Foxglove Care Limited

Foxglove Care Limited - 18 Hall Leys

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

18 Hall Leys Park is owned by Foxglove Care Limited. It is registered to provide accommodation for up to two people who may have a learning disability. The service is located in one of the Kingswood housing developments just to the north of Kingston Upon Hull and is close to the local shops and amenities. There is easy access to public transport and sports and social facilities are nearby. At the time of the inspection there were two people living at the service.

The service was last inspected in August 2013 and was meeting all the regulations assessed during the inspection.

Summary of findings

The people who used the service had complex needs and were not all able to tell us fully their experiences. We used a Short Observational Framework for Inspection (SOFI) to help us understand the experiences of the people who used the service. SOFI is a way of observing care to help us understand the experiences of people who were unable to speak with us. We observed people being treated with dignity and respect and enjoying the interaction with staff. Staff knew how to communicate with people and involve them in how they were supported and cared for.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). 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.

Personalised programmes of care and flexible staffing enabled people to live as independently as possible with appropriate levels of support from a designated staff team. We observed people who used the service being involved in discussions and decisions about their care and treatment during our inspection.

Staff described working together as a team, in order to provide a consistent approach to the care provided to people who used the service, helping people achieve their potential.

People lived in a safe environment. Staff knew how to protect people from abuse and they ensured equipment within the service was regularly checked and maintained. Staff made sure risk assessments were carried out and took steps to minimise risks without taking away people's rights to make decisions.

The registered provider had policies and systems in place to manage risks, safeguard vulnerable people from abuse and the safe handling of medicines. Care plans had been developed to provide guidance for staff to support the positive management of behaviours that may challenge the service and others. This was based on least restrictive practice to support people's safety. This supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had a good understanding of the MCA 2005 and DoLS legislation, and when these applied. Documentation in people's care plans showed that when decisions had been made about a person's care, when they lacked capacity, these had been made in the person's best interests.

People who used the service, who were able to, spoke positively about the care they received and the staff who supported them.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. There was sufficient staff on duty to meet people's needs. Staff received training and support to enable them to carry out their tasks.

The nutritional and dietary needs of the people who used the service had been assessed and people were supported to plan, shop for ingredients and to prepare their own meals.

Medicines were ordered, stored, administered and disposed of safely. Training records showed staff had received training in the safe handling and administration of medicines.

People who used the service were seen to access a range of community facilities and activities within the service. They were encouraged to pursue hobbies, social interests and to take holidays. People were also supported to maintain relationships with their relatives and friends.

There were sufficient numbers of staff on duty to look after people and provide them with the individual support and care they needed.

Summary of findings

Staff were supported and the standard and quality of their work was kept under review. New staff received induction training to ensure they understood their roles and responsibilities. Staff training needs were identified and met.

A quality audit system was in place that consisted of audits, checks and stakeholder surveys. We saw that when any areas for improvement were identified, action was taken to improve the service as required.

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?

Good

The service was safe. The registered provider had systems in place to manage risks and for the safe handling of medicines.

Staff displayed a good understanding of the different types of abuse and were able to describe the action they would take if they observed an incident of abuse or became aware of an abusive situation.

There were sufficient numbers of staff, with the competencies, skills and experience available at all times to meet the needs of the people who used the service.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

Is the service effective?

Good

The service was effective. People's capacity to make decisions about their care and treatment was assessed.

Staff were supervised by management and provided with training opportunities to ensure they developed the skills and knowledge required to support people.

Meals provided for people who used the service were balanced and met their nutritional needs.

People's health care needs were assessed and met. They had access to a range of health care professionals for advice and treatment.

Is the service caring?

Good

The service was caring. People were supported by staff who had a good understanding of their individual needs and preferences for how their care and support was delivered.

We observed positive interactions between people who used the service and staff on both days of the inspection.

People who used the service were encouraged to be as independent as possible, with support from staff.

Staff had developed positive relationships with people who used the service. People had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive to people's needs and a range of planned activities were available to people who used the service.

People's care plans recorded information about their preferred lifestyles and the people who were important to them. People were encouraged to maintain relationships with people who were important in their lives.

Summary of findings

The registered provider had a complaints policy in place; documentation on how to make a complaint was available in easy read format. This helped to ensure documents were more accessible to people who used the service.	
Is the service well-led? The service was well led. There were sufficient opportunities for people who used the service and their relatives to express their views about the care and quality of the service provided. Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed. The environment was regularly checked to ensure the safety of the people who used the service and staff.	**Good**

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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 registered 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 unannounced inspection was carried out by one adult social care inspector and took place on 13 and 24 March 2015.

We contacted the local authority commissioning and safeguarding teams for information about the registered service. They told us there were no on–going safeguarding investigations and they had no current concerns.

During the inspection we observed how staff interacted with people who used the service, we used the Short observational Framework for Inspection (SOFI) and to evaluate the level of care and support people received. We spoke with one person's relatives. We also spoke with the registered manager, a team leader and six support staff.

We looked at the premises including people's bedrooms (with their permission), care records in relation to two people's care and medication. Records relating to the management of the service including; staff recruitment, supervision and appraisal, staffing rotas, records of minutes of meetings, staff induction records, staff training records, quality assurance audits and a selection of policies and procedures; were looked at. We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interests.

Good

Is the service safe?

Our findings

Relatives told us they felt their family member was safe living at the service. Comments included, “On the whole I am very happy with everything and the staff are very co-operative with everything.”

We found the registered provider had policies and procedures in place to guide staff in safeguarding. The registered providers safeguarding adults and whistleblowing policies and procedures informed staff of their responsibilities to ensure people who used the service were protected from harm.

The registered manager told us about a recent safeguarding incident that had been brought to their attention. We saw that they had taken the appropriate action in this situation and made the necessary referrals to the police, local safeguarding team and had notified the Care Quality Commission (CQC) of the incident.

During discussion with staff they confirmed they had received safeguarding training and had a good understanding of the procedures to follow if a person who used the service raised a concern, or if they witnessed or had an allegation of abuse reported to them. Staff spoken with were able to describe the different types of abuse, the signs to look for and the action they would take in these situations. They told us they would be confident in reporting any cause of concern.

Records were seen to be maintained for all referrals made to the local safeguarding teams, the process and the outcome of the investigation and any actions made following this. Further records were maintained of when the Care Quality Commission had been notified of incidents. These were found to have been completed appropriately.

Accidents and incidents that had occurred in the service were investigated and action was taken to reduce and prevent re occurrence.

Systems were seen to be in place to protect people’s monies deposited in the home for safe keeping. This included individual records and two signatures when monies were deposited or withdrawn and regular audits of balances kept on behalf of people who used the service.

Discussions with the registered manager and staff confirmed that physical interventions or restraint was not used within the service. Records seen confirmed this and showed that low level interventions and distraction techniques were effective in diffusing incidents of behaviours that were challenging to the service and others.

In care records, we found appropriate risk assessments to promote people’s safety in the service and within the community. Risk assessments included those for nutrition, medication and behaviours that may challenge the service and others and personal safety in the community. The risk assessments clearly identified what action staff were expected to take in each situation and were based on least restrictive practice and positive proactive care, reducing the need for restrictive interventions. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives.

Staff were aware of people’s individual risks and what action was required of them to manage these risks. Staff spoken with were able to give clear examples of situations had been put in place following an identified need and how this had been implemented to reduce the risk to the individual, whilst maintaining and promoting their independence. One example given was staff showing visitors to the service a list of words and subjects which could trigger a person’s behaviour and by sharing this information, visitors were made aware of the triggers and asked not to use these words and topics in conversation with the person, reducing incidents of behaviour that challenged the service and others from this action.

Medicines were stored in a lockable cabinet in the manager’s office. The service used a Monitored Dosage System (MDS) prepared by the supplying pharmacy. MDS is a medication storage device designed to simplify the administration of medication and contains all of the medication a person needs each day. The registered manager told us that no one’s behaviour was controlled by the use of medication.

They told us one person had been prescribed a specific medication to help manage their anxieties on an ‘as and when required’ (PRN) basis. An individual protocol was in place for staff to follow, with detailed guidance on diversion and distraction techniques that could be used to support the individual first, followed by further steps to be taken prior to a decision being made to administer the medication. The protocol described the situations the medicine was to be administered and to ensure that it was not used to control people’s behaviour by excessive use.

Good

Is the service safe?

Staff spoken with confirmed that this type of medication was only ever used as a last resort after following the guidance and seeking further advice from the on call manager.

People who used the service were unable to manage or administer their own medicines, without the support from staff. All staff had received medication training and their competency was reassessed every six months. We observed a staff member administering the morning medicines. They were seen to be patient in their approach and provided support to people, where needed, to take their medicines. We checked the medicines being administered against people's records, which confirmed they were receiving medicines as prescribed by their GP.

The registered manager confirmed staffing levels in place had been assessed according to people's needs. This included the provision of a one to one support for one person and two to one support for the second person during the day. During the night a sleeping in staff member and a waking staff member were provided. We observed staff had time to interact with people in a patient and unhurried manner. The service had their own team of bank staff who were able to cover for any staff shortages, whilst providing continuity for the people who used the service.

We checked the recruitment files for three staff members, one of whom had been recently recruited to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). The recruitment process ensured that people who used the service were not exposed to staff who were unsuitable to work with vulnerable adults.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

Good

Is the service effective?

Our findings

Relatives told us they thought staff had the skills and abilities to meet their family member's needs. Comments included; "Yes, I think they are well trained, they know him well and he is more settled there now than he was when he first went there" and "There are three staff who know him particularly well as they have been with him from the beginning."

People who used the service were supported by staff to choose their own menus, shop for ingredients and prepare their meals. Pictorial menus were seen to be displayed in the dining room with people's selected choices for the week. Further pictorial information was displayed of people's likes and dislikes of food and drink within the service. We saw the two people who used the service had different preferences and these were catered for. People who used the service were also supported by staff to go out for meals and drinks as well as meeting up with friends for a meal or a takeaway.

Staff we spoke with had a good understanding of people's specific nutritional needs and their preferences of food and drink and were able to clearly describe how these were catered for. The information provided corresponded to the information detailed within people's care plans.

We observed how people were supported at lunchtime and saw they were supported by staff to prepare meals of their choice and later with washing and drying their dishes. The atmosphere was relaxed and calm and people were given time to complete the task at their own pace, without being hurried.

People who used the service were supported to maintain good health and had access to health services for routine checks, advice and treatment. Staff we spoke with told us how they supported people who used the service to see their GP when they were unwell and attend appointments with other professionals when this was required such as: neurologist, dentist, optician and members of the community learning disability team. Care records seen showed people's health needs were planned, monitored and their changing needs responded to quickly.

We saw people who used the service had health action plans in place that gave an overview of people's health needs, how they communicated their needs and identified areas of support the individual required with this. The document described what actions professionals and others could take to help and support the individual in their approach and what was not helpful to them.

During discussions with staff and the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, what they preferred to eat and drink and the activities they wanted to engage in.

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager was aware of their responsibilities in relation to DoLS and had made DoLS applications which had been authorised by the placing authority for two of the people who used the service. We found the authorisation records were in order and least restrictive practice was being followed.

Staff had received training in the Mental Capacity Act 2005. Staff were aware of the DoLS authorisations in place, how they impacted on people who used the service and how they were used to keep people safe.

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included NAPPI (British Institute of Learning Disabilities accredited non abusive psychological and physical intervention training), epilepsy, administration of Buccal Midazolam (rescue medication in prolonged or

repeated (serial) convulsive seizures.), autism, safeguarding of vulnerable adults, first aid, health and safety, infection

Good

Is the service effective?

control, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). The majority of the staff had also completed an NVQ (National Vocational Qualification in Health and Social Care).

The registered manager and team leader told us, that after their appointment, all new staff completed a week of induction which covered training which the registered provider considered to be essential including; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service. Following this they completed a work based induction booklet during the next three months. Further more specialised training was also made available to them during this time including, epilepsy and autism.

Staff we spoke with told us, "We definitely get enough training" and "We have annual appraisals where we can speak about training, but if we feel we need something we can always put our suggestions forward for consideration." Another told us, "I enjoy working here, we work well together as a team. We all have different skills and experience which we can bring to the team." They told us they had regular support and supervision with the registered manager or team leader and were able to discuss their personal development and work practice. Other members of staff told us, "We can go to the manager with anything and we know we will be supported", "We are always listened to when we bring any suggestions or ideas into how practice can be improved" and "Her door is always open."

Staff were further supported through regular team meetings which were used to discuss any number of topics including; changes in practice, care plans, rotas and training.

We looked at the environment and found this had been designed to promote people's wellbeing and safety. Bedrooms were personalised and people who used the service had been involved in choosing their own colour schemes and decoration for their rooms.

Good

Is the service caring?

Our findings

Relatives told us they considered their family members were cared for well by staff. Comments included, " XXX often rings us up to tell us how he is" and "I think he is happy there, he is very settled there and he always seems glad to go back after he has been home for a visit."

During the inspection we used the SOFI (Short Observational Framework for Inspection Tool) SOFI allows us to spend time observing what is happening in the service and helps us to record how people spend their time, the type of support received and if they had positive experiences. We spent time in the communal lounge on both days. We observed staff interact positively with the people who used the service showing a genuine interest in what they had to say and respond to their queries and questions patiently, providing them with the appropriate information or explanation. We saw people approach staff with confidence; they indicated when they wanted their company, for example to play a board game with them, and when they wanted to be on their own. Staff respected these choices. People were seen to be given time to respond to the information they had been given or the request made of them. Requests from people who used the service were responded to quickly by staff.

During our inspection we saw that when one person became ill, they were responded to quickly by staff who were seen to be competent and confident in managing the situation. The person was offered calm reassurance and appropriate support throughout the incident and afterwards by staff present. Throughout the two days of our inspection there was a calm and comfortable atmosphere within the service.

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us the people who used the service were always supported to make their own selections of clothing and other purchases, for example toiletries.

Staff understood how people's privacy and dignity was promoted and respected, and why this was important. Staff told us they always knocked on people's doors before entering their room and told them who they were. They told us they explained to people what support they needed and how they were going to provide this. We observed examples of this during the day with staff explaining routines and activities the person had chosen with them and planning timescales for these.

Staff told us about the importance of maintaining family relationships and supporting visits and how they supported and enabled this, in home visits and sending birthday cards to family members. They told us how they kept relatives informed about important issues that affected their family member and ensured they were invited to reviews.

Staff spoke about the needs of each individual and had a good understanding of their current needs, their previous history, what they needed support with and encouragement to do and what they were able to do for themselves. The continuity of staff had led to the development of positive relationships between staff and the people who used the service. We observed one person who used the service greet staff as they came on duty and chat to them about their day, before having a coffee with them.

During discussions with staff, they were clear about how they promoted people's independence. One person described how they supported an individual to draw their own money from the cash machine and another to go to football matches and to buy their own clothing. We saw people being supported to complete daily tasks with support from staff including putting their dirty clothing in the laundry basket and bring it downstairs to be washed.

When we first arrived at the service a staff member after enquiring who we were and the purpose for our visit, showed us a written record describing key words which could trigger a negative response from one of the people who used the service. They explained to us that these words should be avoided and the inspector should follow the lead from staff when speaking to the person and the response this may provoke. A picture format guide was also in place in the entrance of the service which demonstrated on the first day of the visit the person was unsettled after a disturbed night. We later looked at care records and these showed the action that had been taken by staff was appropriate and in keeping with the protocols within their care plan.

Further pictorial aids were displayed for activities people had selected to do throughout the coming week.

Good

Is the service caring?

Staff confirmed they read care plans and information was shared with them in a number of ways including; a daily handover and team meetings.

Records showed that people were supported to access and use advocacy services to support them to make decisions about their life choices.

Good

Is the service responsive?

Our findings

Relatives told us they considered the service was responsive to their family member's needs. Comments included, "He is taken out a lot and regularly goes to football and rugby matches which he enjoys" and "He goes out for meals regularly, goes on different day trips and he is able to go on holiday."

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes where this was required.

We looked at the care files for each of the people who used the service. We found these to be well organised, easy to follow and person centred. Sections of the care file was found to be in a pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan.

People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported within the service and the wider community. They also contained details of what was important to people such as their likes, dislikes, preferences, what made them laugh, what made them sad and their health and communication needs; for example, their preferred daily routines and what they enjoyed doing and how staff could support them in a positive way.

We saw evidence to confirm people who used the service and those acting on their behalf were involved in their initial assessment and on–going reviews.

Records showed people had visits from or visited health professionals including: a psychologist, psychiatrists, chiropodists and members of the community learning disability team, where required.

We saw that when there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed. People's care plans were reviewed monthly, this ensured their choices and views were recorded and remained relevant to the person.

When we spoke to the registered manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community. Staff told us there was more than enough information in people's care plans to describe their care needs and how they wished to be supported.

During the two days of our inspection we observed a number of activities taking place both within the service and the local community. These included people being supported with cooking and laundry tasks, walks in the local community, shopping, playing board games, watching television and going out for meals. Activity records showed other activities people had participated in including: football and rugby matches, cinema visits, shopping, baking, swimming, playing football and day trips.

Staff we spoke with described the progress and achievements of the people who used the service and comments included, "When they first came to the service they were very compliant initially, but we have worked with them and encouraged them in decision making and they will now make decisions for themselves."

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. We saw that few complaints had been received by the service, but where suggestions had been made to improve the service these had been acknowledged and action taken. The registered manager told us, "Staff are very good at advocating on behalf of the people who use the service, if they feel they have been treated unfairly or anyone has acted disrespectfully, they will challenge this."

Good

Is the service well-led?

Our findings

Relatives we spoke with told us they knew the registered manager and saw them at reviews, but largely dealt with the team leader and other staff on a day to day basis. They told us, "It is usually XXX we see or she will ring us up regularly to let us know what is going on."

We observed people who used the service approach the registered manager confidently during our inspection and were comfortable in their presence. During our inspection we observed the registered manager took time to speak with people who used the service and staff and assisted with care duties. The registered manager told us they were supported by a senior manager.

The registered manager was experienced, having initially worked for the organisation for a number of years prior to becoming the registered manager. The service was one of three; the registered manager had responsibility for all. A team leader worked with the registered manager and shared some of the management responsibilities on a day to day basis for example, supervision for some of the staff and completing checks and audits of the environment.

Social and health care professionals told us that although there had been issues raised in the past these had been resolved at the time. They told us that the staff worked effectively with the people who used the service. Any changes that needed to be implemented were acknowledged and implemented quickly and there was open communication with the registered manager and staff.

The registered manager told us weekly meetings were held with each of the people who used the service where they were enabled to make choices about their menus and activities. Following this, picture boards were set up with peoples preferred choices for each day. Records detailed the information discussed and how decisions had been made by each person. When we spoke to staff about this process they were able to describe the different types of support provided to each person in the decision making process.

Staff we spoke with told us they enjoyed their work and worked well together as a team in order to provide consistency for the people who used the service. They told us they felt well supported and valued by the manager and senior staff at the service and comments included, "She has an open door policy we can speak to her at any time about anything and we will be listened to" and "Any ideas or suggestions we make are taken on board. Sometimes changes have been made as a result of this." Another staff member told us, "XXXXXX and XXX are both very good and very approachable" and "If we have any concerns about anything, she is very receptive and is always keen to know what we can do to get things sorted. This approach works brilliantly."

The registered manager told us, "My management style is fair, I have an open door policy and staff can come to me at any time with any queries. The staff need to be supported, and the people who use the service deserve the best care possible. The job can be demanding at times and we need to make sure that everyone is confident and comfortable in their role." They told us they felt supported by the registered provider and attended regular management meetings where best practice and changes to legislation were discussed.

A quality assurance system was in place at the service which involved the use of stakeholder surveys, reviews and assessments. People who used the service, relatives, staff and other professionals were actively involved in the development of the service. We looked at the results from the annual review and found that information from external professionals had been collated for the whole of the organisation and although actions had been taken where this had been identified, it would have been more beneficial to the service to know what responses related to it specifically. When we spoke to the registered manager about this they told us it had been raised at the time by registered managers and following this, the registered provider was working with a consultancy agency and the current quality assurance systems were being reviewed. New audits were being implemented to ensure the robustness of the system was improved.

The registered manager showed us a copy of the monthly quality audits completed within the service. These included: medication, health and safety, the environment, fire checks and care records. We saw that when a problem with the pharmacy service was identified, the service went to another pharmacy service and received an improved service.

Good

Is the service well-led?

Records showed that accidents and incidents were recorded and immediate appropriate action taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and risks in order to reduce the risk of any further incidents.

We confirmed the registered manager had sent appropriate notifications to CQC in accordance with registration requirements.

We sampled a selection of key policies and procedures including medicines, safeguarding vulnerable adults, consent, social inclusion and infection control. We found these reflected current good practice.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

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