West Villa Residential Home Limited

West Villa Residential Home

Inspection report

Batley Road
Wakefield
West Yorkshire
Tel:
Website:

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Ratings

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

Overall summary

This inspection took place on 20 and 21 October 2015 and was unannounced. Our last inspection took place in February where we found there were multiple breaches of regulations. We found at this inspection the provider had made significant improvements to the quality of the service and had addressed all of the concerns highlighted previously.

There was a manager at the service who had submitted an application to register with the Care Quality Commission, but at the time of the inspection, the manager's registration was not complete. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the provider had addressed all issues relating to the legal requirements relating to Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005.

There was significant evidence of widespread improvements to the quality of the provision. The

Summary of findings

provider had addressed all areas of concern identified at the last inspection. There was marked improvement to the management, staff morale and the culture within the home.

The provider had made investments to the fixtures and fittings in the home to help eliminate bad odours. We saw that the home was very clean and there were no malodours. Cleaning took place constantly throughout the day. Staff practised good hand hygiene and using personal protective equipment appropriately.

We saw that there were sufficient numbers of suitably trained and skilled staff available to meet people's needs safely. Staff were knowledgeable about people's needs and had received updated training in many areas.

Risk assessments were detailed and known by staff. Accidents and incidents were closely monitored, although the cause of some accidents was not always investigated thoroughly to prevent a repeat occurrence.

People's weight was more effectively monitored and there was improvement in the quality and availability of food and drink for people since the last inspection.

Staff were very kind, patient and caring and demonstrated a good regard for people's privacy and dignity.

Care was person centred and staff understood people's individual needs and preferences, with regard for people's personal life histories.

Systems to assess and monitor the quality of the provision were developing, although not fully robust, in line with the new appointment of the manager.

We did not identify any breaches of regulations at this inspection.

We have considered and concluded our enforcement actions in relation to the regulatory breaches identified at the previous inspection as we are satisfied the provider has addressed all areas of concern.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Accidents and incidents were closely monitored, although the cause of some accidents was not always investigated thoroughly to prevent a repeat occurrence.

Medicines were managed safely but not always effectively administered.

Individual risk assessments were detailed and followed in practice and staff understood how to ensure people were safeguarded.

The home was clean and there were strict regimes in place to prevent the spread of infection.

Requires improvement

Is the service effective?
The service was effective.

Staff had received training and felt supported and skilled in their roles.

Meals were of a high standard and drinks were available to people at all times, with effective support from staff for people to eat and drink.

The provider was aware of the legal requirements relating to Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005.

Good

Is the service caring?
The service was caring.

Staff were kind and patient and engaged well with people to form good relationships.

Staff supported people's independence and had a high regard for people's dignity.

Staff demonstrated a respect for this being people's home, rather than a staff workplace.

Good

Is the service responsive?
The service was responsive

Care was person centred and activities were meaningful.

Complaints were responded to appropriately and people felt able to approach staff and managers to raise any concerns.

Good

Is the service well-led?
The service was not always well led

Requires improvement

Summary of findings

Systems to ensure the quality of the service were beginning to become established but were not fully embedded or robust due to the new appointment of the manager.

There was a developing positive, supportive culture in the service.

People, visitors and relatives reported a vast improvement to the service and the quality of care and leadership.

West Villa Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 21 October and was unannounced.

The inspection was carried out by three adult social care inspectors, two on each day.

Prior to this inspection we looked at all the information we held about West Villa. This included the notifications of events such as accidents and incidents sent to us by the home and reports from local authority commissioners.

At the time of our visit there were 31 people living at the home. During our visit we spoke with 10 people who lived at the home, four members of staff, the manager and support staff. We looked around the home, observed practice and looked at records. This included four people's care records, staff recruitment records and records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe in the home. One person said: "This is where I live, I'm safe alright". Another person said: "Safe and sound here, that's what I am". Relatives we spoke with told us they had no concerns about the safety of people living at West Villa. One relative said: "They take safety seriously".

Individual risk assessments were clearly documented in care files. Staff we spoke with understood people's individual abilities and the equipment each person may need to help them to mobilise. We saw where people needed walking frames, these were within easy reach. Staff assisted people safely with moving and we saw no instances where moving and handling was not carried out properly. One relative we spoke with told us they had seen improvements in the way staff helped people to move; they had previously seen staff 'drag lifting' people but since the last inspection they noticed this no longer happened and staff took care to move people safely. People's independence was encouraged and we saw staff gave assistance in line with people's mobility care plans.

We saw accidents and incidents were recorded with much greater detail and consistency than at the previous inspection and we saw where people were injured, a body map was completed in detail and there was evidence of appropriate medical attention sought where necessary. The provider carried out an analysis of accidents and incidents to help identify whether there were any trends and patterns and displayed the results of these in the entrance area. However, we saw there was little evidence that the possible causes of accidents were considered. For example, we saw accident records showed one person had fallen from the toilet, and although we saw appropriate action had been taken to deal with the person's injury, there had been no consideration as to what may have contributed to the accident. We looked at the toilet seat and found this to be loose, which we discussed with the manager, may have been a causal factor. Following this discussion we found the provider had taken immediate action to replace the toilet seat. Other accident records we looked at did not indicate when equipment may have been involved or that this was checked to ensure it did not pose a risk of a repeated injury.

Staff we spoke with were confident about the signs of possible abuse and what they would do to ensure people were safeguarded. Safeguarding procedures were accessible to staff. We saw staff promptly intervened if people became annoyed with one another to prevent this from escalating further. Staff told us they would not hesitate to report poor practise to ensure people stayed safe. The deputy manager told us she encouraged staff to openly challenge others if they felt care was not carried out safely by colleagues or professionals at any level.

Staffing levels were supportive of people's needs and enabled staff to engage with people in a social way as well as respond to people's physical care needs. Staff rotas showed staffing levels were managed appropriately. We found through our checking of three files, staff were recruited safely and vetted thoroughly before being appointed to work with vulnerable people. However, records relating to staff recruitment and induction were not dated to show when these had taken place. The manager said, and records showed staff suitability was monitored through supervision of practice and individual discussions about performance, as well as group supervision.

We completed a tour of the premises as part of our inspection. We inspected four people's bedrooms, bath and shower rooms and various communal living spaces. We saw radiators throughout the home were protected to safeguard people from the risks associated with hot surfaces. Hot water taps were controlled by thermostatic valves thus protecting people from the risk of scalds. However, in some bathrooms we felt the water to be not warm enough for bathing. The maintenance staff checked the temperatures with us and in one bathroom these measured only 34℃. We were told water temperature could be variable in the building but the priority was to prevent people from being scalded. The provider agreed to look into how this could be improved.

We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. We saw that upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows. We found all floor coverings were appropriate to the environment in which they were used. All floor coverings were of good quality and properly fitted thus ensuring no trip hazards existed.

Requires improvement

Is the service safe?

We inspected records of hoists, gas safety, electrical installations and fire detection systems and found all to be correctly inspected by a competent person. We saw all portable electrical equipment had been tested and carried confirmation of the test and the date it was carried out.

We saw Control of Substances Hazardous to Health Regulations 2002 (COSHH) assessments had taken place to prevent or control exposure to hazardous substances. All cleaning materials and disinfectants were kept in a locked room out of the reach of vulnerable people.

The provider had made significant improvements to the premises and the cleanliness of the home since the last inspection. The home was clean and there were no unpleasant odours. We saw evidence of new furniture and floor coverings and staff were vigilant at keeping the home clean throughout the day. For example, whilst people were having their lunch, staff cleaned and deodorised the lounge chairs. Relatives we spoke with commented on this aspect of the home and said they had seen improvements in this area. One relative said: “The home is much cleaner than before. It always smells nice when we visit”. Another relative said their family member’s bedroom was ‘spotless’. We saw staff used personal protective equipment appropriately and this was in good supply to minimise the spread of infection. Staff showed us the new cleaning trolley and they were knowledgeable about the products used and how to practise infection control measures.

Medicines were administered to people by trained care staff. We were told people were assessed as to their capability to self-medicate. Whilst no people had been found capable of self-medication the process demonstrated the provider was attempting to maximise people’s independence.

We looked at people’s medicine administration record (MAR) and reviewed records for the receipt, administration and disposal of medicines and conducted a sample audit of medicines to account for them. We found records were complete. The staff maintained records for medication which was not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor.

We conducted a sample audit of five medicines to check their quantity. We found on all but one occasion the medicines could be accounted for. On one occasion we found a discrepancy in the stock of one drug. We saw a person had been prescribed the drug to be administered daily. The stock of 28 tablets had been dispensed to the home the day before our visit. The MAR sheet recorded one tablet had been administered yet two tablets were missing. Scrutiny of the past four weeks of MAR records and an initial discussion with the carer administering medicines could offer no evidence to account for the discrepancy. By day two of the inspection, the home manager said they had investigated this and discovered the reason for the discrepancy was a documentation error, rather than an error in giving the medication. We found people's medicines were available at the home to administer when they needed them.

Our scrutiny of the MAR sheets and our observations of the administration of medicines demonstrated medicines to be administered before or after food were not given as prescribed. We witnessed three people being administered one drug either after or during breakfast where the pharmacist had indicated the medicine should be administered 30 to 60 minutes before food. At the end of our inspection we spoke with the pharmacist who supplied medicines to the home. They were there to conduct an audit. The pharmacist told us they would work with the home to find a suitable method of ensuring medicines could be administered at correct times. We saw the audit record the pharmacist produced and the manager explained to us they had already begun to address the recommendations made.

Some medicines had been prescribed on an ‘as necessary’ basis (PRN). PRN protocols existed to help care staff to decide when and under what conditions the medicine should be administered. The provider had compiled protocols for the administration of certain medicines which required specific rules to be observed. For example, we saw protocols were available for the administration of warfarin where the dose is determined by periodic blood tests. We saw evidence people were referred to their doctor when issues in relation to their medication arose. Annotations of changes to medicines in care plans and on MAR sheets were signed by the GP. Allergies or known drug reactions were clearly annotated on each person’s medicine records and the monitored dosing system cards.

Some prescription medicines contain drugs controlled under the Misuse of Drugs Act 1971. These medicines are called controlled medicines. At the time of our inspection a

Requires improvement

Is the service safe?

number of people were receiving controlled medicines. We inspected the contents of the controlled medicines cabinet and controlled medicines register and found all drugs accurately recorded and accounted for.

We noted the date of opening was recorded on all liquids, creams and eye drops that were being used and found the dates were within permitted timescales. Creams and ointments were prescribed and dispensed on an individual basis. The application of creams was recorded on a separate sheet containing a body map and the areas where the cream had to be applied.

We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. Drug refrigerator and storage temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures. We saw where people were offered non-prescription medicines or other over-the-counter-products (homely remedies) for treating minor ailments a GP had provided written consent for that to happen.

Whilst no person was receiving their medicines by covert means the manager had a good understanding of the legal framework which applied.

Good

Is the service effective?

Our findings

People and their relatives told us staff knew how to do their job well. One person said: "They know me, they know I like a bit of fun. There's been some new faces but they're good at the job". Another person said: "I leave it to them, they know what they're doing". One relative we spoke with said: "Staff are good with [my family member] and I trust them to care properly".

We saw the staff training matrix used a colour coded system to show where training was completed and where staff needed to undertake further training. There was clear evidence of training having been undertaken since the last inspection. New staff told us they had received an induction to their role and had been given opportunities to shadow more experienced staff until they felt confident. Staff we spoke with told us they had been supported well to develop knowledge and skills relevant to their roles and there were many opportunities for training. We saw information about forthcoming training displayed in staff areas. There was evidence that training had been interactive as well as through social care television; for example we saw an illustration of a 'dignity tree' upon which staff had contributed their ideas about what dignity meant to them. The deputy manager told us staff competencies were observed and monitored as part of their ongoing development.

Staff we spoke with told us how they felt training had enhanced their role, particularly in raising awareness of dignity in care and safe moving and handling. One member of staff said: "We used to think how we did things was alright before, but we've all learned a lot since then".

Staff communicated effectively to make sure they shared information about people's ongoing care needs. We heard staff share important information during handovers between shifts and routinely throughout the day.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We were told 13 people using the service were subject to an authorised deprivation of liberty safeguard. A random sample of six people's care records demonstrated all relevant DoLS documentation was securely and clearly filed. We saw on two occasions the best interests assessor had recommended conditions be attached to the authorisation. We saw bespoke care plans had been constructed to ensure the conditions would be acted upon and be subject to regular review. Where people were subject to DoLS relevant person's representatives (RPR's) were seen to have been involved in decision making and involved in the regular reviews of care needs. We saw attached to each authorisation a checklist to ensure staff were prompted to make statutory notifications of authorisations to CQC.

We saw that there were mental capacity assessments which had been carried out in line with the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions and to ensure that any decisions are made in people's best interests. We spoke with the manager to gauge their understanding of current legislation regarding the Mental Capacity Act 2005. Their answers demonstrated a thorough understanding of the law and how it had to be applied in practice.

We saw that since the previous inspection, the provider had removed internal locks from the lounge area so people could move freely in and out as they chose to. One relative we spoke with told us this was much better and they had previously been unhappy with the locks on the doors.

People were offered choices in their daily routine and staff consulted with people about what they wanted to do, where they wished to sit and what they might like to drink. Before assisting people with any care tasks, staff politely asked people if they wanted help.

We saw a significant improvement to the provision of food and drinks for people. Cold drinks were visible and accessible to people in communal areas and there were snack bowls containing fresh fruit and biscuits, which were continuously replenished throughout the day. Photographic menus were accessible for people to make their choice of main meals and it was clear from the photographs exactly what was offered. We sat with one person as they tried to make their choice; they looked at the two options and said: "These both look so nice I can't choose". We saw the chef spent time with people as they made choices, and described what was on offer.

Good

Is the service effective?

People told us they enjoyed the food. One person said: "We've had plenty. We always have plenty. That's the thing here, they feed you up". Another person said: "One thing is for sure, the food is nice, I do have to say I enjoy it". Another person said: "I never even think about being hungry here, there's always something to eat".

We spoke with the chef who showed us the menus and explained how they catered for people's individual dietary needs. We saw information displayed in the kitchen about people's particular food requirements, such as who needed a pureed diet. On the staff noticeboard there were 'top tips for healthy hydration' and we heard staff regularly remind people to have a drink, offering choices of hot or cold drinks. Staff we spoke with had a good understanding of people's dietary needs.

Staff invited people to the table for their meals and helped them to sit comfortably. We saw some people had to wait a long time for lunch to be served. For example, it was 11.30 when the first people sat down to the table, but 12.15 by the time they got their meal. Staff made good efforts to ensure the mealtime experience was positive and sociable. For example, staff noticed one person was sitting alone and they invited another person to sit at the table with them.

We saw meals looked appetising and people mostly ate well, although the meals were served ready plated for people which some people found off-putting. For example, one person saw their meal and said: "Oh no, I can't eat all that" and another person said they did not like one of the vegetables served to them. Staff gave people the choice of whether to have gravy on their meal. Staff were attentive and supportive to people at mealtimes. We saw one member of staff noticed a person's meal had gone cold and they offered them an alternative. People who had finished their meals were offered second helpings.

We spoke with staff about how they monitored people's dietary and fluid intake where people may be at risk of not eating or drinking enough. Staff said they kept a record of people's food and fluid intake. We looked at this record at 11am and saw there had been no recording of people's breakfast or morning drinks. Staff we spoke with said they could remember what people had, although we discussed this was not a reliable means of monitoring unless records were made accurately at the time. We saw people were regularly weighed and their weight was monitored, with referrals to other professionals where necessary.

We saw evidence on people's care records where other professionals were involved in people's care. We spoke with a visiting nurse who told us there had been 'vast improvement' in the quality of care. They said the provider was proactive in ensuring advice was sought and acted upon and they described effective partnership working to ensure people's health needs were met. Relatives we spoke with told us staff involved other professionals where necessary and acted quickly in the event of their family members becoming ill or injured. One relative told us where there had been a previous concern about their family member's weight, they had since gained weight and improved in health and well-being.

We noticed there was improved signage in the home to help people find their way around.

Good

Is the service caring?

Our findings

People and their relatives told us staff were caring. Most people said they were happy living at West Villa. One person said: "They're lovely to me. I like it when [member of staff] smiles at me, it makes me feel so happy". Another person said: "They [the staff] tell me I'm at home but I'm not, I know I'm not. This is a nice place though and I'm happy enough". Another person said: "I feel like they do care about me". One person said: "I don't like it here because I'd rather be at home". Another person said: "They are so kind you know". One relative told us their family member had changed in demeanour and they were 'now much, much happier than before'. They said their family member was 'more content and settled than they had been a few months ago' and they told us this was because of improvements made. They said: "Some staff disappeared and new faces came, and it's been good, it's made a massive change and staff are so kind and caring".

There was a friendly and homely atmosphere. We saw evidence of good relationships between staff and people living in the home. Staff we spoke with were mindful this was people's home, rather than their place of work. We saw staff sat with people, engaged in meaningful conversation and the pace was relaxed and unhurried. Staff appeared to be happy in their work and this reflected in the way they interacted with people. For example, staff smiled at people and acknowledged them by name. We saw people had caring interactions with one another. For example, one person told another they were looking for a comb. The other person offered them a comb from their bag and said: "There you are, that's 'cause I love you". We heard one person complimented another on their hairstyle.

Staff noticed when people were not comfortable and they offered support with helping them change position or stand up and walk. Staff promoted people's independence and did not take over tasks that people could do for themselves, but gave support and reassurance and enabled people to take their time. Staff were discreet when offering to help people with personal care and they were mindful about the need to respect people's privacy. We saw staff knocked and waited before entering people's rooms. Where people needed prompt assistance for personal care staff were quick to respond and spoke with people directly, not about them in front of others.

People were relaxed and content throughout our inspection. The provider and staff were observant and attentive, engaging in friendly banter where appropriate. One person said: "I'll say one thing, they have a laugh with me, I like that. It makes the day brighter".

We saw where one person spent a lot of time in bed, staff had positioned their family photographs within the person's view, and made regular checks to make sure the person was alright or see if they needed anything.

The provider had made changes to the way in which people received their mail; this was delivered to their rooms for them, rather than left unopened or given to relatives. People's rights were promoted well and there was evidence people had been involved in discussions around their care.

Good

Is the service responsive?

Our findings

Most people told us they had plenty to do. One person said they liked to read the newspaper and we saw this was available. Another person said they enjoyed their word-search puzzle. One person said: "I quite like a game of dominoes now and again". We saw this was being played during our inspection. One person said "There's nowt to do", although they said "They take me to the pub if I want". Relatives we spoke with said there was plenty for people to do and there were more activities than ever before. One relative said their family member enjoyed singing and there was sometimes a singalong taking place in the home.

We saw there had been improvements to the activities on offer. There was a daily activities board on the notice board. We spoke with one member of staff whose role it was to organise activities. They told us these were based upon what people wanted to do and were flexible so that if people wanted to do something different this was arranged. The manager told us another person had also been employed to help with activities, although they were not there at the time of our inspection. We saw people were offered individual time on a one to one basis to engage in activities meaningful to them. For example, we saw one person having their fingernails painted. We saw one person who was new to the home, there on their first day. They played dominoes with their designated key worker and we saw from this person's records this was a favourite pastime.

There was a noticeable improvement to the quality of the recording for people's care. We looked at four people's care records. We found information was easy to locate and individual risk assessments and instructions for people's care was clear and person-centred. We saw a 'grab sheet' on people's care file, with key information that would be required in the event of an emergency, such as if a person needed to go to hospital. However, we saw there was sometimes conflicting information in these. For example, one person's notes stated 'for resuscitation', yet there was a 'Do Not Attempt Resuscitation' (DNAR) form also in the person's file. This form is guidance to a medical team not to attempt to resuscitate a person where they or other appointed people feel it would not be in the person's best interests to do so. We saw there were up to date personal emergency evacuation plans (PEEPs) in place with clear information about how people would need to be supported. We saw where there was one person who had arrived for a short stay, there was sufficient information on the person's first day for staff to be able to support the person well. Although we saw reviews of care had taken place, these reviews were not always dated to show when they had been done.

We looked at the way the service responded to concerns and complaints. Records showed complaints had been handled appropriately. People we spoke with told us that they would go to the manager or staff if they had concerns. Relatives we spoke with told us they would be comfortable in approaching the manager or the provider and felt confident that their concerns would be addressed. One relative told us: "[The provider] really listens when we have anything to raise, I mean, actively listens and there is a sense something will be done".

Requires improvement

Is the service well-led?

Our findings

People told us the home was run well and managed by leaders who were visible in the service. One person said there was a lot of management presence and told us: "There's more chiefs than Indians; that's not a bad thing, it gets things sorted". Relatives we spoke with said there had been 'vast improvements' to the running of the home. Two relatives gave particular praise for the deputy manager. One relative said: "[The deputy] is not afraid to tell the staff what needs to be done. [The deputy] works hard caring for people but [they are] a leader as well". They told us the deputy had a positive approach and used the phrase 'onwards and upwards' to describe their commitment to improving the service. One relative said: "There has been a massive change, really massive". Another relative said: "It has changed a lot. It was good enough for us before but now it's even better, there's been a lot of improvement". A visiting professional told us there had been 'a transformation' in the quality of the service since the last inspection.

There was a newly appointed manager in charge of the day to day running of the home in conjunction with support from the registered provider. The manager was in the process of becoming registered with the CQC to manage West Villa, but this process was not complete at the time of our inspection. Following our last inspection the provider had received support from a consultancy firm to manage the home and this had ceased due to the appointment of the new manager. The manager told us they were aware of what needed to be improved and was working with the support of the whole staff team to achieve this. The manager told us of planned developments to improve the service, such as continued refurbishment of the premises.

We saw staff had more direction in their work and roles and responsibilities were clearly defined. We observed a handover from the night shift to the day shift and we heard the deputy manager delegated tasks to the team respectfully, but with strong and clear communication so staff understood what was expected of them.

Staff reported a much improved morale and said they felt supported and valued by managers. Staff said they were encouraged to attend staff meetings and give their views and there was evidence of a developing transparent culture. We looked at the minutes of recent staff meetings. Meeting were attended by all staff groups employed at the home with the meeting being chaired by the owner. The content of the meeting indicated the meeting was designed to provide an inclusive environment for all staff to contribute to the development of the service. The minutes also indicated all staff were very clear about the vision for the service and what improvements had to be made to achieve excellence. Items discussed included, infection control, accident and untoward incident management and protected mealtimes.

We looked at the systems in place for assuring the quality of the service. We saw regular audits had taken place and there was a noticeable improvement in the quality of these since September, which coincided with the appointment of the new manager. However, we were unable to determine that improvements to the quality of the service were being sustained due to the manager being so new in post. For example, we saw there were some inaccuracies with care records and documentation that future audits should identify once they are more embedded in practice. The manager told us systems and processes were just beginning to become established as they became more familiar with their role and the needs of the service.

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.