Bupa Care Homes (BNH) Limited

Staplehurst Manor Nursing Home

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

Staplehurst Manor Nursing Home provides nursing and personal care for up to 30 older people, some of whom were unable to move independently. Some people were living with dementia and others required support because of illness or other age related conditions. End of life care is also provided. Staplehurst Manor is a large detached property set in extensive, well maintained grounds. There were 23 people receiving nursing care at the time of our inspection.

We inspected the service on 13 October 2014. At our last inspection on 18 October 2013 we found that the service met the essential standards of quality and safety we looked at.

A new manager had been employed at the service since May 2014. Their application to become the registered manager was being processed by the Care Quality Commission (CQC) at the time of this inspection. A registered manager is a person who has registered with

Summary of findings

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 and associated Regulations about how the service is run.

The provider had taken steps to make sure that people were safeguarded from abuse and protected from risk of harm. People told us they felt safe. People were protected from harm; risks to their safety were assessed and managed appropriately. People were involved as far as possible in their assessments and action to minimise risk was agreed with them.

The provider operated safe recruitment procedures which included carrying out legally required checks on every applicant to make sure they were suitable to work with the people who lived at this service. Staff told us there was a good atmosphere and staff worked as a team. They told us there were enough of them to care for people and keep them safe. People told us they did not have to wait long when they needed help or support.

Staff were provided with suitable training to enable them to carry out their roles. People told us, "Staff have been very good." "All the nurses and carers are good" and, "They look after me well".

Staff understood their roles and responsibilities. They told us they felt well supported and were provided with essential training, including induction to make sure they had the knowledge and understanding to provide effective care and support for people. Nursing staff were supported to continue their professional development. All staff received regular supervision and appraisal to make sure they were competent to deliver appropriate care and treatment. Care staff received regular supervision with their line manager where they were able to discuss their work. Nursing staff told us that they received regular clinical supervision regarding their nursing practice.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. There was no one living in the home for whom it had been necessary to make an application under DoLS to restrict their liberty. Staff understood the importance of obtaining consent from people before care or treatment was provided.

People told us they enjoyed the food. They said, "They (staff) go to no end of trouble to please you where food is concerned". People were offered choices about what they wanted to eat and drink. People who needed support to eat were helped discreetly. Meal times were managed well to make sure that people received the support and attention they needed.

People were supported to manage their health care needs. Nursing staff carried out regular health checks on people who lived in the home and these were recorded. People told us they were able to see a GP whenever they wanted to. Records showed that people saw other health professionals such as physiotherapists, chiropodists, dentists and opticians when they needed to.

People were treated with respect, kindness and compassion. People told us they were happy and felt cared for. They said, "The care here is excellent" "The carers are good and kind" and "Everyone is treated with respect". All agreed that they felt listened to.

Each person had an individual care plan. These were continually reviewed and updated to make sure all their needs were understood by staff who provided their care and treatment. People told us they had been consulted about how they wanted their care to be delivered.

Information about people was treated confidentially and records were stored securely. Staff were discreet in their conversations with one another and with people who were in communal areas of the home. Staff were careful to protect people's privacy and dignity.

People received personalised care or treatment when they needed it. People told us they did not have to wait long if they needed any help. They said, "I use the buzzer if I need them and they respond pretty quickly." and, "I have no complaints at all; they can't do enough for you". Staff knew people well. They were calm and patient with people, they communicated effectively, responded quickly and appropriately to people's requests. Staff offered people choices. For example, about what they wanted to eat and where and how they wanted to spend their time.

People's needs were assessed with them before they moved to the home to make sure the home was suitable for them. Care plans were regularly reviewed with the person concerned to make sure they were up to date and

Summary of findings

reflected their individual preferences, interests and aspirations. People were provided with a range of suitable activities they could choose from. Everyone we spoke with told us there were activities on offer.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. All the people we spoke with felt able to raise any concerns with staff or the management.

People spoke positively about the way the home was run. They told us the manager and staff were approachable. One person said, "I've been in a lot of places in the world and this is the best place I've been in". Relatives told us they felt that the home was well run and could speak to the manager at any time if they had any questions or concerns. The organisation had clear vision and values. These values put people at the centre of the service and had been successfully cascaded to staff. People were comfortable with the management team and staff in the home. Staff understood their roles and responsibilities and the staff and management structure ensured clear lines of accountability.

There were systems in place to review the quality of all aspects of the service regularly. Improvement plans were developed where any shortfalls were identified. Annual 'customer satisfaction surveys' and quarterly 'resident' and relatives' meetings gave people the opportunity to comment on the quality of the service. People were listened to and their views were taken into account in the way the service was run.

Any accidents and incidents were monitored to make sure that causes were identified and action was taken to minimise any risk of reoccurrence.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

The provider had taken reasonable steps to protect people from abuse. They operated safe recruitment procedures and there were enough staff to meet people's needs.

Risks to people's safety and welfare were assessed and managed effectively.

People's medicines were stored, managed and administered safely.

Good

Is the service effective?
The service was effective.

Staff were provided with induction and essential training. They were also trained in a range of topics relevant to the specialist needs of people who used the service. Nursing staff were supported to continue their professional development . All staff received regular supervision and appraisal.

Staff had undertaken Mental Capacity Act (2005) (MCA) and Deprivations of Liberty Safeguards (DoLS) training, to make sure that they understood how to protect people's rights.

People were supported to manage their health care needs.

Meal times were managed effectively to make sure that people received the support and attention they needed.

Good

Is the service caring?
The service was caring.

Staff treated people with respect, kindness and compassion. Staff were discreet in their conversations with one another and with people who were in communal areas of the home. People's privacy and dignity was protected.

People or their representatives were involved as far as possible in planning their care. People were cared for by staff who knew and understood their individual needs.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before they moved in to make sure the service was suitable for them. Care plans were reviewed regularly with people and updated to make sure they received personalised care and treatment.

People were provided with a range of suitable activities they could choose from. Their concerns and complaints were listened to, explored and responded to in good time.

Good

Is the service well-led?
The service was well-led

Good

Summary of findings

The provider had a clear set of vision and values. Clear management structures supported good communication.

Quality assurance and monitoring systems ensured that any shortfalls were identified and addressed promptly to ensure good service was maintained.

Staff, people and their visitors were provided with forums where they could share their views and concerns and be involved in developing the service.

Staplehurst Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 October 2014 and was unannounced. The inspection was carried out by two inspectors and a specialist nurse adviser. We spent eight hours at the 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 looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We sent questionnaires to eight health and social care professionals who visited the service to obtain feedback about their experience of the service. These included specialist nurses, GPs, health and local authority commissioners of services and local authority care managers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who lived at Staplehurst Manor, three relatives and five members of staff which included nurses. We made observations and spoke with the new manager, the deputy manager, the area manager and the regional quality manager. We also spoke with a physiotherapist who was visiting people in the home. We provided feedback at the end of our visit to the management team.

During our visit we looked at records in the home. These included six people's personal records and care plans, a sample of the home's audits, risk assessments, surveys, staff rotas, five staff files and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe and said there were no restrictions on their freedom. They said, "I do feel safe here". "They make sure I am safe and looked after" and "There are enough staff to help and you have your freedom". Relatives felt their family members were safe. One relative said, "I now sleep at night knowing [their family member] is safe".

The provider had taken reasonable steps to protect people from abuse. There were systems in place to make sure safeguarding alerts were raised with other agencies, such as the local authority safeguarding team, in a timely manner. Staff told us that they would tell the manager or deputy manager of any safeguarding issues. The manager then alerted the local authority safeguarding team and the Care Quality Commission.

Nursing and care staff told us they had undertaken training in the safeguarding of people and knew how to protect people from abuse. They described their safeguarding training and the various types of abuse to look out for to make sure people were protected. Information was displayed on notice boards about who to report any concerns to if staff suspected that abuse was taking place. Staff were also aware of the whistle blowing policy. Safeguarding and whistleblowing policies and procedures were up to date and were easily accessible to staff should they need to refer to them. .

Each person's care plan contained assessments in which risks to their safety and well-being were identified, such as falls, mobility and skin integrity. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessments. People confirmed that these assessments had been discussed with them. For example, the deputy manager described the action they had taken to minimise the risk of falling for one person who had a history of falls. There was a clear plan in place which staff were aware of.

Records showed that care plans were reviewed each month with the person concerned or their representative. Where people's needs changed, staff updated risk assessments and changed how they supported people to make sure they were protected from harm. For example where people were at risk of developing pressure ulcers, specialist equipment such as pressure relieving mattresses and cushions were obtained.

People told us and we observed there were enough staff on duty to ensure their safety. One person who could not use their call bell said, "They come very often to see that I am ok, I like that and feel safe". Other people told us that staff usually came quickly when they rang for help. We looked at staff response times to call bells and found that the majority of calls were answered within two minutes. We looked at staff rotas and the manager explained how the number of care and nursing staff on each shift was decided in consideration of people's care and nursing needs. In addition to care and nursing staff, an activities coordinator was present on weekdays to provide activities for people. Staff were also employed to carry out maintenance, housekeeping and catering roles to make sure that the environment was suitable for people and that people received enough to eat and drink.

The provider operated safe recruitment procedures. Staff recruitment files included completed application forms. Applicants attended an interview and appropriate checks were carried out before new staff started work at the service. All nurses' registration (PIN) numbers were regularly checked to ensure that the nurse was on the active register of the Nursing and Midwifery Council (NMC).

Medicines were safely stored and administered by qualified nursing staff. One person said, "I get my medication on time and I keep a check". We observed that medicines were given safely and in a quiet, undisturbed environment. All medicines were stored safely and clear, accurate records were maintained of each person's medicines including when they were administered.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs or medicines. Controlled drugs were managed and administered safely in accordance with current guidelines and the service's policy and procedures. Nurses carried out a medication audit after each medicines round. Where medication errors were identified these were investigated and action taken to minimise risk of reoccurrence. Nurses were assessed regularly to make sure they were competent in managing and administering medicines.

Good

Is the service safe?

The premises were homely and well maintained.

Safety checks were carried out at regular intervals on all equipment and installations. Fire safety systems were in place and each person had a personal emergency evacuation plan to make sure staff and others knew how to evacuate them safely in the event of a fire.

Good

Is the service effective?

Our findings

People told us, “Staff have been very good” “All the nurses and carers are good” and, “They look after me well”. A relative told us, “I have no concerns about staff or how they care”.

The provider employed a trainer who carried out essential training as well delivering the company’s training program. All staff had received essential training such as moving and handling, infection control and food safety. Care and nursing staff also attended training about end of life care. Staff told us they received regular refresher courses in essential training. Nursing staff confirmed that they were supported in their professional development to make sure their practice was up to date and relevant to the kind of care and treatment people needed.

Care staff told us they were provided with all the training they needed to provide effective care and support. They said they were well supported by colleagues and management to enable them to do their jobs well. One member of staff said, “If I have any problems, I can go to anyone”. They told us, and records showed they had been supported to get their National Vocational Qualification (NVQ) and had opportunities to do other training if they wanted to. Staff told us they had done lots of dementia training and courses in diabetes.

All new staff were provided with induction training which took place over five days. New staff were extra to the numbers on shift and shadowed experienced staff for their first few shifts to enable them to get to know people. They were able to observe how to provide the care and treatment people needed in the way people wanted their care to be delivered.

Staff told us and we observed that there was a good atmosphere and staff worked well as a team to meet people’s needs. Care staff told us they had regular supervision sessions with their line manager where they were able to discuss their work. Nursing staff told us that they had formal clinical supervision with the deputy manager six times a year and were provided with opportunities for additional training. All staff received regular supervision throughout the year and an appraisal each year with their manager when their performance, training and development were reviewed.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people’s rights. MCA policies had been reviewed and updated to make sure staff knew how to implement MCA correctly. People’s mental capacity was reviewed as part of their initial assessment of needs. Some people had ‘Do Not Attempt Resuscitation (DNAR) forms’. Those we looked at had been completed correctly, signed by an appropriate health professional, and showed evidence of discussion with the person or their representative. There was no one living in the home for whom it had been necessary to make an application under DoLS to restrict their liberty. Staff understood the importance of obtaining consent from people before care or treatment was provided and we heard staff asking permission before they carried out any care tasks or nursing procedures.

Everyone told us they enjoyed the food. They said, “They go to no end of trouble to please you where food is concerned” “The chef comes to see me specifically and asks me what I fancy and tells me what is on the ‘specials’ list” and, “He (the chef) knows I like marmalade on toast, I get two big slices”.

We observed the lunchtime meal. People were offered choices about what they wanted to eat and drink. People who needed support to eat were helped discreetly. No one was rushed to eat their meal. Records showed that people’s nutritional needs were assessed and their weights were monitored and recorded regularly. The deputy manager described the action they took when weight loss was identified as a risk. This included enhanced monitoring through food and fluid charts, obtaining food supplements, reviews by GPs and referral to a dietician. Referrals were also made to the speech and language team if people had difficulty swallowing. Food and fluid charts were maintained where people were at risk to monitor what people were eating and drinking.

People were supported to manage their health care needs. One person told us, “They arrange all things for hospital appointments for you and a carer will go with you, it takes all the work out of it“. Nursing staff carried out regular health checks on people and these were recorded. People told us they were able to see a GP whenever they wanted

Good

Is the service effective?

to. People felt comfortable to discuss their health needs with staff and asked their advice. Care plans contained information about people's health needs and medical conditions along with guidance for staff.

Relatives confirmed that GPs were consulted by staff whenever needed and that they were told about the outcome. People had regular appointments with other health professionals such as chiropodists, dentists and opticians. A physiotherapist who visited the home regularly told us that staff worked very hard to make sure people received the support they needed. We observed that the physiotherapist had written in the care plan for the person they had visited that day. Staff were aware of the treatment they had given and the person's treatment plan.

Good

Is the service caring?

Our findings

People told us they were happy and felt cared for. Their comments included, “The care here is excellent” “In the main all the carers are good and kind” “They are all so very kind and patient.” and “Everyone is treated with respect”. Everyone agreed that they felt listened to. Comments about the care from relatives included, “Genuine care” and, “The best care”.

We spoke with people in private in their rooms and to people in the lounge and dining room. In all the interactions we observed between staff and people, people were treated with kindness and compassion. Staff supported people in a calm and relaxed manner. They did not rush people; they went at the person’s pace and kept up conversations whenever they were providing care and support.

People and their relatives told us they had been involved in planning how they wanted their care to be delivered. Relatives said they felt involved and had been consulted about their family members’ likes and dislikes, and personal history. They said that the staff and managers communicated well with them. Care plans were signed by the person concerned or their representative.

People were supported to remain as independent as possible. Staff provided gentle encouragement and prompting when people needed additional support. At lunch time a member of staff sat with one person, reminding them which utensils to use and encouraging them to eat and drink without taking over and doing everything for them.

Staff demonstrated respect for people’s dignity. They were discreet in their conversations with one another and with people who were in communal areas of the home. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. They gave people time to answer questions and respected their decisions.

Staff were careful to protect people’s privacy and dignity, for example by making sure that doors were closed when personal care was given. Any treatments people needed were carried out in private. We saw staff knock on people’s doors before entering their rooms. Staff made sure that people’s personal information was treated confidentially and any personal records were stored securely to make sure people’s privacy was respected.

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. They said, "I use the buzzer if I need them [staff] and they respond pretty quickly." "It depends how busy they are but they usually come pretty quickly" and, "I have no complaints at all; they can't do enough for you". We observed staff supporting people to move around. Staff were very patient with people and told them to "take their time". Staff chatted to people as they attended to their needs and people were smiling and happy. No one appeared rushed or distressed.

Staff communicated effectively with people and responded appropriately to their requests and offered people choices. For example, about what they wanted to eat and drink and where they wanted to eat at lunch time. People were able to choose to eat at the dining tables or in their rooms. They were able to choose when they wanted to get up and when they wanted to go to bed.

People were involved in the assessment of their needs. People who were considering moving to the service were visited by a member of the management team who carried out a pre-admission assessment to determine if the service was able to meet their individual needs. We looked at records of these assessments and saw they covered all aspects of people's personal and health care needs and identified where care and treatment was required for specific issues such as pain management. Most people's pain was well controlled although one person complained of pain. This was because a suitable pain relief medicine had been requested but had not been not been prescribed in a timely manner. The deputy manager was following this up with the local surgery during our visit.

The management consulted with health and social care professionals who had been involved in people's care and treatment as part of the assessment process where this was appropriate. The physiotherapist told us that nursing or care staff asked them to see people when they had any concerns and any treatment they required was quickly approved. Assessments were reviewed with the person concerned and care plans updated as their needs changed to make sure they continued to receive the care and support they needed.

Each person had an individual care plan. Care plans had been reviewed each month and updated if people's needs changed. Daily notes were completed for each person during each shift. Staff used these to record and monitor how people were from day to day and the care and treatment people received. Information was included in people's care plans regarding their preferences about how they wanted their care to be delivered. There was information about whether people preferred to have male or female care staff to assist them with their personal care and these preferences were respected.

The service operated a 'resident of the day' programme which meant that all aspects of the care, treatment and day to day activities of each person were reviewed each month on their day. Staff focussed on one person on their day, discussing and reviewing the person's individual activities, routines, meals, care and treatment with them to make sure they were happy. This helped to make sure that care and treatment plans were up to date and any changes in people's needs were identified and responded to

Staff knew people well and were able to describe the kind of support each person needed and how they preferred to be supported. Staff knew who liked to get up early and who liked to be left to have a lie in. Staff were enthusiastic about their roles and committed to ensuring that each person's needs were met. They told us that they discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns.

Each person had a 'map of life' in their file which contained information about the life history including their cultural and social history. This enabled the service to identify and meet people's needs in these areas. A local church provided services at the home for people who wished to attend.

People were provided with a range of suitable individual and group activities they could choose from. Everyone we spoke with told us there were activities on offer. They said "There's plenty to do if you want to." "There are activities if you want them". Some people said that they did not wish to participate and their wishes were respected.

The weekly activities programme was displayed on notice boards around the home and copies were placed in each person's room. Activities on offer included games and quizzes, music therapy and arts and crafts. The activity coordinator described how each person had 'person centred time' each week in addition to opportunities to join in with organised activities. This meant that people who

Good

Is the service responsive?

were nursed in bed or remained in their rooms had at least a half an hour each week individually with the activity coordinator to do whatever they wanted. Some people liked to have a pamper session whilst others enjoyed a chat or having the paper read to them.

People and their visitors knew who to talk to if they had any complaints about the service. All the people we spoke with felt able to raise any concerns with staff or the management. People told us the manager was approachable and one person told us they were "Going to the office today to have a word about something" and felt confident it would be sorted out. Another person said, "I am comfortable here and would be perfectly happy to raise a concern if needed".

There was a complaints policy and procedure. The complaints procedure was available in the reception area and each person was given a copy when they moved to the home. This procedure explained to people how to make a complaint and the timescales in which they could expect a response. There was also information and contact details for other organisations that people could complain to if they are unhappy with the outcome. The manager responded to complaints which were recorded in a complaints log. We reviewed two recent complaints, one from a relative and one from a person who lived in the home. We saw that both complaints had been investigated thoroughly The complainants had received responses telling them the outcome and actions that had been taken as a result any lessons learned.

Good

Is the service well-led?

Our findings

People spoke positively about the way the service was run. They told us the manager and staff were approachable and the management team often chatted with them and asked them how things were. One person said, "I've been in a lot of places in the world and this is the best place I've been in". Relatives told us they felt that the home was well run and could speak to the manager at any time if they had any questions or concerns. We saw that people were comfortable with the management team and staff in the home.

The provider had a clear set of vision and values. These stated 'We provide a safe, secure environment that allows our residents as much independence as possible while supporting a range of care needs. Our approach is 'person first, condition second'. 'We treat the individual, tailoring our care to their needs and making sure our residents feel at home'. The management team demonstrated their commitment to implementing these by putting people at the centre when planning, delivering, maintaining and improving the service they provided. Our observations showed us that these values had been successfully cascaded to the staff who worked at the service.

The management team included the manager who was in the process of applying for registration with CQC at the time of our inspection. The deputy manager who was a registered nurse had clinical oversight of the service. Support was provided by senior managers at regional level. There was also support available from the organisation's training and development and other departments. This level of business support allowed the manager to focus on the needs of the service, people who lived there and the staff who supported them.

Communication within the service was good. Regular staff and management meetings provided opportunities for staff who were responsible for clinical, maintenance, catering, activities and administration to share information and review events across the service. Staff told us there was good communication between staff and the management team.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to. Each week the manager held a meeting which was an open forum for any member of staff to attend where they could raise any concerns. Staff told us that the manager was very approachable and understanding. They said they were encouraged to raise issues or make suggestions and felt they were listened to. One member of staff described the 'no blame' culture in the home which meant they "Would feel comfortable to say if they had done something wrong". They went on to say, "I would get very good support if I made a mistake, I know I can ask for support anytime I need it". A healthcare professional told us that the manager was very approachable and there was a lovely atmosphere in the home.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning, accidents and incidents, and medication. Any accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. For example, one person had fallen. A risk assessment was made and recorded following the fall and an action plan had been put in place to minimise the risk of falling again. There was a falls diary and a moving and handling risk assessment that was reviewed monthly. There was also a letter from the physiotherapist advising staff on minimising the person's risk of falling again.

The area manager carried out monthly audits of the service. Improvement plans were developed where any shortfalls were identified. The provider's action plan following the most recent quality audit in September 2014 showed that all care plans were being reviewed to ensure that each person had a robust nutritional plan. This was in progress at the time of our inspection. New policy documents about falls and the Mental Capacity Act (2005) were being introduced. Previous action plans showed dates when the actions had been completed which showed that improvements were continually being made to the service.

People were asked for their views about the service in a variety of ways. The provider carried out 'customer' satisfaction surveys annually to gain feedback on the

Good

Is the service well-led?

quality of the service received as well as quarterly 'resident' and relatives' meetings where people were asked about their views and suggestions. The manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the service.

'Resident' and relatives' meetings enabled the manager to keep people and their families up to date with what was going on and gave people an opportunity to comment, express any concerns and ask questions. Topics discussed included activities, menus and maintenance. We saw that suggestions were acted on. For example, people had expressed a wish to have a shop. This had been implemented so that people could buy small items such as toiletries during opening times.

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.