Black Swan International Limited

Heathcote

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Heathcote is registered to provide accommodation for up to 29 people who require personal care. At the time of our inspection there were 22 people living at the service. The service is located in the city of Norwich close to local amenities and facilities. Off road parking is provided as well as accessible premises for people, staff and visitors. Access to the accommodation is provided by stairs or a passenger lift to all floors of the three storey building. There are 25 single and four double occupancy rooms with en suite facilities.

At our previous inspection on 7 May 2014 the provider was meeting the regulations that we assessed. This unannounced inspection took place on 3 September 2015.

The manager had been managing the service since 2 February 2015. The manager had taken all appropriate steps to complete the application process to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers,

Summary of findings

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.

The provider had a robust recruitment process in place. This helped ensure that staff were only recruited into their role where they had been deemed suitable to work with people living in the service. There was a sufficient number of suitably experienced staff working at the service. New staff were supported with their development with an effective induction process.

People were safely supported with medicines administration by staff who had been trained to do so. Staff's competency to administer medication was regularly assessed to ensure they adhered to safe practice. Staff had a good understanding of what protecting people from harm was. Staff were trained and were confident in reporting poor standards of care should this occur.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager and staff were knowledgeable about assessing people's ability to make specific decisions about their care. Applications to lawfully deprive four people of their liberty had been submitted. People's care was provided where it was in their best interests.

People's care needs were supported by staff who were attentive and showed compassion. Staff knew and understood people's needs well. People's privacy and dignity was respected by staff using the most appropriate means.

People planned their care with relatives, representatives and staff's assistance. Regular reviews of people's care were completed. People's care and support was based upon the person's latest and most up-to-date care information. The manager was aware of how people could be offered independent advocacy and also that provided by people's relatives or friends.

People were supported to access a range of health care professionals including a dietician, GP or speech and language therapist. Health care professional advice was recorded, updated and adhered to by staff. Prompt action was taken in response to the people's changing health care needs. Risk assessments to help safely support people with their health risks were regularly assessed and managed according to each person's needs.

People were supported with their nutritional and hydration needs. This was so that people had the support they needed to maintain a healthy weight. Pureed and soft food diets and choices were available. Sufficient quantities of food and drinks were available for people to access when they wanted.

People were able to suggest changes or raise concerns before they became a complaint. Staff recognised and knew how to respond to people's concerns. Information and guidance about how to raise compliments or concerns was clearly displayed.

A range of effective audit and quality assurance procedures were in place. These were used as a means of identifying areas for improvement and also where good practice had been established. Information was shared through a range of forums including residents', managers' and staff meetings.

Staff were supported with their personal development by managers who kept themselves aware of the day to culture in the service.

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.

People were supported by staff who had been trained and were knowledgeable about reporting and acting on any concerns about people's safety and well-being.

An effective recruitment process was in place. People's needs were met by a sufficient number of suitably qualified and competent staff.

Risk assessments were in place and staff adhered to these for the management of risks to people's safety.

Good

Is the service effective?
The service was effective.

People were supported with their decision making and were supported with care that was in their best interests.

Staff responded promptly to people's changing health care needs. Staff followed health care professional advice to help maintain people's well-being.

Diets appropriate to people's needs were offered with a selection of menu options. People's nutritional and hydration needs were met with sufficient quantities.

Good

Is the service caring?
The service was outstanding in providing caring support to people.

The regional managers, the service manager and staff were committed to providing care based on each person's needs.

Staff spoke with people and understood their needs in a way which showed people came first and foremost.

Staff often went the extra mile to provide compassionate support which gave people every possible opportunity.

Outstanding

Is the service responsive?
The service was responsive.

People were supported with a wide variety of their preferred social activities, hobbies and interests.

People's care plans were based upon people's individual care needs

including their life histories, preferences and what was important to the person.

People's comments, concerns and suggestions were acted upon.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Effective quality assurance and audit processes and procedures were in place which identified what worked well and where improvement was required.

Staff were supported by managers who kept themselves aware of the day to day staff culture. Various opportunities were in place for people, staff and managers to comment and drive improvement in the service provided.

The manager and provider used a variety of methods and sources of information to help keep staff skills up-to-date. Staff shared the beliefs and values of the provider by always putting people first in everything.

Heathcote

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 3 September 2015 and was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care 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 improvements they plan to make. We also looked at the number and type of notifications submitted to the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with eight people living at the service, one relative, two regional managers, the manager and deputy manager, one senior and two care staff and the chef. We also spoke with the service's commissioners.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed other people's care to assist us in understanding the quality of care people received.

We looked at three people's care records, the minutes of residents', managers' and staff meetings. We looked at medicine administration records and records in relation to the management of the service such as checks on health and safety records. We also looked at staff recruitment, supervision and appraisal process records, training records, and complaint and quality assurance records.

Good

Is the service safe?

Our findings

People told us that they were safe living at the service. One person said, "I have no worries about my safety here." Staff understood how people communicated verbally and through the use of body language if they felt unsafe or were concerned about anything. A relative said, "Definitely, [family member] is safe. There are enough staff and they are so friendly." Staff were very much in evidence during our inspection and there was rarely a moment without one being present in the lounge.

Staff had gained a good understanding of what protecting people from harm meant. This was through training, formal supervision and as part of their induction. They were able to tell us about the different types of harm and how to recognise any potential or actual harm. One person said, "I feel safe. I've been here a long time and I've always been treated well." Staff knew who to and how any harm could be reported if required and how to escalate any unresolved concerns should this occur. Information was available to people in the service about how to report any concerns to staff, the local authority or the CQC. Staff had access to the contact details for reporting any potential or actual safeguarding events. A relative told us, "My [family member] has lived here for some time. I am in no doubt whatsoever that they are safe. There is always a member of staff available." This meant that the provider and staff had the appropriate measures in place to help ensure people were kept as safe as possible.

Risks to people, including those for eating and drinking, moving and handling and mobility in and outside of the home were managed effectively. Where there was a combined risk such as those associated with some people's medicines and the risk of people falling, these were looked at together. Measures were in place to support people with these risks safely. Where there was a more urgent need to respond to a change in people's level of risk we saw that prompt action was taken to manage the risks to people's health. For example, changes to the format of people's medicines such as to a liquid format. This meant that the manager and staff took appropriate steps to reduce risk.

People told us that they were able to take risks such as going into Norwich city, having pets or moving around the home independently. One person told us, "I like going out and staff help me do this safely." Another person said, "I am not as agile as I used to be but with staff support I am able to do the things I otherwise would not be able to." Staff told us, and we saw, that some people were supported by two members of staff. This was for those people whose assessed needs required this support for their safety.

Accidents and incidents, such as people experiencing a high number of falls, were investigated and action was taken to prevent recurrence. For example, referrals were made to the most appropriate health care professional. This included an occupational therapist or the person's GP. Where additional staff were required as a result of this, more staff were provided.

Staffing levels were determined as part of the assessment of people's needs and these levels were assessed regularly. During our inspection we saw that there were sufficient numbers of staff to meet people's personal care needs. We also saw that staff had the time to spend with people talking, interacting and engaging in meaningful conversation. A call bell monitoring system was in place and we saw that staff responded to people's request for assistance promptly. One person told us, "I feel safe here. I know that I need staff to keep me safe especially with my medicines." The manager and all staff told us that there was always enough staff to meet people's needs. One care staff said, "It's nice working here as I get time to take people out. There is never a time when we can't cope or meet people's needs safely."

The manager had arrangements in place to ensure that there were sufficient staff when there were unplanned absences. These included staff changing shifts, working overtime and covering shifts themselves. They told us that the key to ensuring people's safety was recruiting the right staff and not just to fill vacancies. Three new staff had recently been recruited but the core staff team had been in post for several years.

Staff told us that there was a robust recruitment and induction process in place. The records we looked at confirmed this. Checks included those for people's previous employment, recent photographic identity and written references. The manager explained the induction process for new staff and the standards they had to achieve before being offered a permanent position. Another member of staff told us about all the records they had to provide as well as their job interview before they were offered employment. This showed us that the provider only employed those staff who were deemed suitable to work with people living at the service.

Good

Is the service safe?

People were safely supported with their prescribed medicines by trained staff. This was by staff whose competency to administer people's medicines had been regularly assessed. This helped ensure they maintained a good understanding of safe medicines administration. One person said "They [staff] stand by you while you swallow [your medicines]." Another person said, "They watch while you take them but they help those who can't." We found that medicines administration records (MAR) included information on the level of support each person required with their medicines administration. All medicines were stored correctly, administered in a timely way, recorded accurately and disposed of safely when required. Staff were able to tell us about the requirements to support people with their medication. For example, with people's health conditions which required medicines to be in a liquid format or to be taken at a particular time of day. One regional manager told us that the provider subscribed to several agencies including the Medicines and Healthcare products Regulatory Agency. They then informed managers of any changes through e-mail or when they visited the service. This helped ensure that staff had the most up-to-date information for people's medications.

Good

Is the service effective?

Our findings

People told us about staff's knowledge and levels of competence in meeting their needs. One person said, "I get all the support I need." Another person said, "The staff must know what they are doing as I never have to tell them." We saw that staff responded to people's needs in a professional manner. This was demonstrated by their detailed knowledge of each person and how best to respond to any given situation. Another person said, "Oh yes, they [staff] certainly know us as a person and know what we like."

Staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found that staff's understanding of these subjects was thorough and had enabled people to be cared for where it was in their best interests. Appropriate applications had been submitted to lawfully deprive four people of their liberty. This was to help ensure that people were safely supported with their decision making. One member of staff said, "The MCA and DoLS are about making sure we make [lawful] decisions on people's behalf whilst keeping them safe." Records viewed showed us when and whether people could or couldn't make specific decisions. For example, when they wanted to go out and what they wanted to wear. This was to ensure that people were provided with care which was in their best interests.

Staff told us that they had the training they required to meet people's needs effectively. Training deemed mandatory by the provider included medicines administration, moving and handling, risk assessment and first aid. This was planned and delivered to ensure that staff had the skills and knowledge necessary based upon people's individualised care needs. A member of staff told us, "We are always having to complete our [mandatory] training. The manager lets us know when this has to be completed by." Another member of staff said, "We get regular training, both in-house and also from the local authority where they provide this."

We saw that plans and processes were in place to ensure all staff received the support they needed. The manager and staff confirmed that they were well supported. The service's regional manager told us that they visited the service at least once a week and often that it was more frequently. As well as talking with people they spent time ensuring the manager had the resource and skills to ensure that people's care needs were met in the most effective way. One staff member said, "I had a supervision about two months ago and I am due another soon. I get the opportunity to put forward my views, be offered encouragement and request any additional training."

We saw that people, including those with food allergies, sugar free, or soft and pureed diets, were offered a choice of food and drinks. This was to ensure people had sufficient quantities to support their nutritional and hydration needs. The chef explained the alternative meals people preferred or could have if they wanted. These included salads or an omelette. We saw that a variety of drinks, meals and snacks were provided and were available throughout the day including in people's rooms. We heard one person being offered a choice of lunch. Where people were at an increased risk of weight loss or due to their levels of skin integrity food and fluid intake levels were recorded and monitored. This also included regular weight checks. This was to help ensure that people received a healthy, balanced or fortified diet that was appropriate to their needs.

We saw that staff respected people's independence with their eating and drinking. We saw that other people were supported with their eating and drinking by staff to ensure people ate and drank sufficient quantities. One person told us, "The food is very good and they'll always get you something else if you don't like what's on offer." Another person said, "The food is always very nice. We have a take-away [meal] once a month as well as fish and chip evenings." This was confirmed by staff and the manager.

People, where required, were referred to the most appropriate health care professional when needed. This included referrals to dieticians, speech and language therapist and a visiting GP. We saw that guidance provided by health care professionals was being adhered to rigidly. This included people at an increased risk of malnutrition or with a diagnosed health condition. One person said, "I can see the doctor any time but they have a surgery here every week." People could be assured that the staff would take action to reduce and prevent any risks associated with their health.

Outstanding ☆

Is the service caring?

Our findings

We saw and people told us that the staff always acted upon their needs. Throughout our inspection we saw that staff referred to people by their preferred name, did this with sincerity and in a way which showed warmth towards the person and their individual needs. On another occasion we saw that staff had identified that one person had not returned to the lounge after lunch as they usually did. We saw that staff sought assurance as to the person's well-being and that they were not in any way unwell. Whilst talking with one person in their room we saw care staff who brought the morning refreshments. The person wanted only one biscuit so the member of staff said, "I'll put some more in your basket, I know which you like."

Each person had a key worker who had responsibilities for aspects of the person's care. This was to ensure that people's care needs were met. This included the individual aspects of care which really mattered to the person. For example, one person had requested a pet and this had been provided. This had made the person happier, more relaxed and at ease with their surroundings. We observed many occasions of people having fun, laughing, singing, playing a musical instrument and doing the things they wanted to do. A person told us, "This is a very caring place and full of fun." Staff not only offered people encouragement, but actively joined in, where appropriate, with what people liked to do. For example, a visiting singer and a person supporting people with seated exercises. On each occasion people were involved as well as taking part there was general lively conversation, laughter, fun and an atmosphere which people relished. One person said, "They're so kind here it's unbelievable."

We saw and people confirmed that staff were always polite and spoke to them in a respectful way. Examples included ensuring people always had the time to consider what staff or other people were saying, ensuring people's private conversations were respected and also where people wanted to be on their own. All staff were passionate about making a difference to people's lives. One person said, "The staff are marvellous, you can't fault them in any way." Staff champions for people living with dementia were in post. One care staff said, "The advanced training I have done has enabled me to understand people [living with dementia] much better and also support the whole staff team in their understanding of the subject as well."

We saw that staff regularly sought or asked about people's general well-being and responded appropriately where this was required. For example, we saw one person experience a fall from their chair and staff responded immediately. They offered support and reassurance and remained with the person until they were sure they were comfortable and not in any pain and did not need any medical intervention. One care staff said, "This is where I would like my mum or even me to live if I ever needed care and support."

Staff described how they respected people's privacy and dignity. This included preparing people's clothes before any personal care was provided and also distracting people with general conversation during the provision of personal care. Other ways staff used to respect people's dignity was by gaining permission to enter their room and closing doors or curtains. One person who preferred their door open said, "I keep my door open because I'm at the end [of the corridor] and no-one just walks past but the staff always knock before they come in."

Throughout the day we saw that all managers, including both regional managers engaged in general conversation about what they were doing and what changes had occurred since their previous visit. People were seen to respond with happiness at the news one regional manager gave them. We saw the delight in people's faces at the subjects visitors, managers and staff spoke about. People told us the manager, care staff, chef and regional managers were always talking to them, asking how they were and if everything was alright. One care staff said, "We have the time to spend sitting or talking with people and making sure they are cared for as much as I would care for my [family member]." The atmosphere within the home was that of a very relaxed and happy place to live. All people, relatives and staff we spoke described the service as being like one big happy family. One relative said, "Staff rally go the extra mile for people. My [name of person] never goes wanting."

We found that people had relatives, friends and representatives who acted as an advocate for them if required. Advocacy is for people who cannot always speak up for themselves and provides a voice for them. The manager was aware that the Independent Mental Capacity Advocacy service and other support arrangements were

Outstanding ☆

Is the service caring?

available when any DoLS applications were authorised. This showed us that people's wishes, needs and preferences were respected where people were not able to speak up for themselves.

Regular reviews of people's care took place and these involved the person as much as possible. This also included information, where applicable, from family members or relatives. This was by discussing the person's care needs with the person and using people's life histories. This also included conversations with staff during the provision of daily care and support. Other historical information was used to provide an individualised approach to meeting all of people's care needs and also where this was in the person's best interests. This was to help ensure staff supported people in the most sensitive way whilst meeting all their needs.

People told us and staff confirmed that visitors could call in at any time people were in the home. The manager told us that at weekends some people could or preferred to see relatives or spend time going out with them. Staff and records we looked at confirmed this happened.

Good

Is the service responsive?

Our findings

We were told by people and saw recent photographs held in a folder and records of the social activities, hobbies and interests they had taken part in. These included pets and animals such as owls, reptiles and birds. People told us they had been to the theatre, zoo, cinema and into the city or to local cafes. Other hobbies included knitting, Zumba (dance) classes, arts and crafts and playing card games which were accessible for all people to participate in. The manager told us that if people requested something new or a need for this was identified then it was generally possible to provide these. One person told us, "I liked [name of singer] they sing songs I know and like so I can join in." Another person said, "I like the [visiting] musicians when they come as I can join in with my instrument."

Although planned hobbies and interest were in place, people could choose what they wanted to do including going out for a meal, reading the newspapers and books or just having their own space and quiet time. Staff told us that people also had one to one time with staff members. This was where staff talked about people's life history, general day to day conversations and reminisced about what people had achieved during their lives. One care staff said, "It is good to know what people did and learn about them. This enables me to respond to any given situation according to the person and not just as someone to be cared for." This was confirmed during our observations and in people's care records. Staff responded to people's requests, whatever these were, with enthusiasm. Everyone spoke highly of the staff and their attitudes and no-one could suggest any way in which things could be improved.

A relative said, "[Family member] does more than me they are always doing something." At the recent resident's meeting people had requested more trips out as they had enjoyed the recent ones so much. The care staff, as champion, for this role was actively looking at opportunities on where people could go and what alternative options were possible. In response to requests from people, their friends and families, a hot drinks machine had been put in place. This had benefited the staff team by freeing up their time to spend with people and also visitors who no longer had to ask for a drink.

We saw that people who required a call bell or monitoring equipment in their rooms were supported to access this equipment. The manager monitored staff response times using the monitoring technology and did this in a way which intruded into people's lives a little as possible. Staff had to record the reason people had requested assistance and the actions they had taken. This showed us that responses to people's care needs were provided when and where the person wanted.

People's care needs were based upon the detailed assessment of their needs undertaken before people moved into Heathcote. This was to help ensure that the service and its staff were able to safely meet the person's needs. The manager, regional manager and care staff showed us how they reviewed the progress each person had made and what their future aspirations were.

We saw that people's care records were up-to-date and people were involved in developing them as much as possible. These records included a record of people's life histories, what their aspirations and goals were, their likes, dislikes and particular preferences people had. For example, spending time reading or being with friends and companions. One person said, "They [staff] encourage me to use the lounge but I prefer my own company and they don't pressure me."

People were consulted on a daily basis and given the opportunity to raise their concerns or be supported by staff and relatives who did this for them. This was before concerns had the potential to turn into a complaint. People or their relatives or representatives knew how to make a complaint. Information was provided on how to raise a concern or complaint and was also displayed in the service. One person said, "I have no complaints. If there is anything bothering me I just have to say and they [staff] sort it out for me. I can't fault any of them [staff] or anything."

We found that one verbal complaint had been made, that this had been investigated and that this had been to the satisfaction of the complainant. Other opportunities to improve the service were available including a suggestions box and the fact that the management team were approachable at any time. All of the people we spoke said that they would feel quite comfortable in complaining to the manager if the need ever arose.

Good

Is the service well-led?

Our findings

People's views about developing the service were sought in the most appropriate way. This included staff spending time with people, seeking their views and then using people's comments as a way to drive improvement. One person told us, "They [managers] are all good. I can and do speak with them nearly every time I see them. I rarely need to complain as such as they respond so well." A visiting family friend said, "I have, in previous job roles, been to many care services and I can only describe this one as 'excellent'." They told us that this was because they only ever had praise for the difference the staff had made to their friend's life.

Residents' and staff meeting minutes showed that as many views as possible for people living at the service were considered. Other opportunities to discuss the quality of care provided included conversations and discussions with people on a day to day basis. The service's regional manager told us that people were much more likely to remember anything they felt required their attention by speaking with people frequently. Staff told us that where any issues or requests were made at a meeting that the provider was good at acting upon these requests where they were reasonably practicable. This was for items including medicines administration guidance, health and safety and changes to the carpets in the service.

Residents', relatives, family and friends surveys had identified key themes on what the service did well and where improvements were required. For example, requests for more outings and activities to be provided as people had enjoyed them so much. We saw that action plans were in place to address these issues. One person said, "Top marks. She [the manager] is always there, has the door open and listens to whatever I have to say." All of the people we spoke told us they knew who the manager was and frequently saw her around the home. One person said, "The manager is always seen around and is available at any time – she is very approachable." We saw that this was the case throughout the day of our inspection. One care staff told us, "We asked for risk assessment training and this has been provided."

Strong links were maintained with the local community and included various trips out to local parks, zoos or local places to eat out and the theatre. Other links included a visiting mobile library, going out with staff into the local city centre.

Staff spoke confidently about the provider's values of putting people first and foremost of everything. They were also regularly reminded of their roles and responsibilities and how to escalate any issues or concerns they became aware of. This was to any of the management team including the operations' director. The manager and deputy manager also worked shifts, completed spot checks and worked with staff at nights/weekends. This was to mentor staff with key skills whilst also maintaining an overview of the staff culture. This helped managers identify issues in a proactive manner and put measures in place to support staff.

Staff all told us that they would have no hesitation, if ever they identified or suspected poor care standards, in whistle blowing. This was by reporting their concerns to the provider. One care staff said, "It is very unlikely I would ever have to raise things more than once with the manager." Staff also told us that they were confident that there would not be any recriminations if they did this.

The manager had provided leadership at the service since February 2015 and had, from records viewed, notified the Care Quality Commission of incidents and events they are required to tell us about.

Quality assurance procedures, spot checks and audits completed by the provider and manager had ensured that deficiencies had been identified in the standard of care provided and any necessary action had been taken. This included the need to ensure that two staff signatures were always provided for people's prescribed medications where there was a need for this. We found that where there was a general theme identified at any of the audits, a group supervision was used to remind staff of their responsibilities regarding safe medicines administration.

All staff commented on how supportive the manager and regional manager were and the difference they made to the running of the service. People, staff and commissioners' of the service were complimentary about the fact that the manager was a very approachable person. We saw that the manager and all staff as well as people living at the service, worked as a team. One care staff said, "I have [name of

Good

Is the service well-led?

manager's] phone contact details and I can ring, and have rang, them at any time. It is reassuring to have that support even if the incident turned out to be trivial I would rather they knew."

Staff champions were in place for subjects including dementia care and others were being introduced for subjects including continence care. This was to develop staff skills and improve the quality of service provided. From our observations throughout the day we saw that all managers and staff understood the key risks and challenges in running the service. This included only recruiting staff who were suitable and not just to fill a vacancy. This was as well as managing risks to people using the service such as those people at an increased risk of malnutrition or falls. This showed us the provider strived for improvements in the quality of care it, and its staff, provided.

The manager was keen to develop staff's knowledge and provide for any additional training needs. Mangers and care staff told us how they were completing various diplomas in care related subjects and that they were supported with this. Monitoring arrangements were in place to ensure staff completed, supervisions, appraisals and training in a timely manner. Staff confirmed that any training to meet people's care needs was provided. For example, the use of hospital type beds which could be lowered to a near floor level. In addition, all managers were supported to attain at least a level five management qualification.

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.