

Care UK Community Partnerships Ltd

The Potteries

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection that took place on 12, 14 & 19 October 2015. The aim of the inspection was to carry out a comprehensive review of the service and to follow up on the three warning notices and six requirement notices that were made at the previous inspection in March 2015.

The Potteries is a purpose built home which opened in October 2013 and is registered to accommodate a maximum of 80 people who require either nursing or personal care. There were 65 people living there at the time of our inspection. The home is divided into three separate living units. Two units provide care for people

living with dementia and one of the units provides nursing care. The home is well equipped and has good communal facilities which include a café, cinema and hairdressing salon.

The home was being led by an acting manager who confirmed that they had applied to be registered with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

At the last inspection we found eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person centred care, meeting nutritional and hydration needs, management of medicines, recruitment of staff, record keeping and good governance. Some of these breaches were repeated and three warning notices were issued. The service was rated as inadequate in relation to the questions: is the service safe? is it effective? Is it responsive? Is well led? and rated as requires improvement with regard to whether the service was caring. At that inspection the service received a rating of inadequate overall.

Since the last inspection the acting manager had recruited a clinical lead and other senior staff to develop the management and leadership of the home and implement the changes that were required to improve the service.

All of the people living at the home and visitors that we spoke with told us that they felt safe and well cared for. We received only positive comments about The Potteries throughout our inspection. Staff in the home were also positive about the changes that had been made. They told us they felt well supported by the management team that was in place.

Following the previous inspection, the acting manager and staff from the provider's regional support group, drew up an action plan in order to address the issues of

concern that were identified. The acting manager kept CQC informed of progress and provided updated action plans as items were progressed and completed. This inspection found that the service had addressed all of the issues and no breaches of regulations were found. However we were not able to assess whether the improvements made had been sustained. We will assess this further at our next inspection.

People received care and support that was person-centred and respectful. People were kept safe and protected from risks wherever possible. Medicines were managed safely. There were appropriate numbers of staff on duty to meet people's needs.

People's needs were assessed and plans were in place to ensure that their needs were met. People's choices and decisions were respected and staff enabled people to retain their independence.

Staff received regular training and supervision and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience to help people with their care and support needs.

Observations and feedback from staff, relatives and professionals showed us that the home had an open and positive culture.

There were systems in place to monitor the safety and quality of the service. This included the use of audits and surveying the people who used the service and their representatives.

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 protected from avoidable harm and abuse. Staff were trained to prevent, recognise and report abuse.

Staff were recruited safely because full pre-employment checks were carried out and references were obtained.

Medicines were managed safely and staff competence was checked.

The provider had made improvements since the last inspection but we were not able to see whether these had been sustained.

Requires improvement



Is the service effective?

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs effectively. Supervision processes were in place to monitor performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

Good



Is the service caring?

The service was caring.

People had good relationships with staff and there was a happy, relaxed atmosphere.

Staff respected people's choices and supported them to maintain their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs.

Staff had a good knowledge of people's needs, but where people displayed behaviour that could challenge others, monitoring records had not been completed to ensure people receive care that meets their individual needs.

The service had a complaints policy and complaints were responded to appropriately.

Requires improvement



Summary of findings

Is the service well-led?

The service was well led.

There was a clear management structure in place. People and staff told us that the acting manager and management team were approachable and supportive and they felt they were listened to.

The acting manager had applied, but was not yet registered with the Care Quality Commission.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor and assess the quality and safety of the service provided.

The provider had made improvements since the last inspection, however we were not able to tell whether these changes had been sustained. We will assess this further at our next inspection.

Requires improvement



The Potteries

Detailed findings

Background to this inspection

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

This inspection took place on 12, 14 & 19 October 2015. One inspector undertook the inspection and was supported by an expert-by-experience on 14 October 2015. 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 reviewed the PIR and other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their

views of the service as well as a health professionals at the three GP surgeries used by people from the home, district nurses, social workers and other health professionals such as Occupational and Physio therapists and community mental health support staff.

We spoke with and met 14 people who were living in the home. Because some people were living with dementia, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We also spoke with seven relatives and 13 staff which included carers, senior staff, housekeeping laundry and catering staff. We also spoke with the acting manager and office based staff who were involved in supporting people who used the service. We looked at seven people's care and medicine records. We saw records about how the service was managed. This included four staff recruitment, supervision and training records, staff rotas, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe and well cared for. When we asked one person if they felt safe and respected they replied, “Definitely and I’m not just saying that. What I like about it is they [the staff], are so kind”.

At the last inspection we found shortfalls relating to medicines management, risk assessment and staff recruitment. We issued a warning notice regarding medicines management and requirement notices relating to risk assessments and staff recruitment

At this inspection there were satisfactory systems in place to safeguard people from abuse. The staff we spoke with demonstrated a good understanding of safeguarding people: they could identify the types of abuse as well as possible signs of abuse and knew how to report any concerns they may have. Records showed that the provider had notified the local authority and CQC of any safeguarding concerns or incidents and the acting manager had taken appropriate action when incidents had occurred to protect people and reduce the risk of repeated occurrences. Staff commented that the acting manager now shared the outcome of any investigation and involved them in developing ways of preventing or managing any issues.

There were satisfactory systems in place to manage risks to people. During the last inspection we found that the provider had not taken action to identify, assess and manage any risks relating to people’s care. At this inspection we found that the acting manager had reviewed the way people were admitted to the home to try to ensure that any risks were identified from the start and actions were put in place to reduce and manage such risks. They had also implemented a comprehensive monthly review of each person living in the home and this included ensuring that any risks were identified and assessed and a clear management plan was in place. All of the risk assessments that we saw included clear actions as well as a review of how the management plan was working. For example, records showed that people at risk of malnutrition were closely monitored and health professionals were consulted and people who were at risk of falls or skin breakdown were provided with suitable equipment. This meant that people were now cared for safely.

Environmental risks were managed safely. There were risks assessments for each part of the home and for various systems such as the heating, hot water, electricity and gas supplies. There were comprehensive maintenance and servicing records for all of the equipment and fire prevention systems.

There were satisfactory systems to recruit staff safely. Previously we had found that the provider had not taken proper steps to ensure appropriate checks were undertaken before staff began work at The Potteries. At this inspection we found that a number of new staff had been recruited. Recruitment records showed that the service had obtained proof of identity including a recent photograph, a satisfactory check from the Disclosure and Barring Service (previously known as a Criminal Records Bureau check) and evidence of suitable conduct in previous employment or of good character.

There were enough staff employed to meet people’s needs. This was an area of concern at the last inspection. The acting manager showed us that they had recruited a number of permanent staff which had then reduced the need to rely on agency staff. They also told us how they had implemented absence management procedures to reduce the number of instances where there was not enough notice to get other staff to cover for absences. In addition, they had reviewed the deployment of staff around the home according to people’s needs or the number of people in a particular part of the home. One of the people we spoke with about staffing levels and competency told us, “It’s settled down and everybody seems to know what they are doing”. During the course of the inspection we noted that there whenever people needed assistance staff were able to respond quickly and that there were always staff available when people were in the communal areas of the home.

There were satisfactory systems in place for the administration and management of medicines. At the last inspection a number of concerns were noted with regard to the management of medicines. The acting manager advised us that they had undertaken a review of medicines management systems and implemented a number of improvements as well as providing additional training and competency assessments for all staff.

We checked the storage and stock of medicines, and sampled a number of records, as well as discussing medicines administration with staff. Records showed that

Is the service safe?

medicines were recorded on receipt, when they were administered and when any were returned to the pharmacy or destroyed. Regular audits were carried out and there were records showing that any issues identified through an audit were investigated and resolved.

Staff confirmed that they had received additional training and competency assessments. Those we spoke with told us they felt confident when administering medicines. We observed a member of staff giving medicines to people. They spent time with people, explained what their medicines were for and stayed to check that people had managed to take them safely.

Medicines administration records, (MAR), contained information about people's allergies and had a recent photograph of the person. There was clear information about medicines that were prescribed as "when required"

(PRN) which was contained in a care plan. There were pain management care plans in place for people who were unable to verbally communicate. These were based on a recognised tool for assessing pain. Medicines administration records were complete and contained the required information where doses were not given. The administration of prescribed creams and other topical medicines had also been reviewed. Care plans gave clear instructions and records were complete and up to date.

At this inspection we found that the provider had met the warning notice relating to medicines management and the requirement notices relating to risk assessments and staff recruitment. However it was too early for us to tell whether the improvements made had been embedded and sustained. We will review these areas at our next inspection.

Is the service effective?

Our findings

People told us they felt they were well looked after and they had confidence in the staff that cared for them. During the inspection there was an incident where staff realised that a person had become unwell. They called for help and immediately received a response from senior staff. After the incident we spoke to the staff who told us, “He wasn’t right, you get to know people. It’s about getting the right person to check them”.

At the last inspection we found that people’s health needs were not always met and we issued a warning notice. We also found that people did not receive appropriate nutrition and hydration and that staff did not receive suitable supervision and training.

At this inspection we found staff had the skills and knowledge to provide effective care. At the previous inspection we had concerns that staff did not have sufficient understanding of people’s health care needs and how to ensure that these were met. The acting manager had reviewed staff’s training and had implemented a comprehensive training programme that provided both theoretical and practical training as well as a check of their understanding and competency. Staff told us they had undertaken a lot of training but had particularly valued the more practical training that had been delivered to them either by the clinical lead in the home or by other Care UK staff who had visited the home. Training records showed that staff had received refresher training in essential areas such as safeguarding adults, consent and mental capacity, infection prevention and control, moving and handling and fire prevention. In addition the acting manager had provided additional training in care planning and assessment, record keeping and a number of health conditions including diabetes, epilepsy, prevention and management of pressure sores and dementia care. Additional training and competency assessments had also been provided for the trained nursing staff and this had been overseen by the clinical lead for the service. New staff confirmed that they had undertaken a comprehensive induction that was based on the Skills for Care, Care Certificate which had recently been introduced as well as working some shadow shifts to enable them to observe

and understand their role and the range of people’s needs. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised.

Staff were provided with support and supervision. During the last inspection it was noted that the service had been through a period of instability with no manager, frequent changes in staff and a high use of agency staff. All of the staff we spoke with told us that they were pleased that the acting manager had been appointed and they had confidence in her to achieve the improvements required at The Potteries. Staff told us they always felt able to ask for advice and support from the senior team, clinical lead and acting manager and that regular supervisions were taking place to enable them to discuss their work, resolve any concerns and plan for any future training they needed or were interested in undertaking. Records showed that supervision sessions were documented on staff files and there were clear processes in place to inform and support staff where issues or concerns were identified with their performance. The acting manager had a plan in place to ensure that all staff continued to receive regular supervision and, where applicable, an annual appraisal.

Staff had a good understanding of how people preferred to be cared for and how to approach and support people who were living with dementia. During the inspection there were many examples of staff reassuring people if they became upset, chatting to them about their family or previous events in their life or making use of the café when people needed a change of scene. Discussions with staff showed that they understood when people had the capacity to make decisions for themselves and that these decisions should be respected. For example, one person, who staff said was usually very sociable, did not want to join the entertainment that had been organised. Staff tried to encourage them at first but quickly respected the person’s decision, offered them a cup of tea and suggested they sit and look at a book together instead.

Where people lacked mental capacity to make a specific decision, records showed that staff followed the principles of The Mental Capacity Act 2005 including making “best interest” decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived

Is the service effective?

of their liberty. The acting manager was aware of their responsibilities. Applications had been submitted to the local authority. Some had been authorised and the manager had a plan in place to review and renew authorisations as necessary.

People's nutritional needs were assessed, planned for and monitored. During our last inspection we were concerned that not everyone who was identified as being nutritionally at risk was receiving the support and encouragement they needed to eat well and meal times were not always a positive experience. At this inspection, people were weighed regularly and a risk assessment was carried out to check whether they were at risk of malnutrition. Where people were found to be at risk, detailed records of their food intake were kept, additional high calorie drinks and snacks were provided and referrals were made to dieticians and speech and language therapists.

People's likes and dislikes were recorded in their care plans and the chef and kitchen staff were also aware of any special diets, such as gluten free, which people required. The chef had created menus following consultation with the people living in the home and the staff as well as using their knowledge regarding nutrition. People told us they enjoyed the food. One person said, "There's quite a bit of choice". One visitor told us they were pleased with how well their relative was eating since moving to the home and that they had gained weight which was a good thing. We saw staff offering people choice at all meal times either verbally, by showing them photographs of the meals or by taking ready plated meals to them.

The acting manager had reviewed the timing of meals and the staffing levels to support this. Meal times were staggered and other staff such as activities staff and

management staff were available to assist people if necessary. In addition, new coloured crockery had been purchased. (Research has shown that people who live with dementia often eat better from coloured crockery) and the acting manager confirmed that this had been the case since introducing the crockery following the last inspection. The plates had slightly raised sides to enable people to move their food onto cutlery with greater ease and therefore promoted their independence.

A number of meal times were observed during the course of the inspection. We saw that the serving of meals and the number of staff available to support people had improved and that meals had become more sociable with staff explaining to people what they were eating, offering support and encouragement and generally engaging people in conversation that was both friendly and personal.

People had access to healthcare professionals such as GP's, district nurses, occupational and physio therapists and community mental health nurses. Staff told us they supported people with appointments if this was appropriate and were also able to liaise with health professionals if necessary. One visitor told us how they had been unable to take their relative to a hospital appointment and had been relieved when the staff had arranged transport and a member of staff to take the person so that they did not go on their own. During the inspection we asked health professionals who had involvement with The Potteries for their views of the service. All of their responses were positive and highlighted that the staff asked for support appropriately and carried out instructions properly.

Is the service caring?

Our findings

People, who were able to, told us that they were happy living at The Potteries and found the staff to be kind and caring. One of the people living in the home told us, “They look after me well. They are friendly and caring.” A relative told us, “[the acting manager] and the girls are on top of things. They can’t do enough.” We also saw that interactions between people and staff were good; staff offered choice, prompted discussions and started conversations with people. We observed staff kindly and gently helping a person who had become distressed by offering them a hot drink and chatting about the person’s grandchildren. The person quickly settled and clearly enjoyed the conversation as they were soon smiling and patting the staff on the hand.

At the last inspection we found that people were not given information in a way that would help them to make choices and they were not always consulted about the care they required and how they wished to receive it. We also observed that people were left unattended in lounges and that staff would walk past them without checking people and providing support.

During this inspection we spoke with staff from the catering and housekeeping departments of the home. They told us that the acting manager had encouraged them to feel part of the team that cares for people living in the home and that they enjoyed this aspect of their role. It was clear that they knew many of the people living in the home and had developed positive relationships with them. Many of the people we met told us about “Tea at Three”. This had been introduced by the acting manager and required that everyone on duty in the home, no matter their role, was expected to stop work at 3pm and have a cup of tea and piece of cake with one of the people living in the home. Everyone told us that this had helped to develop relationships and friendships.

Staff told us that the changes in management, allocation of staff to different parts of the home and additional training had given them more confidence. They told us that they felt

confident people received good, individualised care. They gave us examples of how they did this such as knowing that some people liked to wear make up every day or understanding that some people preferred to receive personal care in different ways to others and respecting this.

Most of the people in the home were living with dementia. Staff confirmed that they had been given more training about caring for people living with dementia since the last inspection. We saw that there were numerous items around the home such as hats, scarves, handbags, and everyday objects from the past that people would recognise that they could pick up, look at or carry around. We saw much more general interaction with people rather than, as at the last inspection, task focussed interactions such as only talking to people when they were providing the person with personal care. Staff were attentive to people’s needs; they were quick to offer assistance or provide discreet support when it was needed.

Staff told us that, where possible, people were involved in creating their own care plans so that they fully reflected how people would like to receive care and support. In the cases where people chose not to, or were unable to be involved, staff told us that they tried to involve families and other people who were important to the person. Three relatives confirmed that this was the case. They also confirmed that they felt able to ask staff about their relative and that staff were good at communicating with them if they had any concerns. People’s care plans recorded what they liked to be called, things they liked to do and foods that they particularly liked or disliked.

Staff respected people’s choices and supported people to maintain their privacy and dignity. We heard staff offering people choices throughout the inspection. This included choices of which area of the home they would like to sit in, when to get up, meals or activities. Staff told us that they knocked on people’s bedroom doors before entering, ensured doors, and curtains if necessary, were closed when people were receiving personal care and used screens in public areas if necessary.

Is the service responsive?

Our findings

Observations showed us that staff were responsive to people's needs. They responded to people's verbal and non-verbal gestures and communications. One member of staff told us, "It's really rewarding. Some people can't communicate with us but if we have a singer visiting, they can sing the songs. Seeing people having a good time is quite emotional".

At the last inspection we found people's need were not consistently met and we issued a warning notice in relation to the failure to ensure that people received the care treatment and support they required to meet their needs.

At this inspection people had their needs assessed before moving into The Potteries. The acting manager had reviewed the admissions process to ensure that as much information as possible had been gathered about the person and their needs before they moved in. Assessments were detailed and covered both physical and mental health as well as a person's general well being, social and emotional needs.

Assessments were used to create initial care plans so that staff were informed of people's needs and how they should be met. On admission, the provider had a range of risk assessments that were completed by staff and included risks of falls, malnutrition, medicines, moving and handling and developing pressure ulcers. Wherever a risk was identified, a plan had been put in place to reduce or manage the concern. People's needs and risk assessments were added to the initial care plans and these were regularly reviewed.

People's needs were regularly reviewed, with these monthly reviews being known by the staff and people living in the home as 'Resident of the day'. The monthly review was used to create the feel of a special occasion; staff carried out care plan, medicines and risk assessment reviews but at the same time, the chef spent time with the person chatting about their general views of the meals and also created any special meal of the person's choosing. In addition, staff checked that the person had the plenty of toiletries and clothing and the housekeeping staff carried out a special "deep clean" of the person's room. Activities staff also arranged to do something with the person that

they specifically wanted to do. During the course of the inspection one person had been made a special chocolate cake. Another person was looking forward to a trip to a nearby fish and chip restaurant for lunch.

Systems were in place to ensure that people who had needs such as the prevention and management of pressure sores, malnutrition or dehydration received the care required. Records showed that staff were monitoring and recording food and fluid intake or ensuring people were regularly repositioned. Where staff identified further concerns through this monitoring, records clearly showed the actions they had taken such as contacting a GP, dietician, speech and language therapist or tissue viability specialist nurse.

Discussions with staff showed that they had a good knowledge and understanding of people and their needs and could quickly recognise when someone was showing signs of being unwell or in pain.

Some people in the home could exhibit behaviours that were challenging to others. Staff consulted specialist staff where this occurred and also used behaviour charts to monitor occurrences. Behaviour charts were not always fully completed which meant that the information that was recorded was not used to identify triggers or find successful management strategies. This was an area for improvement as there was a risk that people may not receive consistent care to meet their individual needs. However, our observations and discussions with staff showed that staff were aware of successful ways to engage with people to either prevent occurrences of behaviour that challenges or to manage such behaviours and keep people safe.

The home employed two activities coordinators. During the inspection there were a number of activities that were planned and organised which ranged from individual sessions with people who preferred to stay in their rooms to small activities in each of the units and whole home activities which took place in the cinema or communal area and café on the ground floor. There was a weekly calendar of activities which was given to people and posted on notice boards around the home. During the inspection there were coffee mornings held in the café, a knitting group and time for staff to read out loud from newspapers. Also during the inspection there was a party to

Is the service responsive?

celebrate the second anniversary of the opening of the home. Most of the people living in the home chose to attend and staff stayed with those who preferred not to do so. Relatives and off duty staff also attended the party.

Information about how to complain was available on notice boards in the home. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved into the home. The information was detailed and set out clearly what an individual could expect should they have to make a complaint. There was a procedure in place to ensure that complaints were responded to within specific timescales and that any outcomes or lessons learned were shared

with the complainant and other staff if this was applicable. Records of complaints that had been received and investigated showed how the concern had been investigated, the timescales this was done within and the outcome for each complaint.

Regular meetings were held for the people living in the home to enable them to contribute to the running of the home and raise concerns. Meetings were also held for relatives. Records of the meetings showed that recent discussions had been included menu plans, activities and outings and the previous inspection report, rating and warning notices.

Is the service well-led?

Our findings

People and staff expressed confidence in the acting manager and other senior staff that the acting manager had recruited since taking up the post. They said that the acting manager was always available and often to be found within the home helping with care. They also added that they knew that they would be listened to and that the acting manager took action when issues were raised by them or were identified in other ways.

At the last inspection we found shortfalls in governance, record keeping and notifications. We issued a warning notice for shortfalls in quality assurance.

At the last inspection the acting manager had recently taken up the role and had not received induction or support from the provider to address the concerns that people had about the service. At this inspection it was evident that support had been provided. The acting manager had reviewed the service and identified areas for improvement. A plan had been put in place with timescales and this was regularly updated and showed when items, such as medicines reviews or staff training had been completed.

Staff described the culture in the home as “much more positive”. Both staff, visitors and people living in the home said that staff were working together much more like a team. They also said that communication had improved. In particular people commented that far fewer agency staff were being used and that they preferred to have regular permanent staff.

The acting manager described how they had identified recruitment of new permanent staff, ensuring staff knowledge and competencies were satisfactory and

addressing staff absences and sickness as a key factor in bringing about the required changes in the home. They confirmed that the use of agency staff was now very minimal and mostly the need to use agency staff was known well in advance which meant they could use regular agency staff who already knew the people living at The Potteries. There was also evidence that where poor performance of staff was identified, the acting manager had taken action to support the staff and enable them to improve or to remove them from the service should this be necessary.

Quality assurance systems developed by the provider had been fully implemented within the service. This meant that there were satisfactory arrangements in place to monitor the quality and safety of the service provided. Audits were undertaken by staff and management within the service and also from regional staff. There were weekly, monthly, quarterly and annual audits of various areas including medicines, accidents and incidents, infection prevention and control, cleaning, the environment and health and safety. Where issues were identified a plan had been put in place to prevent any reoccurrences and the effectiveness of these actions had been checked.

We found that the provider had taken action in response to the last inspection, and had made improvements to comply with the regulations. However the service had experienced a long period of instability prior to our last inspection, and there had not been effective governance during this period to ensure the quality of the service. At this inspection we were not able to tell whether the improvements had been successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

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.