

Butterwick Limited

Butterwick Hospice

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 10 June 2015 and was unannounced. This meant the provider or staff did not know about our inspection visit.

Butterwick Hospice provides care for up to 10 day care patients Monday to Friday. The hospice provides a sitting service within the community, a range of complementary therapies including physiotherapy and family support.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. The provider had an effective recruitment and selection procedure in place and carried out robust checks when they employed staff.

Summary of findings

We saw evidence that the provider and staff had a thorough knowledge of safeguarding. Staff had easy access to policies and procedures.

We saw a copy of the provider's complaints policy and procedure and saw that complaints and concerns were always taken seriously.

Training records were up to date and staff received regular supervisions, appraisals and a personal development plan was also completed, which meant that staff were properly supported to provide care to people who used the service.

We saw staff and volunteers supporting people in the dining rooms at lunch and a variety of choices of food and drinks were being offered.

All of the care records we looked at contained care plan agreement forms, which had been signed by the person who used the service or a family member.

The hospice was exceptionally clean, spacious and suitably adapted for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 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 discussed DoLS with the registered manager and looked at records. We found the provider was following legal requirements in the DoLS.

People who used the service were extremely complimentary about the standard of care and support provided.

We saw staff supporting and helping to maintain people's independence. We saw staff treated people with dignity, compassion and respect and people were encouraged to remain as independent as possible.

We saw that the hospice had a full programme of activities in place for people who used the service, including a range of complementary therapies.

All the care records we looked at showed people's needs were assessed before they attended the hospice and we saw care plans were written in a person centred way.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources including people who used the service and their family and friends.

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.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication and this ensured people's safety.

We saw the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

The hospice had infection control procedures in place however some of these needed to be up-dated.

Good



Is the service effective?

The service was effective.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. People's best interests were managed appropriately under the Mental Capacity Act (2005).

People were involved in the assessment of their needs and had consented to their care, treatment and support needs.

We found staff were supported through training and development and had the right skills and knowledge to meet people's assessed needs.

People's nutritional needs were assessed/monitored to identify any risks associated with nutrition and hydration.

Good



Is the service caring?

The service was caring.

There were safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights. Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

People told us they were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

People had access to advocacy services. This enabled others to speak up on their behalf.

Good



Is the service responsive?

The service was responsive.

People, and their representatives, were encouraged to make their views known about their care, treatment and support needs. They were encouraged to be involved in decisions which affected them.

People told us they felt confident to express any concerns or complaints about the service they received.

Good



Summary of findings

The service used a range of tools to monitor and act on feedback from people using the service, relatives and professionals to ensure care was person-centred and responsive to their needs.

Is the service well-led?

The service was well led.

There were clear values that included involvement, compassion, dignity, respect, equality and independence. There was an emphasis on fairness, support and transparency and an open culture.

The management team had effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help to develop and drive improvement.

The service worked in partnership with key organisations, including specialist health and social care professionals.

Good



Butterwick Hospice

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

We visited the service on 10 June 2015. The members of the inspection team consisted of two Adult Social Care Inspectors.

We spent time observing people in various areas of the service including the dining room and lounge areas.

We were shown around the premises and saw all areas including bathrooms, laundry room, kitchen and living and dining areas were exceptionally clean and well maintained.

We also spent time looking at records, which included people's care records, and records relating to the management of the hospice.

On the day we visited we spoke with six people who were using the service. We also spoke with two senior nurses, support staff, the family support manager, volunteers, administration staff, the quality assurance manager, and the cook.

During the inspection visit we reviewed two people's care plans, and staff training and recruitment files, a selection of the hospice's policies and procedures and infection control records.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the Care Quality Commission. We also spoke with the local safeguarding team, commissioners and Healthwatch who were involved in the care of people using the service; no concerns were raised by these organisations.

Before the inspection we did not ask the provider to complete a Provider Information Return (PIR). During this inspection we asked the provider to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People who used the service told us they enjoyed spending time there. One person told us “The volunteers and staff are wonderful people and they are so very supportive and kind.” Another person told us, “I receive very good support and I feel safe and secure when I am here.”

We saw all staff who worked at the hospice, including voluntary workers, were given training to ensure people who used the service were kept safe. This training included safeguarding adults and children, first aid, health and safety, moving and handling and fire safety. The hospice had effective procedures for ensuring that any concerns about a person’s safety were appropriately reported. All the staff we spoke with were able to tell us about the different types of abuse and how they would recognise and report abuse. Staff told us they received regular training about keeping people safe to ensure they were up to date with all relevant information. We saw a safeguarding flow chart was displayed, including relevant information and contact telephone numbers.

Risks to people who used the service were appropriately assessed and managed. We looked at people’s records. They identified each person’s condition and their care, treatment and support needs. We were told these were reviewed daily by clinicians. This meant people were safe and their changing care needs were monitored during each visit to the service.

We were told by staff and we saw that staffing levels were appropriate. People who used the service told us there was always enough qualified staff and voluntary staff around to meet their needs and there was an appropriate skill mix to deal with the level of care and support required.

We found there was no staff documentation regarding Disclosure and Barring Service (DBS) checks or employee references were available on site. These were held centrally by Human Resources (HR) at Butterwick Hospice, Stockton on Tees. The central HR department provided us with evidence that all employment checks had been carried out.

We spoke with two of the most recent members of staff both of whom confirmed they had undergone a DBS check, submitted qualification and referee information prior to employment. The process they described was aligned with HR’s documented processes, as well as the Recruitment Policy. We also saw evidence on the Staff Care database

that reminders for DBS check renewals were generated at appropriate intervals. This meant that the service was able to demonstrate how its recruitment practices helped to keep people safe.

We confirmed with HR that there had been no disciplinary investigations or actions in the past year. We saw the disciplinary policy was clear, robust and had been signed as read by all members of staff. This demonstrated that the provider had robust procedures in place should disciplinary action be required, ensuring that people using the service were protected.

We found people who used the hospice were safe because the service assessed and managed the risks associated with the environment. For example, the service safely installed, used, maintained, tested and serviced equipment that they are responsible for (including medical devices). We found all equipment was suitable for its purpose. This meant people were safe because the service complied with relevant legal requirements for the premises, where appropriate.

The hospice had detailed medication policies and procedures in place. We were told that patients who attended the day hospice were responsible for their own medicines. At times, some medicines were administered by clinical staff for those people who were unable to do this independently. When this happened, medicines were stored in the locked medicine cabinet located in the treatment room. However, we saw the treatment room access door did not have a lock. We discussed this with the clinical lead. She immediately made arrangements with the hospice maintenance team to have a keypad access lock fitted. Some medicines are required to be kept refrigerated. We saw the hospice did not have a suitable fridge to store medicines should this happen. The clinical lead said she would make arrangements to purchase one.

Accident records had been completed appropriately and were retained in line with data protection guidelines. This helped to ensure the personal details of people were kept in a confidential manner.

The hospice had plans in place to deal with unforeseen circumstances and was able to respond quickly when needed and if necessary to any emergency situation. There were also contingency plans in place to deal with emergencies that may affect the building or equipment. This meant people who used the service would continue to

Is the service safe?

receive the care they required in the event of an emergency. We discussed personal evacuation plans (PEEPS) for people who used the service. We saw each person had a risk assessment and moving and handling assessments completed, but these were not specific to emergency evacuation of the building. We discussed this

with the clinical lead, and she said she could easily link all relevant information to the weekly attendance register and these would be kept in the main reception to enable easy access for emergency services should they ever need to attend.

Is the service effective?

Our findings

We reviewed two care plans and saw that in both pre-admission contacts were made with relevant healthcare professionals regarding people using the service to ensure care could be tailored to their needs. A bank nurse confirmed that this was completed during a one-one visit by a nurse prior to anyone attending the service. Both care plans we reviewed had clear goals in place and there was evidence in the weekly notes that these goals were being met. For example, one person with a life limiting illness began accessing the service suffering from low mood and this was identified as a risk to their wellbeing. The plan set out to “elevate mood” through encouraging social interaction alongside a range of complementary therapies such as aromatherapy, massage and physiotherapy, for which consent was documented. Recent weekly reports indicated that the person was “delighted” with the therapies received on a weekly basis and stated that “attending day care makes such a difference.”

People we spoke with all said they could not have found a better place to support them and help them to manage their conditions. One of them commented, “I’m informed about everything. The support here has been wonderful, it very well managed.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 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.

At the time of our inspection there had been no applications made by the hospice for DoLS. We were told by the lead nurse if they thought a patient lacked capacity then best interest decisions following discussions with their family or their representatives would be held in accordance with the Mental Capacity Act 2005 and the Deciding Right Document. The Deciding Right Document (April 2014) was developed in the North East and was the first framework in the UK to integrate the principles of making care decisions in advance. This was confirmed when we looked at care records. This helped to ensure that people were able to make decisions about their future care while they had the ability to make these decisions.

We saw staff received training in both the Mental Capacity Act and DoLS. Staff we spoke with were aware of people’s right to make choices regarding their care and also about assessments that would be required if they felt someone may not have the ability to make decisions.

We saw the provider had put in place a range of staff meetings, which had been held at regular intervals. This enabled different grades of staff to meet in order to discuss various topics of interest and so that any relevant information could be disseminated amongst the entire workforce. Agenda items included, staff training, MCA 2005, health and safety, clinical governance and the management of safeguarding concerns.

A wide range of updated policies and procedures were in place at the hospice, which provided the staff team with current legislation and good practice guidelines. These included areas, such as health and safety, cultural, religious and ethnic needs, autonomy and choice, consent, advocacy, safeguarding adults, Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). However, some of the infection control procedures were out of date. We spoke with the quality assurance manager who told us these would be up-dated immediately.

People were supported by sufficient numbers of staff who had the necessary skills and knowledge to meet their assessed needs, preferences and choices. We found staff had effective support, induction, supervision, appraisal and training to meet people’s needs. We saw a range of support was available for staff who cared and supported people and their families with ongoing chronic progressive conditions or at the end of their lives. For example, confidential counselling was available. We saw management had up to date plans to promote good practice and develop the knowledge and skills of their staff. Volunteers were trained and supported in the role they undertook.

We saw that all health care assistants had signed up for the new ‘Care Certificate’. The care certificate is made up of 15 standards and encompasses the Code of Conduct for Healthcare Support workers such as; Care, Compassion, Competence, Communication and Commitment.

This demonstrated that the provider was fully committed to making sure that staff acquired the right skills, knowledge and behaviour to ensure people received a high standard of quality care.

Is the service effective?

The Volunteer Co-ordinator commented on the fact that the 1-day induction was attended by the CEO and that the ethos of the service was clear on day one. She described her role as “varied rather than hectic” and relished making a difference to the people using the service through her role. The hospice ensured it could attract volunteers through having a dedicated Volunteer Co-ordinator and having a flexible approach to volunteering for example, relatives of people who had used the service now used their skills to drive people currently using the service; prospective volunteers under the age of 18 had been encouraged to do voluntary work at Butterwick Hospice Charity Shops until they are old enough to volunteer at the centre). This approach to volunteering ensured the service could draw on a wide range of skill mixes to support people using the service. It also ensured that there was a

continuity of care and a high degree of familiarity between those volunteering and those receiving care and this familiarity with staff/volunteers was commented on positively by various people using the service.

We saw people were offered a balanced diet that promoted healthy eating. People told us they were involved in decisions about their nutrition and hydration needs. People, especially those with complex needs, were effectively assessed to identify the risks associated with nutrition and hydration. People had access to dietary and nutritional specialists as their assessed needs indicated. People told us they found mealtimes to be extremely ‘pleasurable’, unrushed and had an excellent choice of food. When we spoke with the cook and a catering volunteer, both demonstrated they had a good knowledge about people’s dietary needs and preferences.

Is the service caring?

Our findings

One person responding to the service via the Friends and Families postcard scheme (which was visible and accessible for visitors and people using the service, displayed in the main corridor), stated attending the service was “Like being hugged for a day a week.” Others commented, “We are well looked after by very friendly people and you make good friends” and “Everybody is very friendly and we are all looked after very well. The food we get is excellent. Over lunch, this person also told us that the service was, “Lovely – nice to have time away to relax or to go to the church service on a Friday.” She also stated, “The drivers are lovely.” People we spoke with all said they could not have found a better place to support them and help them to manage their conditions. One of them commented, “I’m informed about everything. The support here has been wonderful, it very well managed.”

Pre-attendance questionnaires and liaison with healthcare professionals and family members ensured that people were involved in making decisions and planning their care whilst at the day centre.

The two care plans we reviewed clearly documented consent to the treatments offered. Counselling rooms were on-site and we spoke to staff with counselling backgrounds; they emphasised that giving people time to talk about their experiences was one of their most important tools. We spoke with two people about the support that was available. Both said that the support within the hospice was excellent. One said, “The care and support is outstanding, I have improved both physically and mentally during my time here. Having time to chat with the counsellors and volunteers, staff and others with similar problems has been a tremendous help to me.”

People said they were treated with kindness and compassion in their day-to-day care. They said that they were always listened to by very caring staff and volunteers.

We saw information about how to access advocacy was displayed. Two people were aware of advocacy services, and knew if they required support how to access this. This meant people were supported to have access to advocacy services that would be able to speak up on their behalf.

Interactions we observed across the day and at lunchtime between staff and people using the service were patient and compassionate, with time given for people to make

decisions. One person finished lunch first and indicated they wanted to move by pushing back their chair. They did not have to wait and were supported patiently to the lounge area. Overall, we found staff and volunteers showed lots of patience and gave encouragement when supporting people. People told us their care and support was provided in accordance with their wishes.

We saw that care plans containing sensitive personal information were kept in a locked filing cabinet in the nurse’s office, meaning that people’s confidential information was safely stored. The confidentiality policy had been updated in May 2015 and was one of a number of policies being prepared for all staff to read and sign that they had done so.

A new role of Information Governance lead had recently been introduced. When asked, they demonstrated a good understanding of data protection legislation and its relevance to people using the service as well as other relevant individuals such as fundraisers. The Information Governance policy and procedures had been supported by the Clinical Commissioning Group (CCG). The service had a Privacy Policy (reviewed December 2014) which is communicated to all prospective users of the service. It outlined in an accessible manner what personal information will be held, how it will be used and why. This helped to ensure that people could be confident that their personal information was being managed and stored consistently, safely and in line with relevant legislation. This service and the information governance procedures in place meant that people’s privacy was being respected and promoted.

Butterwick Hospice operates a palliative home care service. The service supports people with a serious progressive illness to remain at home, prevent admissions to hospital and enables people to be discharged from hospital with their support. We saw that all people’s preferred place of care was recorded. A recent survey carried out by the provider showed us that 86% of people had died in their preferred place of care. We saw that the hospice used a validated end of life assessment tool which provided people with an opportunity to consider, express and prioritise their care and support and any subsequent action planning. This meant people were wholly involved in their care and support decisions.

In addition the family support team organised a bereavement group that meets at the hospice once a week.

Is the service caring?

This provided support to people who have suffered the loss of a family member or friend. Another group known as 'Stepping Stones' meets at the hospice on the first Wednesday of every month. This is for people of any age who wishes to chat with others who have suffered bereavement. Another support group called 'Living After Loss' meets weekly. This provided people to share their experiences of loss with others and the impact it has had on their day to day life. Each week had a different theme for example, sharing stories, keeping hold, letting go and moving on from loss.

Butterwick Hospice recognised the impact that cancer had on individuals and their families and the stress and concern this can cause. 'New Horizons' is a group meeting to assist people to return to emotional wellbeing. This is a recurring six week programme for groups of up to 10 people. It provides time to reflect on people's journey, exploring feelings, the affects cancer has had on people, managing fears and people's hopes for their future.

All of these support mechanisms provided care and support for those living with a life threatening illness, their carers and for those following bereavement in a structured, safe and confidential environment.

Is the service responsive?

Our findings

We saw that the hospice priorities were patient safety, clinical effectiveness and patient experience. We found these were incorporated within the policies and care records that we looked at. The plans were person centred and people's involvement was clearly evident.

In addition to the weekly notes and ongoing support, the service undertook bi-annual Support Team Assessment Schedules (STAS), which monitored the emotional wellbeing of people using the service and aggregated an overall score. This is used to contribute to care planning. These are kept alongside the more regular care notes in the same care plan, giving carers the opportunity to help identify short-term needs and potential long-term concerns or needs at a glance. Staff confirmed that, whilst the service is not the clinical lead in the care of individuals, the service would liaise with the relevant healthcare professionals if they were to identify a medical need not identified already. This liaison was confirmed by correspondence in both care plans.

There was clear evidence that people using the service were informed about the care they received and were involved in the planning thereof. Prior to attending the service we found people completed questionnaires. The service liaised with relevant medical staff and involved people and their families in care planning. This meant the service provided care and support to people based on their involvement and using a variety of sources of information. The involvement of people attending their service and their relatives mean that individuals are supported to maintain good health.

As part of people's personal treatment plan, their care and support needs were reviewed every eight weeks. The review involved people's wellbeing, including their physical, emotional, and spiritual wellbeing. The review

also considers if people were gaining enough therapeutic benefits during their visits. This meant people were consulted and involved in decisions about their care, health and welfare. For example, one person told us, "It's very important to me to know what is happening regarding my health and wellbeing. Having an opportunity to meet and listen to others is good, what is even better, they always listen to me."

Activities available included craft sessions, spending time in the garden, quizzes, dominoes, bingo and a regular church service. One person told us about their memories of playing dominoes socially years previously and welcomed the opportunity to play here. We saw other evidence that people greatly enjoyed the activities offered. For example, one thank-you received from a family member stated "She especially enjoyed participating in the craft sessions, showing off her creations with pride. Both staff and volunteers do an amazing job."

We found complementary therapies were provided to people by trained and experienced therapists. These included aromatherapy and massage sessions.

When we spoke with people who used the service, they told us they were fully aware of the complaints procedure and would know how to make a complaint or raise a concern. Everyone said they had never had a reason to make a complaint. One person said, "I couldn't imagine anyone making a complaint about this place, it provides us with first class care and support."

We saw the complaints policy was prominently displayed,

We saw the hospice worked in conjunction with other health and social care professionals,

for example, GPs, Consultants, Macmillan and District Nurses. This meant people who used the service received 'when needed' integrated professional support at home or when attending the hospice.

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

On arrival at the hospice we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all the records we looked at to be well maintained and organised in a structured way. This made information easy to find.

At the time of our inspection the whole staff team were all very co-operative. We found them to be passionate, very enthusiastic and dedicated to their work.

The registered manager of the service was not on duty. However, we found staff were extremely organised and very positive about providing a high standard of care for those who used the hospice services. Records showed the turnover of staff to be low, with a good percentage of the team having worked at the hospice for many years. One person told us, "I think it's managed very well."

We found the atmosphere was calm and relaxed. Everyone we spoke with were very complimentary about the management of the home and the staff team.

We found the monitoring of the service to be good. A wide range of health and safety audits had been periodically conducted by the organisation. Internal checks were also conducted regularly in areas such as fire safety, falls, accidents, nutrition, care planning and concerns. Any areas identified as needing improvement during the auditing process were then analysed and incorporated into a structured action plan, which was effectively monitored.

The service used database systems for example 'Staff Care' for staff records/information and 'I-Care' for patient information to record, aggregate and provide relevant information to key stakeholders, such as Clinical Commissioning Groups (CCGs) and the National Council for Palliative Care (NCPC). This information includes data such as the service's performance against Key Performance Indicators (KPIs) regarding how promptly the service was offered after initial assessment, and what proportion of people were receiving care in their place of choice (currently at 86% as compared against 50% in 2009). Where

a KPI was not met on a given quarter mitigation and details of remedies were provided. This external provision of data ensured that the service was accountable to its stakeholders.

An annual business plan clearly summarised the organisation's aims and objectives, with well-defined forward planning strategies being implemented. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of service provided. Feedback about the quality of service provided was actively sought from those who used the service and their relatives, in the form of surveys such as the Evaluation of Carers Questionnaires, discussed above. These covered all areas provided by the service and one return noted the hospice was "A very well run and organised establishment. Brilliant caring staff – it can't be bettered."

There was plenty of opportunity to provide feedback. Meetings were held for those who used at the service and their relatives. This allowed people to talk about things they felt were important in an open forum. People who used the service told us that communication in the hospice was good. People told us the registered manager, staff and volunteers were always around to speak with.

Evidence in the quarterly 'Thank-You' report supports the fact that people new to the service are welcomed patiently and in a manner that affords them explanations about the care they will receive and the outcomes. For example, one person noted "met...with a warmth and friendliness so caring. Then shown around every area of the building by a long term volunteer." Similarly, the quarterly Evaluation of Carers Questionnaire (sent to family members of people who have used the service), evidenced that seven out of nine respondents remember receiving helpful information regarding treatment. Seven out of nine respondents stated that staff always explained treatment and care, with two respondents stating that this happened most of the time. Eight out of nine respondents stated that staff made an effort to meet their loved ones needs and wishes, with one respondent stating that this happened most of the time.

A variety of community links had been embedded in the everyday operation of the hospice. For example a number of people provided voluntary support on a regular basis. These individuals formed an important part of the support network for the hospice. They served beverages and snacks, chatted with people, supported people with

Is the service well-led?

activities and provided escort duties. People told us how much they valued the volunteers. Likewise, it was clear that volunteers were motivated to support the hospice following their experiences: “I was so impressed by your help that I have become a volunteer” was a comment by one volunteer.

Staff spoken with told us they felt well supported by the manager of the hospice on a day-to-day basis and also through regular supervision meetings and annual appraisals. We noted the staff turnover was quite low. Staff members we spoke with had worked at the hospice for several years. They were evidently happy to be working at the hospice. They told us, “I am really happy working here.” “It’s a pleasure coming to work.”

We saw lots of evidence of partnership working. For example, working closely with the Macmillan nurses and collaboration with Primary Care Trusts and other health and social care professionals.

The hospice also provided a palliative home care service. Care and support was provided in people’s own homes. The service can also provide family support, allowing family members to have a break from their caring responsibilities. The team were available anytime during the day and night for periods between three and eight hours.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

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