South Yorkshire Housing Association Limited

Lister Avenue

Inspection report

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Sheffield, South Yorkshire,
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Website: www.

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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 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, and to pilot a new process being introduced by CQC which looks at the overall quality of the service.

This inspection was unannounced. Lister Avenue was last inspected on 4 February 2014 and they were not in breach of any regulations at that time.

Lister Avenue is commonly known as The Lister Project. It is registered to provide personal care and accommodation for up to 25 people who have mental health issues. The project consists of 5 adjacent houses, each accommodates up to five people. At the time of this inspection 24 people lived at The Lister Project. Here people are helped with rehabilitation so that they could aim to live independently in the community.

There was a registered manager in post at the service. This person has been off sick and alternative arrangements have been made by the provider and CQC has been made aware of this. A registered manager is a

Summary of findings

person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The staff team consisted of project leads who were responsible for specific houses, keyworkers who supported individuals and ancillary workers who carried out the domestic and maintenance work at Lister Avenue. One of the project leaders have been appointed as deputy manager in the interim period to be responsible for the day to day running of the service.

People told us they felt safe living at The Lister Project and said they had not witnessed, or experienced staff bullying or harassing anyone. Two people told us that sometimes people squabbled. They said that staff intervened and helped resolve these disagreements. People were safe because staff knew what to do when safeguarding concerns were raised. Staff told us they had received training and had a good understanding of the requirements of The Mental Capacity Act, (2005) and the Deprivation of Liberty Safeguards (DoLS). This meant people were safe and made sure any actions taken by staff were based upon the best interests of the people living at the service.

Staff told us that they assisted people to achieve their highest potential and shared examples of how taking on certain responsibilities had increased people's confidence. . People told us they were comfortable when discussing their health needs with staff and were confident in the way staff supported their needs. One person said, "Keyworkers know my mental health issues and they know how to help me." Another person told us that they could be unpredictable at times and their keyworkers knew how to help them "not get into bother."

People told us they were able to come and go as they pleased without restrictions. People said they were treated with kindness and compassion by staff at the project.. Staff told us they had received training in promoting and dealing with issues relating to equality, diversity, gender and ethnicity. They said the training made them aware of people's anxieties in relation to their diversity, ethnicity and gender. Staff were friendly and caring towards people who lived at the project, and we noted that they maintained confidentiality and discretion when people queried the wellbeing of other people living at The Lister Project. .

People were encouraged and supported by staff to express what was important to them. Staff told us that they asked people about their needs, medical history, options available to them and their preferences when they arrived at the project. This meant staff had a good understanding of people's needs and expectations.

People told us that the care and support they received was agreed by them. Keyworkers told us they only supported people after ensuring that people fully understood and agreed with the contents of their support plans Project leaders told us that when allocating rooms they ensured people with mobility problems had ground floor bedrooms so they were able to access the communal parts of the home safely.

People were actively involved in developing The Lister Project. .People told us on average house meetings took place every three months. Within these meetings people discussed what was going right and what could be done to improve their stay. During our inspection we observed an open culture among staff and the people who lived at the project. There was good interaction and respect between them. We also noted staff used a support network to help each other / and share ideas and good practice. The monitoring visits by the provider were detailed and commented on the effectiveness of the service and highlighted any areas for improvements. Any required actions were followed up at the next visit to ensure that action had been taken.

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?

Good

The service was safe because staff were trained and competent to ensure people were protected from bullying, harassment, avoidable harm, abuse that may breach their human rights.

People were enabled to maintain their freedom due staff taking necessary actions to manage the risks.

The provider took action to maintain sufficient numbers of suitable staff to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective because people were supported on a day to day basis by project leads, keyworkers and domestic staff. Staff had the knowledge and skills to carry out their roles and responsibilities to ensure people were in receipt of appropriate care.

The cook and the key workers supported people to have a balanced diet and helped them get use to preparing meals as part of promoting people's independence.

People had care plans which were person centred and the Care Programme Approach (CPA) was used to support people. This is a recognised way of assessing, planning and checking that people's mental health needs were being met. Plans were in place to cover any crisis situations, these enabled people to receive care and treatment without any delay.

Is the service caring?

Good

The service was caring. People made positive comments about the caring relationships they had with their keyworkers and project workers. They told us about staff clearing snow to help them during wintertime.

When we spoke with people and looked at their care files we found out that decisions about people's care, treatment and support was made through consultation with people and their views were considered when making decisions.

Our observations on the day of the inspection confirmed that people's privacy, dignity and respect was promoted by staff

Is the service responsive?

Good

The service was responsive. People received personalised care that was responsive to their needs. This was confirmed by people's comments during our inspection.

Project leads and the quality assurance officer told us that they routinely listened and learnt from people's experiences, concerns and complaints to improve the quality of care.

Is the service well-led?

Good

The service was well-led. It promoted a positive culture that was person-centred, open, inclusive and empowering of people and staff.

Summary of findings

There has been unforeseen sickness of the manager and their deputy; however, the provider had taken necessary short term action to support the service so people were in receipt of safe care.

A robust quality assurance and governance system was in place. This was used to drive continuous improvement at The Lister Project.

Lister Avenue

Detailed findings

Background to this inspection

The inspection team consisted of one adult social care inspector and an expert-by-experience whose area of knowledge was mental health. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We checked the information we held in the form of notifications, complaints and safeguarding referrals. Information was also sought information commissioners to obtain their views about the service. We also sought the views of five community professionals. The responses we received were positive and did not highlight any concerns.

This was an unannounced inspection. On the day of our inspection, 30 July 2014 we met two project leads one of whom was acting deputy manager and the quality assurance officer.

We interviewed eight staff; spoke with ten people who used the service and one visitor. We reviewed six care records and other records such as complaints, incidents and accidents, internal audits and staff files. We observed interactions between people using the service and staff.

Good

Is the service safe?

Our findings

People told us they felt safe living at The Lister Project and said they had not witnessed, or experienced staff bullying or harassing anyone. Two people told us that sometimes people squabbled about borrowing money and cigarettes from each other. They told us staff intervened and helped them to safely resolve any disagreements.

Staff told us that they had received training and had been involved in discussions at staff meetings how best to protect people from discrimination. Staff had a good understanding of the need to be sensitive to people's age, disability, race, religion and sexual orientation. People told us staff supporting them understood their needs and knew how to help them. They told us that this made them feel safe. For example, one person commented "Keyworkers know what they are doing and I have no problems. I am well settled here."

People were safe because staff knew how to identify and report safeguarding concerns. Staff told us they had received training and had access to the relevant policies and procedures. People said, during house meetings and care programme reviews staff had spoken with them and explained what 'keeping safe' meant. We saw that safeguarding referrals had been made by staff and appropriate actions had been taken by the management of the service. We noticed people had access to information on keeping safe and saw that this information had also been included in the project's newsletter.

Five people said staff encouraged them to raise any concerns or worries they may have about their safety so that they could be addressed. For example, one person stated, "I tell staff when I am feeling low or worried about something, it could be other people's attitude. Staff sorts it out for me. I am alright." Another person told us that they informed staff of their whereabouts in order to ensure their safety, they stated, "I can go anywhere I want, as long as I let staff know. They never stop me. Sometimes I used to wonder out and not tell anyone and staff ended up searching for me." These comments demonstrated that people living at Lister Avenue felt safe.

We witnessed people displaying behaviours that challenged the service. Staff dealt with it safely and discreetly. We observed staff respecting people's safety, dignity and protecting their rights. We saw documents where plans had been agreed by the people to deal with such challenging behaviour. Staff also documented each time such incident happened and they explored any triggers. During handover we observed such information was shared among staff to ensure safety.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS apply to 'care homes', Staff told us they had received training and had a good understanding of the requirements of The Mental Capacity Act (2005) or MCA and DoLS. Staff members said that that no one living at the project at the time of our inspection was subject to a DoLS. Staff were clear about when and why they would request a DoLS. The staff we spoke with also had a good understanding of the different sections of the Mental Health Act and their responsibility for ensuring people complied with the arrangements to ensure the safety of the individual and others.

People told us they had agreed to the treatment and support which was delivered to them. They said they understood what was involved. Staff appreciated the reason for seeking a valid consent before delivering care. Keyworkers told us only when people understood and agreed to the support they delivered care or support. One member of staff told us, "We can be seen as abusing a client if we delivered care without them understanding why this was happening and give us permission. Most people are able to give permission and understand their care and support plans. Those who have difficulty, we give them plenty of time." Three staff commented about the need for people being fully aware of the arrangements. They said if a person refused support and if that decision put the person at risk of harm they would involve the multidisciplinary team to make sure the person had the appropriate treatment in their best interest. Staff talked about using, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to protect the person. This meant staff were aware of their responsibilities .

Staff informed us that none of the people were restrained. However, some people had agreed, through care programme arrangements to inform the staff at the home of their movements outside the home to ensure their safety. Three staff we spoke with confirmed this. One of them said, "Once when the fire alarm went off it was difficult for us to know who was in and who is out."

Good

Is the service safe?

We looked at six people's care files.. We noted that risks relating to people's activities and aspirations had been identified and there was evidence that people were involved in making decisions about the risks they may wish to take. Staff encouraged people to look at ways of managing, as well as avoiding identified risks so that they were prevented from unnecessary harm. The records showed that staff had effectively supported people to identify and look at ways of reducing identified risks. For example people who wished to smoke were encouraged to smoke in the designated areas outside the house, or, if they wanted to smoke in their own bedroom they were asked to keep the windows open to maintain the circulation of fresh air and to keep bedroom doors shut in order to reduce the risk of other people inhaling smoke. During the day we saw staff checking that people were following these instructions to ensure the safety of everyone at The Lister Project.

Staff had a good understanding of the providers 'whistle-blower' policy. They also knew how to make a complaint or help people raise a complaint. The complaint policy was easy to read and understand. All the people had access to the policy and it was also included in the project's newsletter. Between April and June 2014 there were three complaints which had been appropriately investigated and responded to by the manager. These were regarding people using the service making complaints about others living at the service. Project leaders told us how they had shared the information with the keyworkers so that they could identify early warnings and prevent any repeats.

People were confident that plans were in place to respond to emergency situations. One person said, "When there was a gas leak recently, staff called the gas board and dealt with it immediately." Another person said, "Weekly fire drills are carried out by staff and we are involved so we are reminded what we should do if there was a fire." We saw the home had policies and procedures in place to follow if there was an emergency. All staff had been reminded during their yearly training and updates about what actions they were to take in an emergency situation. Staff who spoke with us said they were confident in dealing with emergencies.

We were informed by staff and people who lived at the project that, due to sickness and summer holidays the staffing levels have been low. This meant people were unable to take trips out supported by staff. However the acting deputy manager explained that people were safe because staffing levels were assessed and monitored to ensure they maintained the minimum staffing at all times to maintain safety of people they cared for.

Our review of records relating to recruitment and training evidenced that the provider had ensured suitable staff with the necessary skill mix, knowledge, and experience were employed. This was to make sure people's individual needs were met safely. This was confirmed when we spoke with staff and people who lived at the project.

Staff we spoke with had been working at the home for several years and was clear about their roles and responsibilities. They said the management team would take disciplinary action if they identified unsafe practices. Staff said they felt comfortable to approach and inform the manager/senior staff should they observe any unacceptable or unsatisfactory practices from colleagues. They said they had seen the manager taking action to keep people and the others working at the service safe.

Good

Is the service effective?

Our findings

People had care plans which were person centred and the Care Programme Approach (CPA) was used to support people. The records clearly outlined people's personal outcomes and reflected people's likes, dislikes, strengths and aspirations. There was evidence that people had been involved in their support plans and they were in agreement with the care and supervision they received. Project leaders told us they used the principles of 'The Five Ways to Wellbeing' to underpin their approach to support people. They were connect, be active, keep learning, take notice and give.

Staff told us that they assisted people to achieve their highest potential. They shared the following two examples with us. One person cared for a stray cat which now lived with them. The person not only fed it and looked after it, staff encouraged the person to make sure the cat had necessary veterinary care. Staff told us this caring responsibility had increased the person's confidence. Another person enjoyed attending a music group where they had met other like-minded people. This social interaction increased the person's confidence. We found staff focused on increasing people's independence, social involvement and reablement in order to maximise people's potential and equip people who wanted to move out of the project to achieve their goals.

All staff who spoke with us said they had received regular support, supervision, appraisal and training. They said they were confident in what they did and were able to ask their senior staff should they need any additional support. We checked five staff files and spoke with five staff members. These confirmed staff were in receipt of sufficient support and training.

Keyworkers and the cook helped people to be independent and eat healthily. During our inspection we observed several examples of staff promoting healthy eating. As part of reablement and developing people's independence, people were given money to go shopping for their food. Staff told us that they discussed healthy food choices and also budgeting to enable people to buy food wisely and also allow for some treats such as sweets and alcoholic beverages.

The cook gave one-to-one support to people so that they learned to prepare their favourite meals and also got ideas about other healthy - tasty options. The achievement of people cooking meals was published in their new letter. People told us they felt "Really good" that their achievements had been noted by staff. Four people said they enjoyed their meals and the opportunity to cook and share food with their house mates.

Keyworkers were aware of those who needed additional nutritional assistance. They said people were monitored continuously and if they identified someone was at risk associated with lack of nutrition and hydration they discussed it with the project leaders and also informed the GP. They said such information was also shared at the CPA meetings. One member of staff said, "Sometimes medication could cause lack of appetite. We explore all the possibilities. We also ask the person for their comments. We usually sort it out between us." We observed people were able to have meals at their preferred times and staff encouraged them to have regular meals.

People told us they were comfortable when discussing their health needs with staff. One person said, "Keyworkers know my mental health issues and they know how to help me." Another person told us that they could be unpredictable at times and their keyworkers knew how to help them "not get into bother."

Keyworkers told us that each person had a CPA meeting every six months to discuss and review the progress of the person. This was attended by the person receiving care (if they so wished), their keyworker, project leader and any other professionals involved in the person's care, such as psychologists, psychiatrists, community nurses and care co-coordinators. Staff told us they would spend time following CPA meetings with the person ensuring they understood the information, explanations about their health care, treatment options available to them and the likely outcomes.

Those people who declined the invitation to be part of their CPA meetings were informed by staff of the discussions and the plans for care and treatment. Three people told us they did not attend the meetings as they did not find them interesting and felt they were too long. One person commented, "My keyworker knows me and don't see the point." Another person said they were not worried about challenging decisions made by professionals and they

Good

Is the service effective?

would do so if they did not agree with the treatment plan. Staff told us although people decline to join in the meetings; they were always asked before every meeting in case they changed their minds.

We observed people's day to day health needs were met promptly by staff responding to changes in peoples conditions. This meant people were in receipt of effective care and support to meet their needs.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion by their keyworkers and the domestic staff. They said they did not experience any discrimination from staff. They said they were able to have visitors without any restrictions. People also told us they were able to come and go as they pleased without restrictions. Two people said they had been asked by their keyworkers to let staff know when they went out and returned to the project. People agreed to it as they felt this was in their interest.

Three people mentioned how considerate the staff were and provided examples of this. For example, one person told us that during winter staff removed snow from the paths around their houses and gritted the paths. Another person said staff made sure they were dressed for the weather when they went out. The third person said, "They are angels ".

Staff told us they had training in promoting and dealing with issues relating to equality, diversity, gender and ethnicity. They said the training made them aware of any anxieties people may have in relation to their diversity, ethnicity and gender. During training staff told us that they had benefitted from exploring different ways of supporting and caring for people to ensure people felt they were treated equally and fairly. There were policies and procedures in place to ensure staff understood how to respect people's privacy, dignity and human rights.

One person said, "They don't mind repeating things to me. I soon forget and keep asking for same things. They are lovely here." Two people told us the following. "If I want to talk to staff and they are often busy they ask me to wait awhile. They always come to me as soon as they can. They are good at sorting out things for me. I like it here". "When I had problems with a housemate staff listened to my worries and helped resolve it." This meant people felt they were treated fairly and had good experience as they felt staff listened and acted upon the information.

Staff knew people's support needs, their preferences and past histories. Although staff were friendly and caring towards people who lived at the home, they maintained confidentiality and discretion when people queried about the wellbeing of other people at the home. There were policies and procedures in place to ensure staff understood the importance of confidentiality. During our interviews with staff we noticed staff had a good understanding and appreciation for the need for confidentiality. One member of staff said, "I wouldn't like to think my colleagues knew my business. Mental health is seen as a stigma and my job is to support the people."

People confirmed that staff showed concern for their wellbeing in a caring way and respond to their needs in a timely manner. People said when they were not well and ended up having an accident in their rooms staff were very understanding and helped them get cleaned up. This meant staff valued people's dignity and showed respect.

Keyworkers used person centred care plans to support and involve people when planning and making decisions about their care, treatment and support. People's concentration and receptiveness fluctuated due to their illness. This meant staff needed to communicate effectively and give information and explanations when people were interested in listening to them. We saw examples where several attempts had been made to explain to people. These were recorded in their daily notes to ensure staff gave consistent messages and information to people.

We noted people were given the time to make decisions. For example when people wanted to move into The Lister Project they were able to visit as many times as they wished and also able to spend a night before accepting a place. This meant people were able to take their time deciding on what was best for them. Staff promoted a caring environment by listening to the experience and views of people and accommodating their wishes. For example when a person wanted to change a social appointment they had because they did not feel like attending it on that day, staff made arrangement for an alternate date so that the person could still attend but on a different date. A project leader told us if people wanted representation they were able to access appropriate advocacy services to support them and they had a list of contacts for independent Mental Health Advocacy (IMHA) service.

Good

Is the service responsive?

Our findings

The Care Programme Approach looks at how a person with a mental illness is treated, including the day to day care plans and crisis plans. Therefore people who were cared for by keyworkers had personalised care plans to respond to people's care needs and if there was an emergency there were agreed plans of care in place so that staff were able to respond promptly. Care records we looked at had information and the plans to support such arrangements. The records had been reviewed and amended when there had been changes to the person's treatment and support. Project Leads told us when amendments took place, during handover all staff were made aware of the changes to ensure people received up to date care and support. Our observation of a handover meeting confirmed this. This meant staff taking over the shift were fully informed and therefore were prepared to be responsive to the changing needs of people.

People were encouraged and supported by staff to express what was important to them. Staff told us during admission to The Lister Project they involved people and found out their care needs, medical history and their preferences. Two people said the project leads and keyworkers were always involved them when planning care and if they wanted any information this was shared with them without any problems.

Project leaders and keyworkers said when people were low in mood; they helped them by reflecting on their journey so far and discussing the achievements and the benefits. They said they highlighted the distance travelled and enabled people to appreciate the progress they had made. Staff gave us different examples of how they diverted any negative thoughts people may experience and motivated them by reflecting on the positives.

Staff explained that some people who used the service had plans to move into their own accommodation one day. They said in response to people's aspirations they helped people access education, work and activities. This promoted confidence, independence and social contact. We observed people who lived at the home being enabled to maintain relationships with their friends and relatives and to develop new friendships. We saw that people had made arrangements to spend time with friends and this was documented in their care plans and commented by staff when people had been away or when they had people staying over with them.

People who were disabled had reasonable adjustments made, in accordance with the requirements of relevant legislation. Staff said people were provided with necessary equipment to support their independence. Project leaders told us when people with mobility problems moved in they ensured people had the ground floor bedrooms and they made sure people were able to access all communal parts of the home safely.

People were listened to by staff and their concerns and complaints were explored and responded to their satisfaction. People who lived at the service made positive comments about the way staff responded to their comments. They said they felt comfortable talking to keyworkers about any problems and did not worry about "any come back". One person told us that keyworkers dealt with concerns sensitively.

Good

Is the service well-led?

Our findings

There was a registered manager in post. The manager was off sick and the provider had made necessary arrangements to make sure the service received sufficient support. The CQC has been informed of the arrangements for the interim period.

Unfortunately following the manager's sickness, the deputy manager had also gone off sick. This meant a project leader had been appointed as acting deputy manager to take over the day to day running of the service with the help of a quality manager for the organisation.

Another experienced project leader had also been moved from another location to support the acting deputy manager. We found that the provider had taken appropriate action to respond to these difficulties and noted that all staff at The Lister Project were working hard to cope with the shortage. However we did not find this arrangement having any negative impact upon people living at The Lister Project.

People told us they were actively involved in developing The Lister Project. The home was made up of five houses. At each house residents met on average every three months to discuss what was going right and what could be done to help them improve their stay. This was widely known as, 'Praise and Grumble' house meeting. Staff attended and facilitated these meetings in order to facilitate and to make sure everyone had an opportunity to voice their comments. They also took minutes and discussed any necessary actions with the people. One person told us how useful the meetings were to "sort out little niggles".

During our inspection we observed an open culture amongst staff and the people who lived at the home. There was a homely atmosphere which was relaxed and calm. There was good interaction and respect between people and staff members. We also noted a support network among staff which helped each other. The provider ensured staff carried a portable two way radio 'walkie talkie' when they were on duty to protect them from unexpected risks so staff were able to summon for help if they needed. Staff told us this was really useful and gave them additional support when they were working alone in different parts of the project.

Staff informed us that there had been changes in the organisation and that this was an unsettling time for them as their registered manager was also off sick. They said there was additional pressure on them when trying to cover all shifts because of the sickness of staff. We looked at staff rota and noted that two senior staff members were off sick in addition to the registered manager and the deputy. The Project leaders worked Monday to Friday during office hours. This meant there was a lack of senior staff presence at the home during weekends and after office hours. However the quality manager told us that there was always a senior manager on call and staff had the contact details in the office. Staff confirmed this.

We saw the on call rotas provided by the provider. Keyworkers had access to a project leader at all times. During the week days we were informed project leaders were counted in the numbers and expected involvement in the delivery of support. However, keyworkers and three people who lived at the home said project leaders were occupied with paper work and did not have time to be involved in the day to day support. They said they only helped if there was an emergency.

There were comments from project workers that they had limited access to the computers which were housed in the project leaders' office. This meant staff were unable to update the care records when they needed to. Although this did not have a direct impact on people's care. the issues relating to where the project leaders were located and the access to the computers for staff was affecting the smooth day to day running and administration of the service.

Staff said they had monthly meetings with the project leads and told us these gave them the opportunity to discuss what was going well and what needed action. Staff said they were not always informed of the changes to their organisation and that it was more difficult since a registered manager had not been on site The acting deputy manager showed us the different ways they were trying to inform staff and give them confidence. They had a suggestion tree where staff were able to stick their questions as well as suggestions. They were viewed by the quality manager and responded to at staff meetings or hand over sessions when staff were present.

Staff told us that relatives and friends very rarely visited the home. Therefore, they made arrangements to ensure there were strong links with the local community so that people

Good

Is the service well-led?

were able to go out and meet people. We observed, people being supported by domiciliary care agencies to accompany them to day centres and outings. This meant staff worked with other agencies to promote people's wellbeing.

We saw documents where incidents and accidents at the project had been scrutinised by the provider and staff had been informed of the findings through staff meetings, handover sessions and also one to one staff supervisions. Four staff members confirmed this. We were informed by the quality manager for The Lister Project that all learning from incidents and accidents were shared amongst all staff working for the organisation to ensure staff learned from them.

A robust quality assurance and governance system was in place. This was used to drive continuous improvement at The Lister Project. We asked for and received the last two provider visit audits of the service. The records of the monitoring visits were detailed and commented on the effectiveness of the service and highlighted any areas for improvements. The areas looked at included customer issues, staff issues, customer involvement, maintenance/ environmental issues, admission and discharge of people, learning outcomes and changes to practice. The following visit record gave an update on the actions before commenting on the findings of that visit. This ensured the provider had a system to continuously monitor, make improvements and manage any risks at the service.

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.

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.