Wellfield & Henley House Limited

Henley 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

We carried out an inspection of Henley House on 15 and 16 October 2014. The first day was unannounced. We last inspected Henley House on 7 June 2013 and found the service was meeting the current regulations.

The home is a 23 bedded care home providing care to older people. Accommodation is provided in single rooms. At time of the inspection there were 22 people accommodated in the home.

The home was managed by two registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

There was evidence that the right of a person to take control over their own life and make their own decisions and choices was considered. People identified as having some difficulty making choices were supported. People who would act in their best interests were named, for example a relative.

Summary of findings

People told us they were cared for very well. People also considered their privacy and dignity was respected. However we raised two issues to the registered manager that we found during this visit that differed with this view.

We found staff were attentive to people's needs. Staff gave a good account of and showed understanding of the varying needs of different people we had discussed with them. Staff said they enjoyed their work and worked well together for the benefit of people living in the home. Staff were clear about their responsibilities and duty of care. However we found staff were not supported with adequate training to manage behaviours that challenge from people that placed them and others at risk of harm and of receiving inappropriate or unsafe care.

People were cared for by staff that had been recruited safely. Staff had relevant training to support them in their role and in response to people's changing needs. Staff were kept up to date with changes in people's needs and circumstances. They were supervised on a daily basis which allowed work performance and development needs to be monitored and developed.

We saw that referrals had been made to the relevant health professionals for advice and support when people's needs had changed. Arrangements were in place to make sure essential information was relayed when people used or transferred between services to support their continuing care.

People's lifestyle was centred on them and they did not have to conform to any institutional practice such as set times for getting up or going to bed. Meals provided met with their tastes, needs and choice.

People told us they were encouraged and supported to express their wishes and opinions. One person said "I definitely want to be in control of my life and I believe in speaking out. The manager is very helpful." People told us they knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

People told us the management of the service was very good. There were processes in place to support the registered managers to account for the actions, behaviours and the performance of staff. People living in the home, their relatives and staff spoken with had confidence in the registered managers, and felt the home had clear leadership.

The home was warm, clean and comfortable and people were satisfied with their bedrooms and living arrangements. However, we found sanitary waste facilities in toilets were not adequate in minimising the risk of cross infection and storage of unused furniture/ aids was unsafe.

The service had achieved the Investors In People (IIP) award. This is an external accredited award for providers who strive for excellence, which recognises achievement and values people.

We found two of breaches 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 consistently safe. Risk assessments had been completed to ensure people's welfare and safety; however staff were managing behaviour that challenges without adequate risk management strategies. This placed staff at risk of harm and meant people might not get the right support they needed in a consistent way.

Good recruitment practices kept people safe because character checks had been carried out before staff started work. All staff spoken with had a clear understanding of safeguarding vulnerable adults from abuse.

The home was warm, clean and hygienic in all areas. We found there were suitable arrangements in place to manage people's medication. All medication administration records seen were complete and up to date.

Is the service effective?

Good

The service was effective. People's health and well-being was monitored and they were empowered to have as much choice and control as possible over their lives. Decisions made took into account people's views and values. People had access to healthcare services and received healthcare support.

Staff were supervised on a daily basis and offered specialist training to support people's changing needs.

People were supported to have sufficient to eat and drink and maintain a balanced diet.

Is the service caring?

Good

The service was caring. We found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. People and their relatives considered staff were kind and caring.

People had created a home from home environment in their room with personal effects such as family photographs, pictures and items of furniture that had been accommodated.

People's preferences and choices for end of life care were acknowledged and acted on. The service worked closely with family members, GP's and community health care workers to prevent unnecessary admissions to hospitals.

Is the service responsive?

Good

The service was responsive. People's health and well-being was monitored. Appropriate advice and support had been sought in response to changes in their condition.

Summary of findings

People's needs had been assessed before they were admitted to the service. They had a personalised care plan, which provided guidance for staff on how to meet their needs. Activities were being provided and an activity co-ordinator had recently been employed.

People knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

Is the service well-led?

Good

The service was well led. The registered managers monitored people's care and support and provided supervision of staff on a daily basis, which allowed work performance and development needs to be monitored.

The manager actively sought and acted upon the views of others. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

Henley 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 October 2014 and was unannounced.

The inspection team consisted of a lead inspector and an expert by experience, who had experience of physical and mental health care needs services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke to the local authority social work and safeguarding teams, who provided us with positive feedback about the service. We reviewed information we currently held about the service that included notifications we had received prior to our visit.

We spoke with 12 people living at Henley House, four relatives, five care staff, the two registered managers, one assistant manager and a visiting health care professional. We observed care and support in communal areas and also looked around the premises and in some people's bedrooms.

We looked at a sample of records including three people's care plans and other associated documentation, recruitment and staff records, medication records, policies and procedures and audits.

Requires Improvement

Is the service safe?

Our findings

We looked at three people's pre admission assessment. These gave an indication of the persons' physical and mental health care needs before they moved into the home. The registered manager told us they always carried out an assessment to establish if they could meet people's needs safely and appropriately. From these assessments we found individual risks had been identified and recorded in people's care plans. Details of risk and management strategies outlining action to be taken to minimise risk was however limited in all the records we looked at. We also noted the service was managing episodes of behaviour that challenges from one person without any risk assessment and management plan completed. The registered manager told us they had recognised indicators that might trigger this behaviour off and had alerted staff to be mindful of this. A referral had been made for professional assessment. The lack of an updated care plan and risk management plan meant the person was not protected against the risks of receiving inappropriate or unsafe care. This breach of Regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked around the premises and noted in ground floor toilets the disposal of sanitary waste was not being safely managed. The top of one bin was missing and another bin lid was falling off leaving sanitary waste exposed. One toilet had an over seat frame that was rusty around the wheels that would make it difficult to keep clean. The manager told us this item had been written off for disposal and would have it removed immediately.

We also saw that a small area was being used for storing unused items of furniture/equipment. The equipment was stacked in an unorganised way and posed a safety hazard should any person try to pull an item out. A cupboard used for storing craft materials and maintenance tools had no lock on the door. We observed one person with cognitive impairment rummaging through this. This meant there was a failure to manage risks relating to the health, welfare and safety to people living in the home. This is a breach of Regulation 10 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at records of three staff employed at the service to check safe recruitment procedures had been followed. We found completed application forms, references received and evidence the Disclosure and Barring Service (DBS) were completed for applicants prior to them working. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This check helps employers make safer recruitment decisions. Staff were trained in emergency procedures such as fire and first aid and were trained in the safe moving and handling of people.

We asked people living in the home if they had ever had cause for concern with regard to how staff treated them and other people living in the home. Ten people made positive comments about the staff. One person said, "They are all very good. I've no concerns at all."

People we spoke with told us there were no institutional practices imposed on them such as what time they went to bed or got up in the morning. They said there was usually enough staff about to see to their needs. Staff we spoke with told us people determined their own day. All routines were flexible enough to accommodate this. Staff spoke respectfully to us about the people they supported, and we observed they used safe ways of working, for example, when they assisted people to mobilise.

We discussed safeguarding procedures with staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in informing the registered manager if needed. There were policies and procedures in place for their reference including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Staff told us they had training in safeguarding vulnerable adults and this was updated regularly.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People we spoke with told us they felt safe living in the home. One person said, "They treat me well and it's just nice knowing they are around." People told us they could leave the premises at any time and considered the security of the home very good. Visitors to the home were required to sign in and out. We looked at a selection of records, risk assessments and certificates, which showed that systems such as fire detection and equipment used within the home had been appropriately checked and serviced to make sure they were safe.

Requires Improvement

Is the service safe?

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. Medication was delivered pre packed with corresponding Medication Administration Records (MAR) sheets for staff to use.We looked at MAR sheets and noted instances where hand written records of medication were used and these had been countersigned as witnessed. We found that where new medicines were prescribed, these were promptly started and that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly. Arrangements with the supplying pharmacy to deal with these requirements were good and medicines were disposed of appropriately. All records seen were complete and up to date.Care records showed people had consented to their medication being managed by the service. Where medicines were prescribed 'when required' or medicines with a 'variable' dose, better guidance was needed to make sure these medicines were offered consistently by staff as good practice. The manager told us all staff designated to administer medication had completed accredited training. This training included understanding the home's medication policies and procedures.

We checked the policies and procedures and found these required updating. The manager told us they had a copy of the National Institute for Health and Care Excellence (NICE) guidance for managing medicines in care homes and intended to update their policies and procedures relating to medication using this guidance. We observed staff administering medication to people. This was done involving two staff to reduce the risk of any error. We saw evidence to demonstrate the medication systems were checked and audited on a regular basis.

Good

Is the service effective?

Our findings

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We spoke with staff to check their understanding of MCA and DoLS. Most staff we spoke with demonstrated a basic awareness of these and confirmed they had received training in these topics.

Staff spoken with had a good understanding of their role and responsibilities and of standards expected from the registered manager and provider. We discussed training opportunities with them. They told us they were given opportunities and time to attend training. Training records showed staff had been trained in moving and handling, fire safety, first aid, health and safety, safeguarding, the MCA 2005 and DoLS. Staff also had the opportunity to attend more specialist training such as dementia awareness and end of life care. One staff member told us "There are opportunities for training. I haven't done end of life training yet but I've done dementia care. Some training is optional. All training helps us do our job better and gives us an understanding of problems people have."

There had been no applications made to deprive a person of their liberty in order to safeguard them. However, the manager understood when an application should be made and the procedure to follow. We did not observe any potential restrictions imposed on people or deprivations of liberty during our visit.

The provider had informed us prior to our visit one person had Do Not attempt Resuscitation (DNAR) consent form in place. We discussed the protocol that had been followed to deal with this. We established best practice approach was taken and code of conduct and practice followed when the decision was considered and the person's views and values taken into account.

The registered manager told us most admissions to the service were planned for and a short stay period offered. This allowed people time to consider their options and to make an informed decision to stay. People had a contract outlining the terms and conditions of residence that protected their legal rights. Care plans were signed as agreed and consent to care and support recorded.

We asked staff if they received supervision and had support from their managers. They told us they did have supervision but this was not often. They were kept up to date with changes in people's needs and circumstances at the start of every shift with daily handover meetings. The registered manager told us all staff had appraisals and were supervised on a daily basis which allowed work performance and development needs to be monitored. Formal supervision was planned for. Staff meetings also took place, providing opportunity to keep staff updated regarding any changes to working arrangements and best practice issues.

We looked at measures the service had taken to make sure people were supported to have adequate nutrition and hydration. Nutritional needs had been assessed on admission and had continued to be assessed as part of routine review of care needs. Risk assessments were in place to support people with particular nutritional needs. We saw for example staff were instructed to serve meals where people wanted, weigh people and report any loss in weight or problems people had. All care plans we looked at contained a nutritional risk assessment. However, we found these did not always reflect difficulties people had such as visual impairment.

We observed lunchtime on both days of our visit. We noted people were given support and assistance as necessary to eat their food. Meal times were unhurried and a social occasion. We had the opportunity to sample the food and enjoyed taking part in singing Happy Birthday to one person whilst they blew out candles on their birthday cake. We saw one person was supplied with an aid to support them maintain their independence.

Details of the meal were not displayed and when asked, people did not know what the menu was for the day. People we spoke with gave different accounts of the food served. Most people were complimentary about the food and described the food as good, two people thought the food was adequate and one person told us it was not always as warm as it could be. The manager told us there were no budgetary restrictions in place and they used only fresh produce. On the second day of our visit people were offered fresh fruit as part of a mid-afternoon snack. We observed drinks and snacks served at regular intervals and staff told us they considered the food served was very good.

Good

Is the service caring?

Our findings

People we spoke with said they were cared for very well. Staff were described as "good" and "nice girls". One person commented, "I haven't been here very long but I think all the staff during the day are very helpful and good. They don't always have time to have a chat with me, but will check now and then I'm alright. The manager is good too. She seems a person you can talk to if you felt unsettled or bothered by anything." Another person said, "I get all the help I need. I like to think I can manage but at times I do struggle. In the morning I get a cup of tea in bed to start my day. I'm alright here."

People we spoke with also considered staff helped them maintain their dignity and were respectful to them. However we observed one care intervention that compromised a person's dignity. We discussed the incident with the registered manager and following the discussion it was agreed this was a training issue for the staff involved and not intentional or usual practice in the service. One person complained to us about an occasion they described as feeling 'chastised' for ringing their buzzer. We discussed details disclosed to us regarding this incident with the registered manager who was unaware this had occurred. They told us they would deal with this immediately and said, "Poor practice is not acceptable." The manager's response demonstrated to us she recognised the importance of the values of the service and was willing to challenge staff behaviour and practices which fall short of this.

We spoke with two relatives visiting the home. They told us they were always kept informed about what was going on. They were involved in their relation's care plan and felt their needs were being met. Visiting arrangements were very good and they were made to feel welcome by the registered manager and staff.

From our observations over the two days we were at the home, we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Calls for assistance were responded to promptly and staff communicated very well with people. Where people required one to one support such as with eating and personal care this was given in a dignified manner. People were not rushed and staff chatted and gave gentle encouragement and reminders for people who needed prompting. Staff were patient and spent as much time with them as was needed.

We looked at three people's care plans and a selection of records relating to other people's care. Areas covered and planned for included known medical problems, mobility needs, dietary requirements, medication, daily care needs, and also social areas of need. There was evidence in daily records we viewed, staff responded to people's needs as required.

One staff member said, "We have good close knit relationships with each other and with the residents. We know what they like and prefer. We're here to help them. Everyone deserves to be treated right and it's our job to make sure they are. "

As part of our observations we checked on people who stayed in their room in order to gain an insight into how their care was being delivered. We saw people were attended to regularly throughout the day. People had created a home from home environment in their room with personal effects such as family photographs, pictures and items of furniture that had been accommodated. Staff were observed to knock on people's doors before entering. Doors were closed when personal care was being delivered and when health care professionals visited to provide additional care.

The service had policies in place in relation to privacy and dignity. We also saw there were policies in place relating to equality, diversity and inclusion and staff induction covered principles of care such as privacy, dignity, independence, choice and rights.

Prior to this inspection the provider sent us information informing us they planned to train staff in end of life care. To date five staff had completed palliative care training. The registered manager told us it was important people's preferences and choices for end of life care was acknowledged and acted on. The registered manager also told us people had the right to be cared for as they wished and they worked closely with family members, GP's and community health care workers to prevent unnecessary admissions to hospitals. The manager told us all the staff were very caring. They had received numerous acknowledgements from family members complimenting them on the standard of care they provided during people's

Good

Is the service caring?

stay at the home. She said one of her key challenges for the year ahead was training staff, particularly in end of life care. They wanted to make sure they delivered a service that improved people's quality of life experience.

Good

Is the service responsive?

Our findings

We looked at assessment records for three people. Although basic they included information about the person's care and welfare needs and mental capacity. This provided staff with some insight into their needs, expectations and life experience. People identified as having some difficulty making choices were supported during this process. We saw people who would act in their best interests were named, for example a relative. Information about advocacy services was also displayed in the home. One of the care records we looked at showed good evidence of family involvement in overseeing their relative's care and support. Emergency contact details for next of kin or representative were recorded in care records as routine. Relatives told us they were always contacted if there were any significant changes to their relation's needs.

The Registered Manager had systems in place to ensure they could respond to people's changing needs. Staff told us there was a handover at the start and end of each shift. They discussed how people were and any concerns they had. Care plans and risk assessments we saw instructed staff to report any changes in people's needs. We noted one person had fallen and was unsteady on their feet. They had received a walking frame to provide some support and assist them move about independently.

We saw that referrals had been made to the relevant health professionals for advice and support when people's needs had changed. Records we looked at showed us people were registered with a GP and received care and support from other professionals such as district nurses and other health and social care professionals. A record had also been maintained of all health professionals' visits and of the outcome of these visits. This meant staff were kept updated of any changes in people's conditions and of any advice given. During our inspection we spoke with a community nurse who was visiting the home. They told us staff followed any instructions they gave regarding people's continuing healthcare and were helpful and supportive when they visited. They said, "They (the staff) know everyone and will brief me in how they have been." There was evidence of involvement with district nurses, dietician, and other health and social care professionals involved in people's care. During our visit a health professional visited offering people a flu vaccine. We heard one person decline the offer showing people were able to exercise choice.

We asked the registered manager how essential information was relayed when people use or move between services such as admission to hospital or attended outpatient clinics. We were told people's care plans were held electronically as well as being available in paper format. A copy of the entire care plan and associated documents such as MAR sheets were taken with the person to hospital and a staff member always accompanied them. This supported people's continuing care.

Whilst care plans dealt with people's personal care and support, we found little information regarding people's social, recreational and spiritual welfare. People we spoke with told us until recently there had been little or no activities taking place. We observed people sat in chairs watching the TV, and several people stayed in their bedroom. We spoke with people who stayed in their bedrooms. They told us they preferred to stay there. One person commented, "I prefer it here. There isn't much going on and I like my peace and quiet. If I need anything the staff will get it for me." Another person said, "I don't feel up to mixing with people. I do go down to use the telephone but I prefer to eat my meals in my room. I like chatting to people." One person was attending the hairdresser and staff were heard encouraging another person to take part in a church service if the priest visited. An activity co-ordinator was employed. They told us they had been in post for two weeks and were confident activities would be developed and include trips out if funding was available.

People told us they were encouraged and supported to express their wishes and opinions. One person told us, "I definitely want to be in control of my life and I believe in speaking out. The manager is very helpful."

We spoke to care staff on duty and discussed people's care needs and the support they provided. Staff gave a good account of and showed understanding of the varying needs of different people we had discussed with them. For example, staff knew what was important to people and what they should be mindful of when providing their care and support, such as visual and hearing impairment. Staff told us they enjoyed their work and worked well as a team for the benefit of people living in the home.

The Provider had a complaints procedure which was made available to people they supported and their family members. The manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a

Good

Is the service responsive?

concern or complaint. People we spoke with told us they knew how to make a complaint and felt confident any issue they raised would be dealt with promptly. There had been one complaint received at the service this year. This was dealt with using the complaints procedure and we were shown details of the investigation carried out and conclusion.

Good

Is the service well-led?

Our findings

There were two managers at Henley House who were registered with the Care Quality Commission (CQC). As registered managers they had the legal responsibility for meeting the requirements of the law; as does the provider.

We asked people who lived in the home if they were asked about their experience of receiving care and support and their living conditions. For example we asked people if the registered managers talked to them routinely and spent time with them. One person said, "They will always come and have a chat to see how I am. I know if I had any problem I could tell them. Either of them would sort it out." Another person told us, "Whatever we want we get. The staff are lovely. I have no problems here."

The provider had systems and procedures in place to monitor and assess the quality of their service. These included for example seeking the views of people they support through resident meetings, satisfaction surveys and care reviews with people and their family members. This meant people who lived at the home were given as much choice and control as possible into how the service was run for them. We looked at completed quality monitoring satisfaction questionnaires people using the service had completed. It was clear people were pleased with the service. Where suggestions for improvement had been noted these had been addressed with staff at their meeting. The need to improve activities made available for people had been recognised prior to our visit, and as a result an activity co-ordinator had recently been employed.

We discussed other methods used to oversee the quality of service delivery. The provider had installed a computer based system for managing care records electronically. The system was designed to ensure a more personalised approach to people's care and risk management. Staff had access to this information and a paper copy of the information placed in people's files for staff to view. The registered manager told us the computerised care records programme was still in its infancy stage and was the reason why some records were basic. The areas of improvement identified during our inspection that were discussed with the manager during this visit that had not been effectively monitored, such as risk assessments, were dealt with immediately and shown to us before we left the premises.

We were given an assurance all computer and paper records to support safe and effective care would be checked to make sure they were satisfactory and of the same standard.

We saw regular audits in key areas of care delivery were being carried out, for example medication, health and safety, staff training records, care plans, and catering requirements.

We found there were processes in place to support the registered managers to account for actions, behaviours and the performance of staff. Contractual arrangements with staff outlined policies and procedures in place that if required, staff that were subject to disciplinary procedures for gross misconduct and found to be no longer fit to work in health or social care, would be referred to the appropriate bodies. Contractual arrangements also precluded staff from gaining financially from people they cared for. The registered managers told us they operated an open door policy and were present in the home on a daily basis. This meant quality could be monitored as part of their day to day duties. We observed staff and people using the service were relaxed in the registered managers' presence.

Staff told us they had meetings, had supervision and also had appraisals. We looked at minutes of the last two staff meetings. These had involved discussion around best practice issues such as medication, diet and nutrition, confidentiality, supervision and appraisal, resident care, training and activities. Staff confirmed they were supported by the registered managers and enjoyed their role at the home. One staff member told us, "I would say they were approachable. We have meetings and can voice our opinions and make suggestions for improvement. It's all recorded and most of the time dealt with promptly. We are kept up to date with issues that we need to know and what has to be done to improve the service." Another staff member told us "The managers are very good. We can talk to any one of them. They definitely give praise where praise is due and would not tolerate any poor practice. I'm confident they would deal with any issue relating to residents care and welfare immediately." All staff we spoke with talked of their commitment to providing a good quality service for people who lived at the home.

Good

Is the service well-led?

The service had achieved the Investors In People (IIP) award. This is an external accredited award for providers who strive for excellence which recognises achievement and values people.

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 and nursing or personal care in the further education sector	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who use services and others were not protected against the risks associated with negative behaviours because of the lack of risk assessments and management plans to address this. Regulation 9 (1)(b)

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People who use services and others were not protected against the risks associated with storage of unused equipment that was a safety hazard. Regulation 10 (1)(b)

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.