people's needs. At the time of our inspection there were five care staff on duty to meet the needs of 21 people. The registered manager and the deputy manager were

Is the service safe?

both on duty to support staff at the time of our inspection. The registered manager and deputy manager had dedicated administration hours. This meant they were able to carry out their management duties, it also meant they were available to cover shifts in case of an unexpected emergency. People received care and support promptly and staff were not rushed. We heard call bells ringing from time to time during the inspection as people required assistance. These were answered quickly. People told us when they called for assistance staff responded quickly.

We observed a medicine administration round being carried out by care staff. We looked at the arrangements in place for the administration of medicines. We found entries for one person had been handwritten and this documentation had not been checked and signed by two people as stated in the home's guidance, which was clearly displayed on the wall in the medicines room. The practice we saw did not protect people from the risks associated with transcribing medicine records. We discussed this with the registered manager who ensured the records were checked and signed by two staff during the inspection.

People were asked if they needed their 'as required' (PRN) medicines, such as pain relief. Staff supported one person to use their inhaler during the medicine round. The staff member gave the person clear instructions about how to take their inhaler and why they were taking it. People told us they were happy with the way they received their medicines. We checked the medicine administration records (MAR) and we could see people received their medicines at the prescribed times. If people did not require their medicines, or declined them, this was clearly documented.

There were safe arrangements for the ordering, storage and disposal of controlled medicines. We checked the stock balances held by the home of controlled medicines and saw these agreed with the records held. All staff who were responsible for administering medicines had received up to date medicines training.

Is the service effective?

Our findings

People received effective care and support from well trained and well supported staff. Care staff knew the people they supported well, and their needs and preferences regarding their care were met. Comments we received from people included; “The staff are lovely,” “I feel very well cared for here,” and “I have lived here for two years, I just happen to like it, there is nothing bad about living here.”

A visitor told us; “Everyone who visits (name) wants to move in!” and “(name)’s condition has improved while they have been here so much they will probably go back home soon, its good.”

Visiting healthcare professionals told us; “I have been coming here since June and working with four staff on their NVQ’s (training qualification). In my opinion this is a very good care home. Staff are very well supported by the management team. They are always continually developing. People appear happy in their jobs. I visit quite a few homes across the county and this is one of the best I have come across,” and “The staff are very friendly and knowledgeable about residents.”

Training records showed staff had attended training such as fire safety, infection control and moving and handling and also additional training such as dementia care and pressure ulcer care. This helped to ensure staff were able to meet people’s needs. Staff told us “Training here is good” and “We get lots of training.” There was a large notice board on the wall in the staff room advertising forthcoming training.

There was an induction process which new staff told us they found helpful. Staff underwent a period of shadowing experienced staff before they worked alone. Staff benefitted from regular meetings with the registered manager (called supervision) and had appraisals. This gave staff the opportunity to have a two way conversation with their manager and identify any training needs.

People’s rights were protected and they were involved in decisions unless they lacked capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. People’s capacity had been assessed when appropriate and best interest meetings had been held when necessary. People confirmed to us the staff respected

their wishes and commented “I can do as I please, I choose to spend my time here in my room, it suits me,” and “I go out when I like with family.” However, people were not asked for their consent to their photograph being displayed in their records, or to the content of their own care plans. The registered manager told us this would be addressed at each care plan review in the future.

The home had knowledge of the associated Deprivation of Liberty Safeguards (DoLS) guidance. This was appropriately used when the home assessed they may be restricting someone in order to keep them safe. Five staff had attended training on the MCA and the associated DoLS. All but one of the staff we spoke with had a good understanding of the MCA and told us “I always give people options,” “people have the right to make their own choices, we have a person who likes bread and milk so that is what they have” and “We had a person who required an advocate; she had no family to support her. We got the DoLS team involved and they were provided with guardianship”. The registered manager told us; “We aim to be respectful of people’s choices and always have in mind their needs and their rights.”

Records were kept of people who had appointed a person as their Lasting Power of Attorney, should they need their support in the future. In care files we saw advanced decisions and decisions about resuscitation in the event of a cardiac arrest had been made by people and this was clearly displayed for staff to refer to. This helped ensure people’s choices would be respected.

Although people reported having good relationships with staff and management at Chypons, people, and their families, did not report having any involvement in the planning of their personal care plans.

We asked people about the food at Chypons. People told us; “Food is pretty good, arrives hot in my room,” and “The food here is very good.” We observed lunch being served on the day of our inspection; it was a calm sociable occasion with staff on hand to support people as needed. Some people chose to eat in their bedrooms. People had access to a variety of drinks close by throughout the inspection. A visitor told us; “We always get offered a hot drink when we visit, that’s so nice and doesn’t happen most places you go.”

A four week menu offered a choice of two hot meals and two puddings for people to choose from a day in advance.

Is the service effective?

Dietary requirements such as diabetic and low salt diets were catered for. We did not see a menu or noticeboard in the home to remind people what was to be offered at the next meal. As some people had memory difficulties they might not have been able to recall what food was on the menu. Records were kept showing what each person chose to eat and this was used to help plan menus in the future. This meant people were more likely to be offered meals they enjoyed.

Some people required their food and fluids to be monitored to ensure they had sufficient intake for their needs. We checked these charts for one person and saw they were regularly completed by staff. The fluid records were not totalled each day so it was not easy to review and ensure the person had sufficient intake.

People told us; "I can see my GP whenever I want and the chiropodist visits me too." Visitors told us; "Mum sees physio etc., and she has regained her mobility and become more independent," and " (name) is currently being supported to leave Chypons and live in a semi independent living situation and the registered manager has worked with the family and other agencies such as social services to support this move." People's care files had records of healthcare professional visits, such as district nurses, chiropodist, and GPs. We were told GPs visited from various practices in the area according to the choice of the person.

Is the service caring?

Our findings

People told us; “The staff are very kind and make time to listen to me if I need to say something, and they do act on it,” “Staff take time, they are interested in me as a person and they do know what makes me tick,” “I feel involved in the care I get here, Staff talk to me and if I don’t want something I say.”

Visitors told us; “Mum is recognised as an individual,” “Friendly staff who respond with compassion,” “ (name) has been very happy here, the level of care we’ve seen we are very pleased with.” Visitors were encouraged to visit at any time.

Staff told us; “We work together with people and their families to get the best for them,” “I try and explain and simplify things for people who need this, so people will understand what they have been told at the time about their care,” “Staff speak to people all the time about their care and if there is a problem they let us know” and “I like to read people’s care plans to see people’s backgrounds and what they’ve done before coming to Chypons.”

During the inspection we heard people seek support and reassurance from staff. Staff responded in a kind and caring manner and addressed the person’s concern quickly. Staff provided care and support in a calm relaxed manner; and we did not see people being rushed.

Care plans were stored securely in the staff room. We looked at three care plans; one contained a comprehensive life history of the person, the other files did not contain such information. Care plans clearly indicated people’s preferences and dislikes and their preferred term of address. We heard staff use these preferred names throughout the inspection. The care plans contained photographs of the person to help recognise each person. Information relating to the individual needs of each person was held in a clear and well laid out format. For example, there was clear direction to staff about a person who liked to read and staff were to make sure the person’s glasses were clean.

The registered manager told us they worked closely with people, their families/representatives and external

healthcare professionals to discuss people’s end of life wishes, records confirmed this. For example, one person had an ‘advanced decision’ about the future treatment they wanted, recorded in their file, which clearly showed their wishes. People’s religious beliefs were supported by a visiting vicar who would come to Chypons whenever needed.

There was a key worker system in place. This meant each person had a named member of staff who ensured their voice and choices were known and recorded. People told us they felt able to express their views freely to staff and management. Staff chatted in a relaxed way with people throughout the inspection.

Staff were aware of advocacy services and how they could support a person to make choices for themselves. Such services had been used for one person at the home in the past who did not have any family or friends to support them.

The provider’s privacy and dignity policy ensured staff were made aware of good working practices, and staff confirmed they were shown such guidance when they began working at the home. People’s privacy was respected by staff. Three people had the facility to lock their bedroom doors if they chose. One person told us they did this at night as another person had tried to enter their room during the night thinking it was their own room. We were told anyone could have a key to their room if they wished to protect their privacy. It was not clear if all had been offered a key to their rooms, or were aware the option was available to them. People were encouraged and supported to have their personal possessions around them. This led to bedrooms having a familiar and individualised feel to them.

Staff supported people with kindness and patience. Staff were seen happily chatting to people as they walked with them and provided reassurance. People could use cordless telephones placed around the home. This meant they could make and receive private telephone calls in their rooms whenever they wished. People were able to have a personal landline telephone installed in their bedrooms should they request this.

Is the service responsive?

Our findings

Care plans did not contain clear guidance for staff on the specific size and type of aid to use for each person, such as slings for use in moving and handling and continence products. This did not ensure that people received appropriate care according to their needs.

Each staff shift received a handover in the staff room before they started work. We attended the verbal handover at the beginning of the afternoon shift. We heard staff share information such as “(name) did not want to get up till 9.30am but up now and all ok,” “(name) really tired today didn’t want to get up so left in bed today” and “(name) doesn’t like water, prefers juice, drank a whole cup of orange today so try that again.” However, one person who was cared for in bed had a change in their condition during the morning of the inspection and we were concerned this was not communicated to the afternoon staff and the registered manager present at the handover. The change in the person’s condition had not been recognised by the staff monitoring this person and was not reported to ensure the new care staff on shift could meet their needs. This meant staff did not share important information effectively. We raised our concerns with the registered manager who then contacted the GP and the district nurses to ask them to visit this person to assess their needs.

Care plans were clearly set out and contained relevant information. There were sections on people’s health needs, routines, communication needs and personal care needs. Each person had an initial needs assessment, carried out in their home or hospital setting, prior to admission to Chypons to ensure their needs could be met. People were spoken with about their needs and preferences and a care plan was drawn up over the first few weeks following their admission to the home. Care plans had been reviewed to take account of any changes in a person’s needs. For example, one person who was being provided with end of life care had the GP to visit to change their medicines to liquid form to make it easier for the person to take. Throughout our inspection staff responded appropriately to people’s needs for support.

A programme of varied activities was provided regularly, these were organised by a senior member of staff but the provision of the activities was supported by all care staff. One member of staff told us they liked to provide people with manicures and make-up if they wished. Another told

us “We go around and talk to people and ask them if they want to do things like activities, but if they don’t want to that is fine too.” Bingo, tea dances and art workshops were available. Art work produced at these workshops was seen displayed around the home. The provider told us some of the people’s art work was being put forward for a forthcoming local art exhibition. People told us “I like painting and I spend time doing that. It keeps me busy” and “I like to sit and have a chat with others and read the paper.” Books and newspapers were available throughout the home. People very much enjoyed the piano music played by a member of the care staff which took place during the afternoon of our inspection. Records showed this took place once a week.

Although some people enjoyed the activities provided not all did. Some activities suited people’s interests but people were not consulted about what kinds of activities they would like. Comments from people included “It (piano playing) is very good, and the only thing I go down (stairs) for,” “I like living here it is really nice and friendly, (member of the management team) is very good at rolling my fags for me,” “It’s alright I get a bit bored. I just sit in my room and watch telly,” and “The things they do here like Bingo don’t really grab me.”

One person who liked to take photographs had displayed a selection of their photographs on the wall in the lounge. Staff visited people, who spent their time in their rooms, to provide individual activities. There was a hairdressing salon at the home and people told us they enjoyed having their hair done, enjoying a chat and a cup of tea. People were supported to access the local community by staff or family and a local taxi firm offered reduced rates to people wishing to travel by taxi. One person who lived at the home liked to go out regularly to the town, so their electric shopping buggy, which they required to enable them to access the local area, was stored right outside a convenient exit door from the home. We saw it was securely covered to keep it clean and dry.

The home’s complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. Everyone said that if they had a concern or complaint they would have no hesitation in speaking with the manager. People told us. “I’m happy to let them know if I’m not happy,” “If I ever have a problems I just speak with them (staff) and it is

Is the service responsive?

sorted, no problem” and “I would complain if I needed to but I have only had one issue with my laundry and that was sorted quickly, the manager bought me new trousers.” We were told this had not happened again since.

The registered manager told us Chypons had not received any formal complaints. There was a large file of compliments which had been received from people who had lived at the home and their families and friends.

Is the service well-led?

Our findings

We had concerns about the lack of effective processes to monitor and assess the service provided at the home. We found regular checks and maintenance of some aspects of the premises were not taking place. For example, hot water and Legionella tests were not taking place at the recommended periods in accordance with the Health and Safety Executive guidance. Risks were found during our tour of the building which had not been assessed and reduced, such as broken fire door closures, and accessible unalarmed fire doors in the room of a person living with dementia. The stair lift had not been serviced since 10 March 2013, the registered manager told us this was an oversight and would be addressed immediately. Medicine administration records were not routinely audited and this meant issues found at the inspection, such as handwritten medicine records not being signed by two people, were not noticed by the registered manager. Care records were not routinely audited. We found people's fluid and food intake and output charts were not regularly monitored to ensure any action required was taken. The registered manager did not have a process for regularly seeking the views and experiences of the people and staff between annual surveys. Accidents and incidents were recorded. There had been an audit of such events up until February 2014, there were no audit of events which had taken place since February. This meant the registered manager was not able to recognise any patterns or trends relating to all accidents and incidents which could be addressed and thereby reduce potential re-occurrence. The last health and safety audit of the home had been done 14 September 2013. The registered manager was not aware of specific risks, these were not identified and addressed. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2012.

Prior to our inspection, two people from external agencies had visited to review the records of a person about whom a concern had been raised by visiting healthcare professional. This had taken place while the registered manager was off duty. We asked the registered manager about this visit. They were not clear who had attended or the reason for their visit. This indicated there was not a robust process for ensuring the registered manager was kept up to date on events upon their return to work after being away for a period.

Staff told us; "We are a good team and all get on well" and "We are close and work well together."

During our inspection visit there was a positive and open culture within the home. Staff were aware of their responsibility to share concerns they had about the running of the service and told us they were encouraged to do this. Staff appeared happy and well-motivated, reporting good support from management and colleagues. They reported good access to training and development. Staff reported the registered manager led the home well and was always available to them should they wish to raise any issues.

All of the visitors spoken with indicated they felt the home was well organised and run by the registered manager. One visiting professional told us; "I find the management helpful and supportive to their staff."

Annual quality assurance questionnaires were sent out to people, their families and friends, the most recent had been sent out in January 2014. There were positive responses to questions such as are the staff "considerate," "caring," and "suitably trained and knowledgeable". All the respondents stated they could approach staff with any concerns. The responses to 12 returned questionnaires had been collated to enable the manager to identify any trends.

There was a programme of auditing equipment such as hoists, lifts, fire extinguishers and alarm systems. A housekeeping audit was carried out in September 2014, and an infection control audit carried out January 2014, and these had both been reviewed and actions taken as a result.

We asked the registered manager about their supervision and support. We were told by the registered manager; "There is no-one really, I talk with my deputies." We were told the provider visited regularly but did not provide formal support to the development of the registered manager. This did not help ensure the registered manager had appropriate formal support as required.

The registered manager was responsible for notifying the Care Quality Commission of events which affected the people living at the home or the running of the home. Our records showed such notifications had been received when appropriate.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The provider did not operate effective recruitment procedures in order to ensure that no person is employed for the purposes or carrying on a regulated activity unless that person is of good character. Regulation 21 (a) (i)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered person must protect service users, and others, who may be at risk, against the risks of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of service users. Regulation 10 (1) (a) (b) (2) (c) (i) (e)

This section is primarily information for the provider

Enforcement actions

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