Romney House Limited

Romney House

Inspection report

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Ratings

Overall rating for this service	Good
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?	Good

Overall summary

During our last inspection on 15 August 2014 we found the provider to be in breach of Regulation 10 (1) (b) Assessing and monitoring the quality of service provision. The Health and Safety policies for Romney House were out of date. Staff were using information which did not relate to the running of Romney House. There was a potential risk to people of staff following inappropriate practices. The provider wrote to us with an action plan of improvements that would be made. During this inspection we found the provider had made the necessary improvements.

This inspection took place on 01 December 2014 and was unannounced.

Romney House is a residential care home providing accommodation for up to 20 older people. At the time of our visit there were 20 people living at the home. Romney House is a modern building set on the outskirts of Trowbridge in Wiltshire. Bedrooms are on the ground and first floor level and some have their own toilet and washing facilities. There is a lift between floors. There is a large garden housing conservatories and a patio.

The service had a registered manager who was responsible for the day to day operation of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People who lived at Romney House told us they felt safe living there. However, the provider could not provide evidence that the electrical systems in Romney House were safe. We asked the Wiltshire Fire & Safety service to investigate this.

People and their families were positive about staff and the care they received. Staff treated people with respect and protected people's privacy and dignity. Staff supported people to make their own decisions and were aware of people's likes and dislikes and preferences for their care routines. There were a range of activities which people could take part in if they wished.

People enjoyed the food and had enough to eat and drink. There were alternatives available if people did not like what was on the menu for that day. Snacks and drinks were available throughout the day. People could eat in the dining room or in their own room if preferred.

Staff had received appropriate training to ensure they had the necessary skills and knowledge to support people appropriately and safely. There were systems in place to ensure that staff received support through supervision and an annual appraisal to review their ongoing development. Supervision and appraisals are processes which offer support, assurance and develop the knowledge, skills and values of an individual, group or team. The purpose is to help staff to improve the quality of the work they do, to achieve agreed objectives and outcomes.

People were involved in writing up their care plan. This was reviewed each month with the person and their family, if they wished. The care plans detailed what care people received and how they wished their care to be given.

Health and social care professionals were involved in people's care and staff supported people to attend medical appointments as required. When people's care needs changed, the person's care plan was reviewed to reflect this.

People told us they knew how to make a complaint if they wished to. People and staff felt they could approach the registered manager if they were not happy with the care or service provided.

Staff and the registered manager were committed to providing a high quality of care in a friendly, homely environment.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not safe. The provider had not identified, assessed and reviewed potential risks in relation to the electrical systems of the premises.

People told us they felt safe living at Romney House and relatives agreed.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

Is the service effective?

Good

The service was effective. Staff supported people to express their views and wishes and to be involved in their care.

Staff received regular supervision and an annual appraisal which identified on-going training needs and development. People were supported by skilled and knowledgeable staff. Visiting healthcare professionals said staff received appropriate training to meet the needs of the people they cared for.

People were supported to have enough to eat and drink and there was a choice of menu or alternatives if people wished. Snacks and drinks were available throughout the day.

Is the service caring?

Good

The service was caring. People and their families were positive about the staff and thought they were friendly and kind.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. People were supported at their own pace which encouraged independence in mobility and everyday tasks.

Staff listened to people and acted upon their wishes. Staff supported people to make their own decisions about their day to day life.

Is the service responsive?

Good

The service was responsive. There were opportunities for people to take part in social activities if they wished to. Staff were mindful of people who did not wish to take part so that they were not socially isolated.

People received care and support which was specific to their wishes and responsive to their needs. Care records identified how people wished their care and support to be given. People told us they were happy with their care.

Staff made appropriate referrals to health and social care professionals and followed guidance from professionals to ensure people received appropriate care.

Summary of findings

Is the service well-led?

Good

The service was well led. Staff, visitors and professionals said they found the home to be open and transparent.

Staff felt the management team were approachable and felt supported in their role.

The registered manager carried out audits to monitor the quality of the service provided and to promote best practice.

Romney House

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.

The inspection took place on 01 December 2014 and was unannounced. The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete 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. This enabled us to ensure we were addressing potential areas of concern.

We spoke with eight of the 20 people living at Romney House. We spoke with four visiting relatives about their views on the quality of the care and support being provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to assist us to understand the experiences of the people who could not talk with us. We spent time observing people in the dining and communal areas.

During our inspection we spoke with the registered manager, the deputy manager, two care workers, the chef, the maintenance person and a district nurse. Before our visit we contacted people who visit the home to find out what they thought about this service. We contacted the Wiltshire commissioning team for adult social care, a GP and three other healthcare professionals.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people, their relatives, looking at documents and records that related to people's support and care and the management of the service. We reviewed the care records of three people, we looked at the staff training matrix, medicine administration records, information on notice boards, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in August 2014, we identified concerns around the lack of up to date health and safety policies which were relevant to Romney House. The provider had employed the services of a consultant and during this inspection we saw that new health and safety policies had been written. The registered manager informed us the policies would now be shared with staff and implemented.

During this inspection we found there was a lack of identification, assessment, management and review of risks in relation to the premises. There were two areas of concern we identified around safety. The 'common fault' button on the fire alarm panel was constantly flashing. We asked the registered manager why this was. They told us it had been reported [but were not sure when] and would soon be fixed. As part of their weekly fire testing, staff carried out an alarm test. This confirmed that the fire alarm system worked. However, there was a lack of information in relation to the impact of the fault, when it was reported to the alarm company or what had happened as a result.

Throughout the day, the inspection team noticed that the lights within the home kept dimming, particularly when the lift was used. We asked staff and the registered manager why this was and were told "it has always been like that". No action had been taken to investigate the situation with the lights. The registered manager confirmed they had recently had work done on the lift but did not think this was connected to the dimming lights. As this was a potential fire hazard, we asked the registered manager to provide us with evidence that the electrical systems had been checked and were safe. The registered manager informed us that this was a matter which the provider dealt with and they would pass our request on.

Following this inspection, we contacted the provider to request information which evidenced the safety of the electrical systems. This information was not made available to us. Due to the potential risk to people and a lack of documentation to evidence the safety of the electrical system, we contacted Wiltshire Fire & Rescue Service. Romney House was last inspected by Wiltshire Fire & Rescue service in 2012 and no issues were raised with the lighting. Wiltshire Fire & Rescue service have asked the provider to supply them with a certificate of safety confirming that their electrical installation is to a satisfactory standard.

This was a breach of Regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Safety and Suitability of premises, Regulations 2010.

People told us they felt safe living at Romney House and relatives agreed. One person said "I feel safe here because there are lots of people, I do not like living alone". A relative told us "we live nearby, my mum is safe because they look after her. Mum won't have been here for three years, if it wasn't good".

Staff considered potential risks to people to avoid unnecessary harm. For example, when putting down a hot cup of tea, staff turned the cup handles so the person could more easily pick up the cup without spilling it. Staff arranged tables and walking frames so they were within people's reach and people could get up safely when they wanted to. Risk assessments were in place and individual to each person. These included an assessment of the level of risk to the person and how to minimise the risk, such as in the prevention of falls, malnutrition, mobility and freedom to move around the home. Staff looked over the risk assessments with people as part of their care plan review each month. We saw that the risk assessments were reviewed following an incident or where people's needs changed. Daily records and monitoring documents showed there was a low level of falls occurring within the home.

Staff had received training in safeguarding and guidance to help them identify abuse and respond appropriately. One staff member clearly described the actions they would take if they suspected abuse was taking place. Staff told us they felt confident in raising any concerns they had about poor practice. They said the registered manager would act on their concerns. Staff were able to tell us about 'whistleblowing' and who they would report to if they felt the registered manager or provider were not addressing their concerns.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting

Requires Improvement

Is the service safe?

previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Records and procedures for the safe administration and disposal of medicines were in place and being followed. We looked at three people's medicine records in detail. They were accurate and showed balances of medicines matched the number given in the stock records. People also had guidelines for medicines taken as and when necessary (PRN). There had not been any medicine errors but staff were able to explain what they would do should an error occur. Senior staff had responsibility for administering and disposing of medicines and undertook a yearly competency assessment to ensure good practice.

There were sufficient staff on duty to support people. Relatives told us they thought there were enough staff to meet people's needs and we observed that call bells were responded to promptly. People had access to call bells in their room and within the communal areas of the home. We observed some people were not able to use their call bell. One person was given a call bell by the care worker and asked to 'shout' if they needed anything. This person told us they did not know which button to press. The care worker returned a short time later to check on the person. A relative told us "there is a call bell in [my relative's] bedroom, but she may forget to use it, she is downstairs now, so she is checked every three to four minutes, someone will pop their head around the door and say, are you alright?" We saw that staff regularly checked people in their bedroom and communal areas.

Romney House has wheelchair access at the rear of the property so that people could safely access the gardens. We saw that people moved around freely either in their wheelchair or using a walking frame. There was a lift available between floors and the hallways and bathrooms had hand rails for people to use. The lounge and conservatory were large enough to accommodate people. However, the hallways were limited to the width of a wheelchair which meant that people could not pass each other without one or the other party having to move back.

Good

Is the service effective?

Our findings

Staff told us they felt "really supported" by the deputy and registered manager. Staff received regular supervision with their line manager which included team meetings and peer support. One care worker said "the manager's door is always open so it's not a case of waiting for supervision, we can ask if we are concerned or not sure about something". The registered manager had undertaken annual appraisals for staff during the summer of 2014 and staff confirmed this. Supervision and appraisals are processes which offer support, assurance and develop the knowledge, skills and values of an individual, group or team. The purpose is to help staff to improve the quality of the work they do, to achieve agreed objectives and outcomes.

Staff undertook specific and mandatory training. Specific training was based around the skills and knowledge staff required in order to meet the needs of people such as, mental health and dementia awareness, care and prevention of pressure ulceration and diabetes. Staff had undertaken the mandatory training required by the provider which included, infection control, medicines, moving and handling, health and safety, safeguarding including the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards are part of the Act. The DoL's provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

At the time of the inspection there were no authorisations to restrict people's liberty under DoL's. The registered manager and care staff were aware of their responsibilities in relation to the Mental Health Act. A care worker told us "we will always act in the person's best interest. If people are thinking about a decision which may not be safe, then we explain the options, talk through and highlight the risks and look at alternatives". The care plans we looked at evidenced how staff could support people to make decisions. A healthcare professional told us "I think they [staff] have a reasonable grasp of the mental capacity act and DoL's based on conversations we have had regarding keeping people safe who have dementia and are at risk of accidental harm".

One person told us "the staff are very professional". Another person said "they know what they are doing". Feedback from two healthcare professionals stated they were confident that staff had the appropriate level of skill and knowledge to meet people's care and support needs. As staff went about their day, we saw examples of good practice. Two members of staff competently used a hoist to support a person from their wheelchair to a lounge chair. This was done in a caring, unhurried way and staff ensured the person retained their dignity by making sure their clothes did not rise up.

We observed that all staff were respectful and mostly asked permission from people before they carried out any tasks, such as asking permission from one person before they moved their wheelchair. However, this practice was not always followed. We observed a care worker say to one person "I had better seat you forward; you can't drink your tea like that". They did not ask permission from the person, although the person did not object to being moved. Another care worker said to a person "would you like your foot put down [from the foot stool] while you drink, because the tea is hot". The person agreed. The same care worker then moved onto another person and moved their feet from the footstool without asking permission.

People told us they enjoyed the food and had enough to eat and drink. During lunchtime in the dining room, people told us they could have an alternative if they did not like what was on offer. We observed one person who required support to eat and drink was appropriately supported and finished their meal saying they were "full up". Other people choose to eat their meal in their room. The chef told us they catered for individual preferences regarding food. They said "a resident has problems with their lower jaw and has soft food, they usually request poached fish, salmon or smoked haddock, I get frozen spinach to go with that as it's easy to digest" and "a lot of the residents like 'oats so simple' so we make sure that is available as well as porridge". During the day, people were offered drinks and snacks including tea, coffee and cake. Fresh fruit was also available.

Good

Is the service effective?

A healthcare professional told us “staff encourage residents to go to the dining room which helps keep people moving and encourages socialising. I’ve also seen residents eat in their rooms if they have chosen to or are too poorly and cannot get to the dining room”. We looked at three care records which documented people’s likes and dislikes with food, any food intolerance or allergies and how food should be prepared, such as pureed. This information was also available in the kitchen.

People received support from health professionals when required. Each person had an allocated GP. Local community healthcare professionals visited the home, such as the GP, district nurse and chiropodist. People received dental and optical care either with the support of their family or through the home arranging a visit. A healthcare professional confirmed to us that staff make referrals to the community team when required. They said “staff always work with me for the good of the residents”. Another healthcare professional commented that “staff always follow the guidance I have given and check with me if they are not sure or if circumstances change”.

People’s care plans described the support they needed to manage their day to day health needs. These included personal care, skin management, preventing falls and medicines management. The registered manager told us they were proactive in ensuring people did not develop pressure sores as staff were vigilant in monitoring people’s skin when providing personal care. If people were prone to skin irritation, a body map indicated the areas where this may develop. Any concerns were recorded and communicated to senior staff and the district nurse if required.

Good

Is the service caring?

Our findings

One healthcare professional told us "the residents all seem happy here because the place is very homely". One person said "I am well looked after and happy with my care, the staff are all lovely". Two other healthcare professionals told us they had no concerns about the standard of care provided. One stated "when I visit, I see that the staff are always friendly to the people who live here; they treat people with respect and as individuals".

People were relaxed with the staff who supported them. They told us staff treated them with respect and kindness. We observed that staff were polite and respectful when they spoke with people, using the person's preferred name. Throughout the day, people and staff engaged in meaningful conversations about what was on the 'news', the forthcoming Christmas party and a resident being in hospital. One person said "We made a get well card for [person]; we hope they come back soon". In the lounge people chatted to each other, watched television or read the newspapers. On occasion, spontaneous sing-alongs would break out between people and staff, which made people laugh.

One relative said "they contact us if there is a problem". Another relative said "they are really good to mum". I visit once or twice a week for a short while, because they tend to sleep quite a lot. They moved mum from upstairs a month ago because of her worsening mobility, she has been here for a few years now. Not long ago they [the staff] threw a party for her birthday".

Throughout the visit, we saw that staff were attentive to people's needs, they asked people how they were and if they were comfortable. People were supported at their own pace which encouraged independence in mobility and everyday tasks. We saw one care worker support a person to walk to their room. The person was using a walking frame and the member of staff was holding their hands gently around the person's waist to support them. The care worker chatted and joked with the person as they walked. The care worker said "It may take a bit of time but we are in no hurry".

Staff told us they knew people well including their likes and dislikes and what was important to them. People's likes and dislikes were documented in their care plan; a care worker told us "we always ask if people want something different because likes and dislikes change, although people would tell us if they were not happy with something".

There were many ways in which staff showed respect for people's privacy and dignity. Staff knocked on people's bedroom door before being invited in. People were supported with their personal care in the privacy of their own room. We observed one person had spilt tea on their shirt; the member of staff suggested they may like to change their shirt and supported the person to their room to change. Another person was asleep in their chair, their skirt had ridden up and their blanket had fallen off. The staff member discretely lowered the person's skirt and put the blanket back, without waking them.

One person told us they could furnish their room as they wished and we saw that people had decorated their rooms with personal items and furniture, which reflected their personality. Another person said "I am happy here, the next best thing to home". Staff were knowledgeable about the cultural background of people. The registered manager told us they had put on a birthday celebration for one person who was very proud of their cultural roots. They said "they [the person] are usually a very private person, but they did enjoy the cakes, flags and national anthem".

People and their families told us they were involved in planning their care. Care plans evidenced this involvement through individualised care routines which documented people's preferences. People or their relatives had signed the care plan to confirm their agreement.

Staff told us that some people had lived in the home for many years and had expressed a wish for their end of life care to be at Romney House. A healthcare professional said "They [Romney House] are a residential care home not a nursing home, but with the support of the community teams, they do keep residents at end of life because they feel that Romney House is the person's home, they have looked after that person for a long time and they don't want them [people] to be moved at this late stage, and I support that".

Good

Is the service responsive?

Our findings

One person and their visitor told us they knew who to complain to if they had a concern. The visitor said "we have never needed to complain". The complaints policy and procedure was on display in the home and within the home's information pack. People received a copy of the complaints procedure when they moved into the home. The registered manager told us they had not received any formal complaints during 2014. A healthcare professional who regularly visited the home told us "I have taken concerns to the registered manager and they have always been addressed".

Before people moved into the home, the registered manager visited the person in their own home to carry out a pre-admission assessment. This enabled them to assess if Romney House could meet the person's health, emotional and social needs. Care plans were developed with people, their families and the staff. We looked at three care plans which included information on how each person was to be supported to keep healthy, their daily routines and preferences for personal care. People had made decisions about their end of life care and completed a Do Not Attempt Resuscitation order (DNAR) as part of this. Staff told us they knew people well and felt the way they delivered care and support respected people's wishes. This was confirmed by a healthcare professional who told us "Yes, staff do know people really well and what they like".

Care plans contained detailed and specific information, including information and guidance from health and social care professionals, such as the district nurse, a rheumatology consultant, physiotherapist and podiatrist. There was guidance for staff on how they should deliver the care required. For example, the number of staff required to support a person with particular tasks. How to support a person with their daily exercises as directed by the physiotherapist and how staff supported a person to maintain a healthy weight. A care worker told us they thought the detail given in the care plans did enable them to offer people appropriate care.

The registered manager told us that although they knew people's personal history, they wanted to be able to document this in the same way for each person. They were going to introduce a 'my life book' for each person. This would give information about the person, where they were born, their family, career and what was important to them.

People told us they were happy with their level of involvement with their care plan which was reviewed monthly. However, one visitor had expressed concern about where the reviews took place. They told us "I have seen people reviewing their care plan with staff in the lounge, which I don't think offers a sufficient level of privacy". We spoke with the registered manager who told us they reviewed the care plans where the residents were, some preferred to sit in their rooms. They told us they would make sure that people were able to review their care plan in privacy to ensure complete confidentiality.

There was a range of activities which people could take part in if they wanted to. These included trips out, Christmas shopping, quizzes, word searches, exercises including going for walks and a PAT dog (Pets as Therapy) which visited the home. One person said "I used to live locally so I am still close to family and friends who visit me". Another person told us they liked to do exercises in their room. A third person said they were going out to the local garden centre on Thursday. The registered manager had hired a local community bus which could accommodate wheelchair users.

Staff commented that if people wished to remain in their room they would 'pop in' every so often to make sure they did not feel alone. The registered manager told us "certain people do not like to get involved, but we watch very carefully to ensure they don't become socially isolated".

Good

Is the service well-led?

Our findings

There was a registered manager in post at Romney House. The service had clear values about the way care should be provided and the service people should receive. A care worker told us "we aim to provide the best possible care in a homely environment which I think we do". The registered manager said they offered a safe, happy, homely environment for the people who lived in Romney House and high quality person centred care. They said "we have lots of positive feedback from families and the one thing which is always commented on, is the relaxed friendly environment in the home".

Staff told us they felt supported by the management team. A care worker said "we work really, really well as a team. The manager's door is always open if you need to have a chat about something, she is very approachable. I am very happy working here, it's a good place to work". The registered manager felt they had an open and transparent approach and this was confirmed by staff and healthcare professionals alike.

The provider had recently introduced a 'thank you' scheme for staff who received gift tokens as a measure of appreciation. The registered manager said "staff do feel valued, the 'employee of the month' is not just for going the extra mile, but also for staff who are consistent in their practice".

Satisfaction questionnaires were sent out during the summer of 2014 to people and their families and there were many positive comments about the service people received. On the notice board in the foyer were 'thank you' cards from relatives praising the care their family member had received.

Local community groups visited the home, such as the local primary school who were soon to visit for a carol singing event. Local charities worked with the home to provide entertainment. Churches of different denominations visited the home once a month for communion or pastoral reflection. The 'Zoo Lab' had visited the home. This is a company which offers people the opportunity to look at and touch different animals, such as spiders and rats. The registered manager told us people had really enjoyed the visit.

The registered manager and the provider completed a range of audits on the quality of the service provided. This included audits of medicines, care records, staff supervision, staffing levels, complaints, staff training, incidents and accidents. The maintenance person was responsible for ensuring the internal décor and wear and tear to the property was reported to the registered manager and for following up repairs. The building and systems were audited by the provider.

The registered manager had worked with the provider to put together an action plan for the home; this included having a ramp installed to the front of the home to become fully wheelchair accessible. There was also a plan to completely decorate each bedroom as they became available.

During the day, the inspection team became aware of the lack of privacy of the manager's office. The pre-fabricated office is sited in the main dining room. Two sides of the office walls do not fully reach the ceiling leaving a gap at the top. Whilst we were sat in the dining room, we could clearly hear conversations which were being held in the manager's office. The registered manager agreed you could hear through the walls. They stated there was a general shortage of space and their office was the only place to conduct interviews or discuss confidential matters. They would raise this with the provider.

The staffing levels were identified by the registered manager as one of the challenges they faced, particularly as people's care and support needs increased. During the day of our inspection the care team were two members short due to holiday and sickness. The registered manager and the deputy covered the shift as bank staff were not available. Staff were able to call on bank staff to cover in the event of absences, however, the registered manager told us this needed to be looked at to ensure there were enough bank staff to call upon when required.

The registered manager ensured they kept themselves and staff up to date with best practice by gaining information from various websites such as the National Institute for Health and Care Excellence (NICE), the Social Care Institute for Excellence (SCIE), the Care Quality Commission website and government websites. In addition, working with the Alzheimer's Society and with healthcare professionals in their local community team.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use the service and others were not protected against the risks associated with unsafe premises. There was a lack of identification, assessment, management and review of risks.

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.