

# The Buckingham Centre

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Inadequate	

# Overall summary

**This service is rated as Inadequate overall.**

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at The Buckingham Centre as part of our inspection programme. The service was registered with the Care Quality Commission (CQC) in January 2018 and is the only registered location of the provider Collingwood Health Ltd. We carried out this first rating inspection on 18 October 2022 as part of our regulatory functions.

This location is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Buckingham Centre is registered with CQC to provide the following regulated activities:

- Treatment of disease, disorder and injury
- Diagnostic and screening procedures

The director of Collingwood Health Ltd is the registered manager. A registered manager is a person who is registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## **Our key findings were:**

- The provider did not have an effective system in place to ensure appropriate pre-employment checks were carried out to assure themselves they had safely recruited a new member of staff.
- Staff had completed some training however, there was a lack of oversight to ensure all staff had completed the provider's mandatory training relevant to their role and in line with their own policy. For example, not all clinical staff had completed training in anaphylaxis, basic life support or infection prevention control.
- There was no record to demonstrate clinical staff had received the appropriate immunisations to ensure they and their service users were safe in line with national guidance.
- There was a lack of oversight of infection prevention and control and a regular audit to identify and mitigate any possible risks was not taking place.
- Policies were in place to review and monitor risk but these were not fully embedded into service.

# Overall summary

- Cold chain protocols were not being effectively followed. During the inspection, we found temperatures for the vaccine fridge were being checked regularly but this was not in line with the provider's own policy. We also found no actions were being taken when fridge temperatures were found to be out of range.
- Staff were destroying vaccines that had reached their expiry date, however, there was no written process or policy to follow.
- There was no checklist or process to check what emergency medicines or equipment the service kept onsite and not all staff knew where these were stored.
- Patient Group Directions for the administration of travel vaccines were not in place.
- Patient safety alerts were shared with staff but there was no central record of these alerts.
- The provider had verified staff qualifications and ensured where appropriate, they had a current registration with a professional body.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to service users.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

In addition, the provider **should:**

- Review the accessibility and availability of service information for service users with language and communication barriers.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector who was joined by a second CQC inspector. The team had access to advice from a specialist advisor.

## Background to The Buckingham Centre

The Buckingham Centre is the registered location of the provider Collingwood Health Ltd and is located in Slough, Berkshire. This service is registered with the Care Quality Commission (CQC) under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At The Buckingham Centre, services are provided to service users under arrangements made by their employer with whom the service holds a corporate contract. These types of arrangements are exempt by law from CQC regulation. Therefore, at The Buckingham Centre, we were only able to inspect the services which are not arranged for service users by their employers. The Buckingham Centre is registered with CQC to deliver travel and flu vaccinations to members of the public. The service is also a Yellow Fever vaccination centre. These services incur a charge to the service user and costs vary depending upon the type of vaccination requested.

The Buckingham Centre registered with CQC on 4 January 2018 and is registered to treat adults aged 18 and over for the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder and injury

### **Regulated activities are provided from:**

- The Buckingham Centre, 30 Bradford Road, Slough, Berkshire SL1 4PG

### **The Buckingham Centre's website is:**

- [www.collingwoodhealth.com](http://www.collingwoodhealth.com)

Travel vaccines offered by The Buckingham Centre are available on demand to the public when staff are not carrying out duties that fall under the non-regulated occupational health side of the business. A small team of clinical and administrative staff support the service to deliver the regulated activities. Consultations are booked by the receptionist to be held with the nurse who also administers the vaccines.

### **How we inspected this service**

Throughout the COVID-19 pandemic, CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

We carried out this inspection on 18 October 2022. Before carrying out an onsite inspection, we looked at a range of information that we hold about the service. Before and during our visit, we interviewed staff, reviewed documents, and made observations relating to the service and the location it was delivered from.

Due to the current pandemic, we were unable to obtain comments from service users via our normal process where we ask the provider to place comment cards in the service location.

### **During our inspection we:**

- Spoke with the Registered Manager
- Spoke with staff
- Reviewed service documents and policies
- Completed an onsite visit

To get to the heart of service users' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## **We rated safe as Inadequate because:**

We identified significant safety concerns during our inspection. These were discussed with the registered manager at the time and they decided to immediately cease any further travel vaccination clinics until they had rectified the concerns we had identified which reduced the immediate risk to service users.

## **Safety systems and processes**

### **The service did not have clear effective systems in place to keep people safe and safeguarded from abuse.**

- The provider had appropriate safety policies, which were regularly reviewed and communicated to staff. However, processes within these policies were not always being effectively carried out for example, the cold chain policy was not always followed which could compromise the safety and efficacy of the vaccines.
- The service had systems to safeguard children and vulnerable adults from abuse. They outlined clearly who to go to for further guidance. Staff knew how to identify and report safeguarding concerns. All staff had completed training in safeguarding adults and children however, half of the staff's training had expired as they had not completed a refresher biannually in line with the provider's own policy – their training expired in 2018 and 2021. Following the inspection, these staff members have booked to complete the appropriate level of training.
- The provider had chosen not to complete DBS checks for staff although we did see evidence of 1 DBS check for a non-clinical member of staff. (A Disclosure and Barring Service (DBS) check identifies whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We looked at 4 staff files and saw staff had completed a 'criminal declaration' form before commencing work. A member of staff told us they gave the provider information on their DBS check when they commenced employment, but we did not see evidence of this in their recruitment file. The recruitment and induction policies did not make any reference to this form or the decision not to carry out a DBS check. There was a DBS Policy in place, but this did not identify who needed to have a DBS check carried out. This did not provide assurance that suitable procedures were in place to safely recruit staff. Since the inspection, the induction policy has been reviewed and now states a criminal declaration form needs to be completed on day 1 of employment. Following the inspection, the provider has submitted evidence that they are carrying out DBS checks for all staff.
- Staff had completed some training however, there was a lack of oversight to ensure all staff had completed the provider's mandatory training for their role. For example, during the inspection we found all staff had completed fire safety training, but half of the staff's training had expired in 2019 and 2021. Staff administering vaccinations had not completed specific training in basic life support or anaphylaxis. Following the inspection, we have received evidence staff administering vaccines have now completed this training.
- Staff acting as a chaperone had not completed chaperone training. A chaperone is a person who acts as a safeguard and witness for a service user and health care professional during a medical examination or procedure.

## **Risks to service users**

### **Systems to assess, monitor and manage risks to service user safety were not always effective.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage service users with severe infections, for example sepsis.
- There was a lack of oversight of infection prevention and control at the service and a regular audit to identify and action issues was not taking place. The clinical room was cleaned twice a week by an external cleaning company however, they did not clean any of the clinical equipment such as the treatment couch or the equipment trolley.

# Are services safe?

Clinical staff told us it was their responsibility to clean clinical equipment and they are allocated time at the beginning of the day to re-stock and clean equipment. We saw no evidence of what equipment needed to be cleaned, how it was to be cleaned, how often it should be cleaned or that it had been cleaned. There was no effective process to assure the provider regular cleaning was taking place.

- There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments for the premises. For example, a legionella risk assessment was carried out by an external company in September 2022.
- A fire risk assessment was last carried out in September 2021 and identified issues that needed to be addressed. We saw evidence these issues had been actioned, but they had not been marked as actioned on the risk assessment. Staff told us they would mark the actions complete when they carried out the next fire risk assessment in December 2022.
- There were appropriate indemnity arrangements in place.
- There was no effective process to regularly check the medicines stored onsite to deal with medical emergencies. We looked at the emergency medicines bag and found adrenaline which had expired in 2021 was in the bag.
- There was no effective process to regularly check the emergency equipment stored onsite to deal with medical emergencies. Staff told us they were aware the pads for the defibrillator were out of date and new pads had been ordered. There was no other defibrillator or useable pads onsite. Clinical staff were unable to confirm they knew where all the emergency equipment was stored, and it was not signposted which could cause a delay in responding to an emergency.

## Information to deliver safe care and treatment

### Staff had the information they needed to deliver safe care and treatment to service users.

- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Service users were encouraged to pass on information about the vaccines they have received to their GP.

## Safe and appropriate use of medicines

### The service did not have reliable systems for appropriate and safe handling of medicines.

- There were systems and arrangements in place for managing medicines vaccines.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe Schedule 4 or 5 controlled drugs.
- Temperatures for the vaccine fridge were being checked regularly but it was not in line with the provider's own policy which stated it should be done daily. On review, we found examples of checks being completed 4 days apart, rather than every day the service premises was open. Staff told us they were aware fridge temperatures were going out of the safe range (2-8 degrees Celsius) but we found this had not been recorded, and there were no actions noted relating to the steps staff took to ensure the safety of the vaccines.
- Staff prescribed and administered medicines to service users however, this was not in line with legal requirements and current national guidance. Each vaccination carried out as a regulated activity requires a Patient Specific Direction (PSD) or a Patient Group Direction (PGD) to be completed. (A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. A PGD contains written instructions for the supply or administration of medicines to groups of service users who may not be individually identified before presentation for treatment). The provider told us they had recently stopped using PGDs so there were no PSDs or PGDs currently in place. Following the inspection, the provider told us they would work on implementing new PGDs.

# Are services safe?

## Track record on safety and incidents

### The service had systems in place to report safety concerns or incidents.

- There was a system in place for recording and acting on incidents, but none had been recorded for this service. Staff were aware of how to record incidents.
- The provider had a process in place to share patient safety alerts with staff however, there was no process in place to keep a central record of these alerts or record of actions taken.

## Lessons learned and improvements made

### The service had systems in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events, but none had been recorded for this service. Staff told us they understood their duty to raise concerns and report incidents and near misses however, the issue of the fridge thermometers giving readings out of the safe range had not been raised or recorded as a significant event.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.



# Are services effective?

## We rated effective as Requires improvement because:

Staff training was not in line with the provider's own policy and the outcomes of care and treatment were not being monitored.

### Effective needs assessment, care and treatment

**The provider had systems in place to keep clinicians up to date with current evidence-based practice however, care and treatment was not always delivered in line with current legislation, standards and guidance (relevant to their service).**

- Service users' immediate needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Clinical staff told us they kept up to date with the latest guidance on vaccines by attending training and have access to The Green Book (a resource managed by the UK Health Security Agency containing the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).
- Staff delivering vaccines had not completed the appropriate training in line with the provider's own policy.

### Monitoring care and treatment

**The service was not actively involved in quality improvement activity.**

- We were told the service had been dramatically affected by the COVID-19 pandemic and the registered manager said they were currently trying to build the business back up again.
- The service was very small at the time of the inspection. It had administered a small number of vaccines in past 12 months. However, the service had still not completed any audits on the quality of their care or outcomes for service users.

### Effective staffing

**Staff did not always have the skills, knowledge and experience to carry out their roles.**

- Relevant professionals were registered with the Nursing and Midwifery Council and were up to date with revalidation.
- Staff had not completed all training appropriate to their role in line with the provider's own policy. For example, staff involved with either administering vaccines or the storage of vaccines had not completed current infection prevention control training.
- There was no effective oversight to monitor staff to ensure they had completed appropriate training in line with their own policy and best practice. This meant the provider could not be assured all staff could safely and effectively carry out their roles.
- Clinical staff told us they had access to clinical supervision.

### Coordinating service user care and information sharing

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

- Service users received person-centred care.

# Are services effective?

- Staff referred to other services when appropriate. For example, service users were advised to pass the details of the vaccinations they had received to their GP.
- Before providing treatment, clinical staff at the service ensured they had adequate knowledge of the service user's health and their medicines history.
- The provider had risk assessed the treatments they offered.

## **Supporting service users to live healthier lives**

### **Staff were consistent and proactive in empowering service users, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave service users advice so they could self-care.
- Risk factors were identified and highlighted to service users. For example, service users were told what to do if they suffered adverse side effects to a vaccine.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff obtained and recorded consent by asking service users to sign a record which is then scanned and uploaded onto the service user's electronic clinical record.
- Staff understood the requirements of legislation and guidance when considering consent and decision making. However, we saw no evidence clinical staff had completed consent or Mental Capacity Act training. Following the inspection, we were told clinical staff have been allocated Mental Capacity Act training to complete by no deadline was stipulated.

# Are services caring?

## **We rated caring as Good because:**

The service did not seek the feedback of service users and did not always consider the needs of service users in relation to accessing information.

### **Kindness, respect and compassion**

#### **Staff treated service users with kindness, respect and compassion.**

- The service did not seek feedback from service users however, staff told us a lot of their business was from returning service users or from word of mouth.
- Staff understood service users' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all service users.
- The service gave service users timely support and information.

### **Involvement in decisions about care and treatment**

#### **Staff helped service users to be involved in decisions about care and treatment.**

- Staff told us they asked service users where they were travelling to so they could inform and support them to decide what vaccines they require.
- Service users were given a service user information leaflet to support them to make an informed choice. However, staff told us this is currently not available in other languages or in an easy-read format. We were told if a service user did not speak English, they would be asked to attend the appointment with someone who did who would act as an interpreter. This meant the service user may not be able to disclose personal information or other concerns to clinical staff.

### **Privacy and Dignity**

#### **The service respected service users' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if service users wanted to discuss sensitive issues or appeared distressed, they could offer them an opportunity and a private space for them to discuss their needs.
- Service users were offered a chaperone to be present during their appointment.

# Are services responsive to people's needs?

**We rated responsive as Good because:**

## **Responding to and meeting people's needs**

**The service organised and delivered services to meet most service users' needs.**

- The provider understood the needs of most of their service users.
- The facilities and premises were appropriate for the services delivered. The premises had a lift for service users that were unable to use the stairs however, at the time of the inspection, the lift was not working. It had been reported and was awaiting repair.
- The provider gave service users an information leaflet in relating to care and treatment. This was not available in any alternative format.

## **Timely access to the service**

**Service users were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Service users were able to access appointments in a timely manner.
- Appointments times were discussed with service users when they contacted the provider.

## **Listening and learning from concerns and complaints**

**The service had processes in place to listen and learn from concerns and complaints.**

- The service had not received any complaints at the time of the inspection.
- Information about how to make a complaint or raise concerns was available and staff knew what to do if a service user told them they wanted to make a complaint.

# Are services well-led?

## We rated well-led as Inadequate because:

The delivery of high-quality care was not assured by the leadership, governance or culture. There were significant failures relating to systems and processes for performance management, auditing and safety.

### Leadership capacity and capability

#### **Leaders did not have the capacity and skills to effectively deliver high-quality, sustainable care.**

- Leaders were not aware of the significant risks we identified during the inspection. However, immediately following the inspection, they worked to identify and understand the challenges and were addressing them. Until the issues had been addressed, the provider had proactively ceased all regulated activity provision for the safety of its service users.
- Leaders were approachable although not always present at the service. The chief nurse who managed clinical staff and was the lead in key areas of the service was not based at the service and had not regularly visited the site.

### Vision and strategy

#### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for service users.**

- There was a clear vision that the service wanted to grow following the detrimental impact of the COVID-19 pandemic. However, there was a lack of governance and oversight to ensure a safe level of care was given to all service users.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

### Culture

#### **The service had a culture of high-quality sustainable care however, the service did not always following its own systems and processes.**

- Staff told us they felt respected, supported and valued.
- Staff told us they could raise concerns and were encouraged to do so, they had confidence that these would be addressed. Staff told us they felt they had good working relationships and access to their managers.
- There were processes for providing all staff with the development they needed, and staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff told us they had protected learning time. However, this process was not effective as staff had not completed the all mandatory training required by the provider for their roles.
- Not all staff had received an annual appraisal in the last year.
- The provider was unable to hold regular staff meetings to cascade messages so instead, it shared a monthly newsletter with staff to highlight important information and messages such as vacancies, feedback from staff and staff well-being.
- The service promoted equality and diversity and all staff had received equality and diversity training. Staff felt they were treated equally.

### Governance arrangements

# Are services well-led?

## **Responsibilities, roles and systems of accountability to support good governance and management were not effective.**

- Structures, processes and systems to support good governance and management were not always clearly set out, understood or effective.
- Staff were not always clear on their roles and accountabilities, particularly in relation to training, monitoring of vaccine fridges, infection prevention and control measures, and raising significant events in order to identify concerns and improve the service.
- Leaders had not established effective policies, procedures and activities to ensure safety and assure themselves that they were operating as intended. For example, there was no oversight to ensure staff had completed appropriate training in line with their own policy and national guidance. A training matrix was in place, but it did not match with the list of mandatory training in the provider's own policy.
- The information used to monitor performance and the delivery of quality care was not accurate and useful. During the inspection, we identified areas of significant risk to the quality of care service users were receiving which the provider was unaware of.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of service user identifiable data, records and data management systems.

## **Managing risks, issues and performance**

### **Processes for managing risks, issues and performance were not always in place or effective.**

- There was no effective process to identify, understand, monitor and address current and future risks including risks to service user safety. For example, an infection prevention and control audit had not taken place and there did not appear to be adequate oversight to prevent associated risks to staff and service users being reduced.
- There were processes in place to review incidents and complaints however, at the time of inspection, the provider had not reported any incidents or significant events nor had it received any complaints. However, we found staff had not reported the issue with the vaccine fridge temperatures being out of range, so no action or learning had been identified to prevent it from happening again, to ensure the safety of the vaccines.
- The provider had plans in place for major incidents.

## **Appropriate and accurate information**

### **The service did not have appropriate and accurate information.**

- Quality and operational information was not effectively reviewed or used to ensure and improve performance. Quality improvement activity, such as audits, was not taking place.

## **Engagement with service users, the public, staff and external partners was not always effective.**

- The provider did not proactively gather feedback from service users with which to improve the service with.
- Staff told us regular team meetings do not take place as it is difficult to get everyone together. However, staff told us relevant information was shared with them as and when it needed to be, and they could contact and speak to their manager whenever they needed to.

## **Continuous improvement and innovation**

# Are services well-led?

**There was no evidence of effective systems and processes for learning, continuous improvement and innovation.**

- There was a lack of audit and identification of quality and improvement opportunities.
- There were no systems to support improvement and innovation work.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively. In particular:</p> <ul style="list-style-type: none"><li>• There was no effective process around the decision to carry out DBS checks for staff, particularly clinical staff.</li><li>• There was no process to check and monitor the immunisation status of clinical staff.</li><li>• There was no central log/record of patient safety alerts.</li><li>• There was no written process to follow when destroying vaccines.</li><li>• The provider did not seek feedback from service users.</li></ul> <p>This was a breach of Regulation 17(2) Good governance, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>



## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have appropriate systems and processes in place to assess the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks.</p> <p>This was a breach of Regulation 12(1) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>The enforcement action we took:</b></p> <p>The provider was issued with a warning notice to ensure they complied with Regulation 12(1), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 4 January 2023.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured staff were suitably qualified, competent, skilled and experienced to enable them to carry out their duties safely and effectively.</p> <p>This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>The enforcement action we took:</b></p>

This section is primarily information for the provider

## Enforcement actions

The provider was issued with a warning notice to ensure they complied with Regulation 18 Staffing of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 4 January 2023.