Richmand House Residential Home Limited

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Inspection report

88-90 Melton Road
West Bridgford
Nottingham
Nottinghamshire
NG2 7NF
0115 9142609
Website: www.richmandhouse.co.uk

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of the service on 10 and 12 November 2015. Richmand House Residential House is registered as a care home without nursing to accommodate up to 12 older people living with or without dementia. At the time of the inspection there were 12 people using the service. Richmand House is also registered for personal care and provides domicillary care services. At the time of the inspection there were two people in the community receiving this support.

On the day of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

People told us they felt safe. Relatives said their relations were safe. People were supported by an appropriate number of staff and they were recruited through safe recruitment practises. Staff turnover was low. Staff had attended safeguarding adults training, could identify different types of abuse and knew the procedure for reporting concerns. Safe medicines practices were followed.

People were supported by members of staff who had the knowledge and skills required to meet their needs. People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided. Staff received regular support and supervision from their manager to carry out their role effectively

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. An application for DoLS was required for one person as the home has not followed the DoLS process. Assessments of people's capacity were generally in place.

People received sufficient to eat and drink and were happy with the food they received. People's day to day health needs were met by the staff and external professionals.

People told us the staff were very caring towards them. Relatives agreed. Staff valued people as individuals and took time to get to know people and what was important to them. They spoke kindly of people who used the service and showed compassion when supporting people. People who used the service and staff interacted with each other well. People's privacy was respected, their dignity was maintained and their independence encouraged.

People had the opportunity to take part in a variety of activities. People were involved in planning their care and their care plans were written in a person-centred way. Staff knew people's likes and dislikes and what interested them. People were able to see their friends and relatives when they wanted to. People and relatives felt comfortable to approach the registered and home care manager with any issues..

People using the service and their relatives knew how to make a complaint. They told us they had not made a complaint but were confident the registered and home care manager would address any concerns if they had any.

People using the service and their relatives said that the home and domicilary care service was well-led and provided a good service The registered and home care manager had developed positive working relationships with people who use the service, the staff and relatives. People, staff members and relatives spoke positively about the registered and home care manager. The registered and home care manager encouraged open communication with people who use the service, those that matter to them and staff.

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 safe.

Good

People felt safe and staff demonstrated a good awareness of their role and responsibilities regarding protecting people from harm.

Care records contained risk assessments that were appropriate to that person.

People were supported by an appropriate number of staff and they were recruited through safe recruitment practises. Staff turnover was low.

People received their medication as prescribed and they were managed safely.

Is the service effective?
The service was effective.

Good

Staff received regular support and supervision from their manager to carry out their role effectively.

People were happy with the choice of food available.

People's rights were protected under the Mental Capacity Act 2005.

People's day to day health needs were met by the staff and external professionals

Is the service caring?
The service was caring.

Good

People were treated with kindness by a team of staff who valued them as individuals.

People were supported to contribute to decisions relating to their care and to make independent choices

People's privacy was respected and their dignity was maintained by the staff.

Advocacy information was available for people

Staff had a good understanding of people's needs.

Is the service responsive?
The service was responsive.

Good

People had access to a variety of activities

People received personalised care that was responsive to their needs. Care plans contained people's strengths and support needs and had actions and guidance in place for members of staff to support them.

Staff knew people's like and dislikes and what interested them.

People and relatives felt comfortable to approach management with any issues and felt complaints would be dealt with appropriately.

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered and home care manager had developed positive working relationships with people who use the service, the staff team and relatives.

The registered and home care manager encouraged open communication with people who use the service, those that matter to them and staff.

The registered manager was visible and approachable.

Staff told us they enjoyed working in the service.

People and their relatives were involved or had opportunities to be involved in the development of the service.

Richmand House Residential Home Limited

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.

We inspected the service on 10 and 12 November 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and information received. We contacted commissioners (who fund the care for some people) of the service and Healthwatch Nottinghamshire to obtain their views about the care provided about the service.

During the inspection we observed staff interacting with the people they supported and spoke with four people who used the service, three relatives, two members of the care staff, one housekeeper, one cook, the registered manager and home care manager.

We looked at parts or all of the care records for all 12 people who used the service. Additionally, we looked other records relating to the running of the service such as policies and procedures and staff files.

Good

Is the service safe?

Our findings

All of the people we spoke with who lived at the home or received care and support from staff within their own home told us they felt safe. One person said, "I feel safe here most definitely." Another person said, "I feel so safe." A carer said, "Everyone is safe here." Relatives agreed. One relative said, "I know [name] is safe here. I never leave here worried about them." Another relative said, "I feel [relation] is totally safe, I trust the organisation implicity."

Staff demonstrated a good awareness of their role and responsibilities regarding protecting people. They knew the different categories of abuse and told us they would report any concerns to the registered manager. Staff were confident the registered manager and home care manager would deal with any concerns reported, but they were also aware of the need to report to the local authority or CQC if needed. A member of staff told us, "If I thought someone was being abused I'd go to the manager first, then report it to CQC or the Police if I need to."

The provider had a safeguarding and whistle blowing policy and procedure available for staff. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. Staff said that they would not hesitate to use the policy if required to do so.

Staff had attended safeguarding adults training Staff confirmed they had received safeguarding training and records viewed confirmed this. Information on safeguarding adults was displayed in the home to give guidance to people and relatives. Relatives told us they would speak to the manger if they had concerns. We checked the provider's records and one potential safeguarding incident had not been shared with us. The home care manager agreed to share information about any similar incidents in the future.

People and relatives were provided with information throughout the home about how to keep themselves safe.

We saw there were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. A business continuity plan was in place to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

During the inspection we observed staff provide people with the support they required in line with the guidance as recorded within their support records. Each person's care records contained risk assessments that were relevant to the person such as mobility, food and fluid intake and moving and handling. People's risk assessments were reviewed on a regular basis to ensure they reflected their current level of need.

All of the people we spoke with who lived at the home or received care and support from staff within their own home, told us there were enough staff. Staff told us they felt the home had enough staff working in the service to meet people's needs. One member of staff said, "There are always enough staff here, including nights and weekends." Another member of staff said, "I have enough time to do what I need to do." Relatives agreed. One relative said, "There are always enough staff. I have never seen people in the lounge on their own." No person we spoke with had an experience of staff not attending their home when they should have, and confirmed that staff stayed for the duration of the call.

We observed that people received care promptly when requesting assistance. Staff were visible in communal areas and spent time chatting and interacting with people who used the service. We looked at a sample of staff rota's which showed appropriate levels of staff required to support people.

Systems were in place to ensure there were enough qualified, skilled and experienced staff to meet people's needs safely. The registered manager told us that staffing levels were based on dependency levels and any changes in dependency were considered to decide whether staffing levels needed to be increased.

Safe recruitment and selection processes were in place, We looked at two staff files which confirmed the recruitment process ensured all the required checks were completed before staff began work. This included checks on criminal records, references, employment history and proof of ID. This process was to make sure, as far as possible, new staff were safe to work with vulnerable adults.

Good

Is the service safe?

The registered manager told us they were proud of having very low staff turnover and the fact they had never used agency staff. Staff we spoke with during the inspection had worked at the service for a long time One member of staff told us, “Its not just a job to us, it’s a nice home.” A consistent staffing team increased the opportunity for people to build trusting relationships with people which also reduced the risk of people receiving unsafe care.

People’s medicines were managed safely. One person said, “The staff manage my medicines. I have no problem with that.” Another person said, “Staff look after my medicines for me. Its fine.” A relative said, “Medicines are handled by the staff. I know they are done so safely.”

People were given their medication as prescribed and medicines were stored and managed safely. The people we spoke with told us they were given their medicines when they were supposed to. We observed a member of staff administering medicines to people and saw they followed safe practices.

When new medicines were required the date, the name of the medication and the reason it was needed was recorded. Risk assessments were in place for self-administration of medicines. These were detailed and included a care plan to show how people could be supported to take their medicines independently of staff or with staff support. We saw information provided in people’s care plans about what each medicine the person took and what they were for.

Staff had their ability to administer medicines assessed when they began working at the home. One member of staff said, “I manage people’s medicines. I am confident in doing it.” Although no formal assessments of staff’s ability to administer medicines took place, they regularly observed staff and discussed issues in supervision. The registered manager agreed to start to formally record their assessments when they have observed staff administer medicines.

We checked the medicine administration records (MAR) for five people. These records were used to record when people have taken or refused their medication and they were accurately completed. Information about each person including the way they liked to take their medicines and whether they had any allergies were recorded.

The registered manager told us the staff were able to administer ‘as needed’ medicines to reduce agitation if needed. These medicines are administered not as part of a regular daily dose or at specific times. The registered manager told us that staff must gain authorisation from them first before they were allowed to administer the medicines. However there were no formal protocols in place for staff to follow within people’s care records. The registered manager told us they would ensure this was put in place, but was confident that people did not receive these medicines inappropriately.

Good

Is the service effective?

Our findings

All of the people we spoke with who lived at the home or received care and support from staff within their own home, told us they received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff are very skilled. They look after me very well." Another person said, "The staff are very supportive." Relatives agreed. One relative said, "The carers are very good." Another said, "It's [service] is not just a reactive service."

When staff commenced working at the service they were given an induction to prepare them for the role. We saw records that confirmed new staff had received an induction that included the Skills for Care Care Certificate. Skills for Care is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. We saw a new member of staff's induction record which showed appropriate training had been completed.

Staff told us they were given a variety of training. This included moving and handing, nutrition and NVQ level courses. One member of staff said, "I have had plenty of training. Fire safety, food safetly and dementia awareness."

Staff told us they had regular support and supervision with the manager. One member of staff said, "I am supported by the manager. I have regular supervision and have a good chat about my role and what I need to improve on." Another said, "The manager has helped me to develop. I want to do my NVQ and they are helping me with that." We saw records of staff supervision which clearly indicated that people were receiving advice to support people's needs from the registered manager and home care manager. Members of staff said they had regular staff meetings and handovers to discuss any concerns such as the risks people may face. This helpeds to keep members of staff updated with people's needs so that people could continue to receive effective care and support.

Where appropriate we checked the records to see if an assessment of people's capacity to make and understand decisions relating to their care had been undertaken in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People told us they were able to do what they wanted when they wanted. One person told us, "I'm able to make my own decisions, the staff do listen to me." Another person said, "I get to do what I want." People's care records showed that mental capacity assessments were in place for a variety of decisions such as personal care, medicines, emotional health and well being and oral health and hygiene. The records showed that people had the capacity to make their own decisions in many areas and would understand the impact of these decisions.

People told us that staff asked for consent before providing care. One person said, "They [staff] always talk to me about my care." We observed members of staff asking for people's consent permission before completing tasks.

Staff knowledge about MCA and DoLS was varied when we spoke with them. When reviewing people's records and speaking with them we identified one person who we felt would need an DoLS application submitted to a 'Supervisory Body'. This is because the person was not free to leave the home unaccompanied therefore restricting their movements if they wished to go out alone. The registered manager acknowledged that a DoLS application was required for this person and would submit this immediately.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place and they had been completed appropriately.

People were happy with the quality of food. One person said, "The food is great, there is so much choice." Another person said, "I enjoy the food. I also like to have a glass of wine with my lunch." A third person said, "We get a great choice of food. The cook is very good. He asks you what

Good

Is the service effective?

you want." People told us they had sufficient to drink. We observed people were offered drinks throughout the inspection. A bowl of fruit was made available and a relative told us people helped themselves. One person had their dinner in their room, as requested. The registered manager told us meal times were flexible and people could eat whenever they wanted to.

People's care records contained information about their dieteary needs. We saw records that showed one person had been identified as high risk due to weight loss. They were put on a high calorie diet and subsequently proceeded to put on weight. Healthy food options such as fruit were readily available for people to eat.

We observed the lunch time meal. There was a menu available for people. One person said, "Gosh isn't this curry nice?" Another person said, "This is nice, isn't it?" People's plates were empty at the end of the meal. One person changed their mind and was given a different meal. Staff were encouraging people to eat independently and offered assistance when needed. People responded posivitely to this support.

The chef was aware of people's allergies and dietary requirements. They made different portion sizes for people and ensured staff knew who they were for. The chef said, "I like helping people to stay healty through eating good food." There was a 6 week rotating menu in place with a variety of food available. A wide variety of snacks were available for people thoughout the day. Food stocks were sufficient and varied to suit people's different choices and preferences.

All of the people we spoke with who lived at the home or received care and support from staff within their own home told us they saw external professionals when needed. One person said, "I can see my doctor whenever I need to." A relative said, "Carers intiaite any medical input." People that used the service and relatives we spoke with did not raise any concerns about how staff supported them to maintain their health.

There was evidence of the involvement of external professionals in the care and treatment of people using the service. We saw care records contained information about the involvement of doctors, chiropodist and speech and language therpasits. People were supported to attend external appointments by members of staff. Communication systems were in place where staff recorded information about people's health to alert the next member of staff. For example, changes in people's medication, diet and any hospital visits. This enabled staff to monitor people's health effectively.

Good

Is the service caring?

Our findings

All of the people we spoke with who lived at the home or received care and support from staff within their own home told us that staff were caring and kind and that they felt very well cared for. One person said, "The staff are very kind and gentle." Another person said, "The staff are fantastic. They are so lovely." All the relatives we spoke with agreed. One relative said, "I definitely think they [staff] are caring."

Throughout the inspection we observed members of staff speaking to people in a kind tone of voice and were patient and understanding. We saw that people who used the service were at ease with members of staff and they both spoke openly and warmly to each other. We observed one member of staff supporting someone into the lounge area, they asked them where they would like to sit, what they would like to drink and waited patiently for their response before giving them what they requested.

The staff spoke kindly of people who used the service. One member of staff said, "I love getting to know people. I read care plans but just talking to people is the most important thing." Staff showed compassion when supporting people at times of distress or discomfort. We observed members of staff offer a person reassurance several times when they were upset throughout the day. The person responded very positively to the staff interaction.

People told us that staff knew them well. One person told us staff knew what music they liked to listen to and the radio station they enjoyed. They felt the continuity of carers that visited them helped to understand her needs. Staff were very knowledgeable about the support needs of people they cared for, their personal preferences and activities they liked to do. When we asked a staff member to tell us about a person, they were able to easily describe three people's care needs. A relative told us care staff knew the importance of their relations background and described how staff supported their relation to enjoy relevant activities.

People were supported to contribute to decisions relating to their care and to make independent choices. One person said, "I am able to make my own decisions, the staff listen to me." Another person said, "They [staff] discuss things with me and listen to me."

People told us they had seen their care plans. Relatives told us that they had been involved in care planning. People and relatives told us they were present during reviews of care and their views were sought. One person told us they were happy to continue to receive support from the service. Care records contained documents to demonstrate that people had agreed with their care plan and had been involved in the reviews of their care plans. These were signed by the people themselves and their relatives. Care plans were person-centered and contained information regarding people's life history and their preferences.

Information was available for people about how to access and receive support from an independent advocate to make decisions where needed. Advocates are trained professionals who support, enable and empower people to speak up about what is important to them. They support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. The home was also a member of the relatives and residents association, a charity which gives people, friends and relatives an outlet to voice any concerns. Information on this service was visible in the home.

Staff respected people's privacy and dignity. One person said, "I like to spend time on my own and have a sleep in the afternoon. Staff are fine with that." One member of staff said, "If someone wanted to be on their own I'd always respect that." We saw staff protecting people's privacy and dignity and talking to them quietly about sensitive issues. Staff told us they knocked on people's doors before entering their bedroom, left people alone to use the toilet and took steps to protect their privacy during personal care. One person told us, "I like to have my own space and most of the time staff respect this. Although occasionally they do knock on my door a little too often." We spoke to the registered manager about this who agreed to speak to the staff about this matter.

In each of the care plans we looked at we saw people's ability to carry out tasks independently had been assessed. The level of support people needed from staff was recorded. One person told us, "I can do what I want to do." A member of staff told us they focused on, "promoting people's independence as much as possible." A relative told us carers, "Promote my [relation] to be independent." One person's care plan showed they liked to help with domestic chores. Guidance was provided for the staff to

Good

Is the service caring?

ensure they enabled this person to do as much for themselves as possible. We observed a person doing the washing up and tidying up in the kitchen, which they clearly enjoyed.

The registered manager told us there were no restrictions on people being able to see their family or friends. People's relatives were able to visit them whenever they wanted to. One person said,

"My relative can come whenever they want to." Another person said, "If I have a visitor, they [staff] offer to bring them a cup of tea which is nice." One relative said, "I can come here night and day if I want to, no trouble at all." We observed that there were visitors in the home throughout our inspection.

A member of staff told us, "We make sure people are clean and well presented. We take time to make sure people look their best." We saw that all the people were very well presented, their clothes were clean, hair combed and were wearing appropriate footwear.

Good

Is the service responsive?

Our findings

People told us that they were able to take part in activities that were important to them. One person said, “I do enjoy the activities here.” Another person said, “A chap comes round to do quizzes and songs. I really like it.” A family member told us their relative was able to do a variety of activities that they enjoyed and they also read a daily newspaper. A member of staff said, “There is always something going on, day trips, going out for coffee and cake.”

An activities coordinator supported people with activities and their enthusiasm was clearly evident when we spoke with them. There were regular activities and input from external visitors such as music workshops, and events were celebrated throughout the year. We observed a member of staff going through pictures of the Royal Family with a person. The person responded positively to the pictures. The member of staff was very calm, friendly and there was a relaxed atmosphere. We also saw a music quiz take place. The staff member was engaging, included everyone in the quiz and people responded positively.

Care plans for people who lived at the home or received care and support from staff within their own home were person-centred. They took into account people’s strengths and support needs and had actions and guidance in place for members of staff to support them. The care plans contained an initial assessment which included information about their personal preferences and likes and dislikes had been considered when support was planned for them. One care plan explained a person’s sense of humour to help staff interact with the person.

One person’s care plan showed how the home had kept family regularly informed of their relations needs. Regular meetings with relatives and decisions made had been documented. One family member told us they attended regular reviews of their relative’s care, was attending a review on the day of the inspection and was extremely pleased with the service provided.

Throughout the inspection we observed that people received personalised care responsive to their needs. For example, we saw a member of staff identified a person who was sat on their own and went to speak with them. The person said they were, “feeling a bit lonely.” The member of staff sat with them, held their hand and offered reassurance which the person responded very positively to.

The complaints policy was accessible for everyone and people knew how to make a complaint.

People told us, “I have no complaints about the staff or anything else.” Another person said, “I have no complaints at all.

Staff were clear about how they would manage concerns or complaints. One member of staff said, “If someone complained to me, I’d speak to the manager if I couldn’t deal with it myself.” Another member of staff said, “I have no concerns at all. I know people are well looked after here.” A relative told us they would speak to the registered manager or responsible individual if they had concerns. No complaints had been received.

Good

Is the service well-led?

Our findings

Staff understood the ethos and aims of the service and could explain how they incorporated these into their daily work. One member of staff said, "The values here are all about helping peple, spending time with them and promoting their independence as much as possible." We found that people's records demonstrated this through risk assessments that promoted independence.

There were links with the local community and people were encouraged to access local services. One person told us they went to resturants and coffee shops. Another person said, "I go to see my own doctor."

Members of staff and people spoke openly and warmly to each other. A member of staff told us, "We have regular staff meetings. The management are interested in what you have to say and how things could improve." Another member of staff said, "The managers really value my opinion." We looked at the staff meeting minutes and pertinent issues about people who used the service had been discussed. Memos were also used to update staff on changes.

The service enabled and encouraged open communication with people who use the service, those that matter to them and staff. Regular residents meetings took place with areas discussed such as food, activities and personal safetly. We looked at the records of meetings and an action had been taken to change the menu to reflect what people had requested. People also felt involved in the home. One person said, "They [staff] really do ask me how I am and whether I am getting what I need." Another person said, "The staff are always asking what things I like to do." A relative told us, "The staff always ring me if there is anything I need to know about."

People told us that the atmosphere at the home was very good. One person said, "We have so much fun." Another person said, "We enjoy life." We observed there was a warm, friendly and caring atmosphere throughout the home. Interactions between staff and people were warm. The home was calm and relaxed. Staff told us they enjoyed working at the home. One member of staff said, "I love working here." Another said, "Its not just a job to us. It's a nice home." A third member of staff said, "This is definitely the best home I have worked in." People were smiling and joking with staff. Staff were happy and smiling as they assisted people. They kept people informed of what was happening and checked they were happy.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify the CQC about certain important events that occurred at the service. The registered manager explained their process for submitting statutory notifications to the CQC about serious injury, abuse and DoLS.

We received positive feedback from people who felt the service was well-led by the registered manager. One person who used the service said, "The manager is lovely. She really cares about us. She's always here if you need her." Staff also said that the leadership of the service was good. They said the registered and home care manager were supportive and approachable and always quick to respond. A member of staff told us, "The managers are fantastic. They are great, so approachable." One member of staff told us that they reported a concern about a mattress. A new mattress was delivered the following day. A relative told us, "The manager is like family to us."

We observed the registered manager was visible and approachable with staff and people who lived in the home. The registered manager either worked or visited the home every day, including weekends and was happy to help out when required. The home care manager was also present in the home and completed reviews of care for people living in the home and people receiving care in their own homes. The registered manager and home care manager had a range of auditing processes in place to ensure people received a high quality of service. These audits included medication and care plans. We saw care plans were regularly audited and reviewed by the manager. Daily records were up to date and gave a good overview of what had occurred for that person.

We saw that surveys had been completed by people who used the service and their families. We looked at the last survey completed. Comments from relatives included, "knowing that [relative] is so well looked after makes a world of difference to us" and "not sure there is need to improve, just keep up the good work." Action had been taken regarding an identified concern. A letter had been sent to relatives feeding back on what action had been taken, why and encouraging relatives to inform staff of any concerns if needed.

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.

This section is primarily information for the provider

Enforcement actions

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