



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

**INSPECTION REPORT  
CARE HOMES FOR OLDER PEOPLE**

**Gwyddfor**

**Gwyddfor**

**CARE AND SOCIAL SERVICES INSPECTORATE WALES**

**Care Standards Act 2000**

**INSPECTION REPORT  
CARE HOMES FOR OLDER PEOPLE**

**Gwyddfor**

Gwyddfor  
Bodedern  
LL65 3PD

**DATE OF PUBLICATION – 10<sup>th</sup> September 2007**

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**CARE AND SOCIAL SERVICES INSPECTORATE WALES**

North West Wales Local Office

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| <b>Home:</b>   | Gwyddfor                 |
| <b>Contact telephone number:</b>   | 01407 741471             |
| <b>Registered provider:</b>  | Glyn Thomas Williams     |
| <b>Registered manager:</b>   | Mary Effie Williams      |
| <b>Number of places:</b>   | 16                       |
| <b>Category:</b>   | Care Home - Older Adults |
| <b>Dates of this inspection episode from: 16 May 2007 to: 23 August 2007</b> |                          |
| <b>Dates of other relevant contact since last report:</b>                    |                          |
| <b>Date of previous report publication:</b>                                  |                          |
| <b>Inspected by:</b>   | Gwenllian Baxter         |
| <b>Lay assessor:</b>   | None                     |

## GUIDELINES ON INSPECTION

### INTRODUCTION

This report has been compiled following an inspection of the home undertaken by the Care and Social Services Inspectorate Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on the process of inspection and records its outcomes. The report is divided into eight distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the home's compliance with Care Homes (Wales) Regulations 2002 is recorded.

CSSIW's inspectors are authorised to enter and inspect care homes at any time. At each inspection episode or period there are visit/s to the service in addition to a range of other activities such as discussion groups, self-assessment and the use of questionnaires. CSSIW tries to find the best way of capturing service users' and their relatives'/representatives' experiences of using the service.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the home. Inspection enables CSSIW to satisfy itself that continued registration is justified. It ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards
- The care home's own statement of purpose

Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the CSSIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by CSSIW. This includes those made by CSSIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection. Where requirements are made, the provider may develop an action plan to show how they plan to make the necessary changes and you may wish to discuss this with them.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the inspector's findings, you may wish to discuss these with CSSIW or with the registered person.

The Care and Social Services Inspectorate Wales is required to make reports on registered facilities available to the public. The reports are public documents and will be available on the National Assembly web site:

[www.CSSIW.wales.gov.uk](http://www.CSSIW.wales.gov.uk)

## **OVERALL VIEW OF THE CARE HOME**

Gwyddfor is a former rectory standing in its own grounds. All facilities used by service users are located on the ground floor that includes the original building and a purpose built extension.

Mr and Mrs Williams assumed responsibility for the running of Gwyddfor on the 1<sup>st</sup> July 2004. Mrs Williams has many years' experience of working in care homes.

The premises are well maintained both internally and externally.

The atmosphere at the home on the day of inspection was warm and friendly. Both Mr & Mrs Williams are actively involved in the day to day running of the home. Comments and feedback received during the inspection were positive. Service users also confirmed that they would feel able to approach the owners to discuss any issues or problems. It is evident that emphasis is placed on creating an open atmosphere where any comments or suggestions that may lead to an improved service are welcomed.

The registered provider Mrs Williams and staff work closely with the community nurses, the GPs and other health care professionals to ensure service users' health care needs are met. Service users have access to all community health care services including specialists' services when these are required.

Evidence would suggest that Mr & Mrs Williams with the support of their staff team are committed to providing a service of a high standard.

It must however be noted that it is not possible to inspect all aspects of the operation of a care home during an inspection and it is the responsibility of the registered persons to ensure compliance with the relevant Laws and Regulations. The absence of reference to a particular fault or issue does not mean that such a fault does not exist.

Gwen Baxter would like to thank Mr and Mrs Williams, staff members and service users for their warm welcome and co-operation received during this inspection process.

## **METHODOLOGIES USED IN THIS INSPECTION**

- **Consideration of policy, procedural and other pertinent documentation.**
- **Consideration of pre-inspection self-assessment document completed by provider.**
- **Case tracking, including discussions with service users and keyworkers.**
- **Discussion with the registered provider, and wider discussions with service users and staff.**
- **Observation undertaken during the inspection visit .15.08.07. and 23.08.07.**
- **Accommodation viewed during the inspection visit. 15.08.07.**

**Attendance at staff team meeting held during inspection visit on 15.08.07.**

## CHOICE OF HOME

### **Inspector's findings:**

The owners have an information pack that is a combined Statement of Purpose and Service User's Guide. Comprehensive information is provided in the above document, which meets the current standards and regulations. This document was revised in 2007 and a copy of the amended document was provided with the self-assessment documentation. All service users admitted to the home receive the information pack that also includes a copy of the most recent inspection report and a copy of the homes most recent quality monitoring report.

The home follows a clear admission process whereby the registered provider will visit the prospective service users either in his/her own home or hospital as appropriate. Currently two recently appointed deputy managers are in the process of being trained to complete this task. Prospective service users are invited and encouraged to visit the home prior to admission. If the prospective service users are unable to visit the home personally, family and friends are invited to do so on their behalf. All admissions to the home are initially for a trial period. Information relating to the admission procedure is clearly stipulated in the information pack.

Gwyddfor is registered to provide long term care for 16 older people. Day care service and respite care is also provided. Currently there are 16 service users in residence

The inspector was advised that currently one service user had been assessed as suffering from dementia/mental infirmity. In addition another service user suffers from short-term memory problem, however it was unclear whether he/she had been assessed by a psychiatrist prior to admission. The registered providers must clarify the situation regarding those service users that have been assessed by a psychiatrist as suffering from dementia. Following the receipt of this information an application needs to be submitted to CSSIW to vary the home's registration to correctly reflect the current situation.

Discussion with the owners indicates that no service users will be admitted to Gwyddfor unless they are confident that the identified needs can be met at the home. It was also evident during discussions with the registered providers and whilst case tracking that steps would be taken to secure appropriate professional input, advice and/or re-assessment in the event of deterioration in the condition of the service users.

The inspector was advised that all service users admitted to the home sign a copy of the home's contract and individuals who are sponsored by the Local Authority also sign a Local Authority contract. A copy of the documents was provided with the self assessment documentation

The terms and conditions of residence and a list of goods and services that are included or excluded in the fees are noted in the information pack.

**Requirements made since the last inspection report which have been met:**

| <b>Action required</b> | <b>When completed</b> | <b>Regulation number</b> |
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**Requirements which remain outstanding:**

| <b>Action required<br/>(previous outstanding requirements)</b> | <b>Original timescale<br/>for completion</b> | <b>Regulation number</b> |
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**New requirements from this inspection:**

| <b>Action required</b> | <b>Timescale for<br/>completion</b> | <b>Regulation number</b> |
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**Good practice recommendations:**

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**PLANNING FOR INDIVIDUAL NEEDS AND PREFERENCES**

**Inspector's findings:**

A comprehensive service user plan is formulated from the assessment following admission. This includes any additional nursing or professional input required by the service user. A risk assessment is also carried out and noted in the service user file. Information regarding service users likes/dislikes, hobbies and interests are also noted down at this stage. In addition daily reports are held in relation to each person's support needs. Service users are involved during the compilation of their care plans. The home operates a keyworker system and a recent development has been the formulation of the keyworker assessment, which targets areas such as the service user's need for further toiletries, clothes mending, and hobbies. Further information is also requested from family members at the point of admission. A pro forma documentation is provided for them to complete.

Care plans and handling assessment are reviewed/updated monthly with the involvement of individual service users. This was evident during the case tracking process.

Records at the home are securely stored at the office. It was evident that the owners place much emphasis on good record keeping and all records listed in Schedule 3 & 4 of the regulations are retained.

Service users can access their own individual records should they request to do so. This is clearly stipulated in the information pack given to service users prior to admission.

**Requirements made since the last inspection report which have been met:**

| Action required | When completed | Regulation number |
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**Requirements which remain outstanding:**

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**New requirements from this inspection:**

| Action required | Timescale for<br>completion | Regulation number |
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**Good practice recommendations:**

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## QUALITY OF LIFE

### **Inspector's findings:**

Service users are encouraged to exercise control over their lives as much as possible. Where the services of an advocate is required the manager would refer to Care Aware. The owners stated that information leaflets of this service is available at the home.

During discussion with the registered providers it was apparent that emphasis is placed on encouraging service users to retain their independence and they are encouraged to complete any task within their capabilities.

As was evident during the inspection, service users are encouraged to bring their possessions with them to the home and most rooms were seen to contain a variety of items, creating a personal and homely atmosphere.

Routines of daily living at the home are flexible with service users choosing when to get up, when to retire to bed and when to be alone or in company. This was confirmed during discussions with service users and staff members held during the semi-announced visit on the 23.08.07.

A variety of leisure opportunities are made available at the home, this includes activities such as keep fit, board games, cards, bingo, nail care, reminiscence activity and a dance class which is conducted on a weekly basis. Staff fancy dress is held on a monthly basis. Service users are requested to judge the staff effort and select a winner. The winner receives a £20 prize. A number of events have been organised to take place over the coming weeks, they include: clothes show, harpist and singers, Heart and Soul singers, Spanish day (fancy dress), early halloween party, Frantic Theatre, Music for Hospital, family and friends strawberry cream tea and summer barbecue.

Outings are also organised, and opportunity is provided for service users to go shopping on a weekly basis. Information received during the inspection indicated that a visit to Llandudno theatre and to Ucheldre in Holyhead is in the process of being organised. In addition, a bonfire and fireworks display is also being organised which will be held at the registered providers home.

Pictures of the events that have already taken place are prominently displayed in the hall and on the home's computer.

The registered providers are keen to develop the activities programme. The area targeted for further improvement is promoting service users participation in individual hobbies and interest. This was fully discussed during the staff meeting held during the announced visit on 15.08.07. Consideration is currently being given to employing an activities co-ordinator.

Local hairdressers visit the home on regular basis.

Details of all activities organised are displayed at the home.

Religious services are held at the home, service users can also attend the local church services, transport is provided.

The involvement of family and friends is encouraged with visitors welcome at any reasonable time at the home. Service users are able to see their family or friends in the privacy of their rooms if they so choose. A recent development has been an invitation for up to two family members of the service user to visit the home for Sunday lunch. The use of the top lounge has been allocated for this purpose and the purchase of a hostess trolley has been made to facilitate this arrangement.

Through discussion with the registered person it is evident that the legal and civic rights of service users are respected and protected. Postal votes are secured for service users during elections. Service users who wish to visit the polling station are able to do so. Transport can be provided

All staff members at Gwyddfôr are required to sign a confidentiality declaration at the start of their employment. A copy of this document was provided with the self-assessment documentation. Confidential information at the home is securely stored.

#### Requirements made since the last inspection report which have been met:

| Action required | When completed | Regulation number |
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#### Requirements which remain outstanding:

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#### New requirements from this inspection:

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#### Good practice recommendations:

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## QUALITY OF CARE AND TREATMENT

### **Inspector's findings:**

Mr and Mrs Williams consider respecting the privacy and dignity of service user as being paramount. Any treatment is provided in the service user's room and personal care is provided discreetly e.g. staff are instructed to shut bathroom/toilet doors at all times when helping individuals.

Feedback from service users spoken with proved positive. Comments included reference to the good quality of care, friendliness of the staff and good quality meals.

The telephone system within the home has been upgraded and all service users have phones in their own rooms.

Following admission to Gwyddfor service users remain registered with their own GP if possible. Presently five GP practices are involved with the home. The owners advised that an excellent working relationship has been established between themselves and health care colleagues.

Community nurses visit the home as necessary to treat service users and to provide advice etc. The nurses provide equipment necessary for the promotion of tissue viability e.g. mattress and pressure relieving cushions. Continence assessments are undertaken by the community nurses with aids and equipment provided by the Health Authority.

Access is secured to all health care services including ophthalmic (Outside clinic visit) Chiropody (Choice of NHS or Private) and hearing appointment arranged through the GP. Evidence of this was available in the case tracking process.

Gwyddfor has a five week menu plan, a copy of which was provided during the inspection visit. The menu has been re-written to reflect the findings of the food quality survey held in 2006. Service users at Gwyddfor are offered a variety of wholesome meals, mainly traditional dishes of meat or fish and vegetables. A record of the meals served at the home was seen during the inspection episode. This indicated that service users receive a balanced and nutritional diet. The main meal of the day is served at lunchtime. Meals and snacks are served throughout the day at regular intervals with drinks and snacks also available at all other times on request. Service users can choose to have wine with their meal.

Service users can choose to dine in their rooms or the lounges, but most of the service users usually make use of the dining area.

Service users spoken with during the inspection were complimentary regarding the standard and choices of meals and snacks available.

All staff spoken with during the inspection process were complimentary of the standard of food provided by the home.

The registered provider assumes responsibility for medication at the home. It was stated that staff with responsibility for the administration of medication have received training. Staff sign a training documentation which stipulates that they have received the appropriate training in medication.

Gwyddfor operates the four week monitored dosage system with medication provided to the home in blister packs. A mobile trolley has been purchased for the storage of medication and this is securely located in the hall. No administration was observed during this inspection. Following the requirement made during the last inspection the home currently monitors and records the temperature of the area where the medication is kept.

The home has revised the method used in administering medication. The home currently uses the M code on the MAR sheets which stipulates that the service user's prescribed medication has been made available. The medication is dispensed and left in the service user's room to be taken when it is convenient to the individual. Thirteen service users currently obtain their medication in this way. This process commences following a full risk assessment, which is reviewed on a monthly basis.

None of the current service users have controlled drugs, the inspector was advised that the home has obtained a controlled drug cabinet and register

All accidents are recorded on an accident sheet by the home. A copy of the accident records was sent to CSSIW with the pre inspection information.

It is the home's wish to care for service users during their final illness provided the staff could meet the care required. Community health personnel are supportive. The inspector was advised that service users would be cared for until the time of death if this was the wish of the service users and appropriate care could be provided at the home with the support of health care professionals

**Requirements made since the last inspection report which have been met:**

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**Requirements which remain outstanding:**

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**New requirements from this inspection:**

| Action required | Timescale for<br>completion | Regulation number |
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**Good practice recommendations:**

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## STAFFING

### **Inspector's findings:**

The inspector was advised that Gwyddfôr employs a total of 12 staff members, on a permanent basis.

Mr and Mrs Williams are on duty on weekdays at the home. Two staff members are on duty throughout the day at Gwyddfôr. Night time cover is provided by one wakeful staff member and another on call on the premises. The home's chef has left his post since the last inspection episode and a staff member who previously acted as the home's stand by cook has taken over the responsibility. She is employed for a total of 35 hours.

Carers assume responsibility for undertaking domestic tasks.

It is evident that Mr and Mrs Williams are committed to providing staff with opportunities to acquire relevant qualifications. Information obtained in the self-assessment documentation indicated that four staff members have acquired the NVQ level 2 qualification whilst 3 staff members are currently undertaking this qualification. A further three staff members are waiting to start this qualification. One staff member has obtained her GNVQ Health and Social Care and a further two staff member have obtained their level two certificate in Health and Social Care.

In addition to the core training e.g. First Aid, Fire Safety, Moving and Handling, staff have attended courses on Injury Prevention, Mental and Physical Disability, Therapeutic Activities, Principles of Care, Medication, Continence, dementia and MRSA awareness. A training need analysis has been compiled for the home that show what training staff have received in the past, what training is required and when refresher training is due. The training requirement of individual staff was discussed during the staff meeting held during the announced visit.

Job vacancies as they arise are advertised in the local paper and job centre. All applicants are required to complete an application form, provide the names of two referees and provide a full employment history with explanations for any gaps. Requests are made of Criminal Records Bureau checks.

All staff are initially appointed for a probationary period and all receive a copy of the home's Employment Handbook that includes all relevant information such as holiday entitlement, sickness payments and disciplinary rules and procedures.

Mrs Williams works alongside the staff and is therefore able to provide informal supervision on a daily basis. Responsibility for undertaking formal supervision sessions every two months is assumed by the assistant managers. Supervision records were not inspected on this occasion.

**Requirements made since the last inspection report which have been met:**

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**Good practice recommendations:**

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## CONDUCT AND MANAGEMENT OF THE HOME

### **Inspector's findings:**

Mr and Mrs Williams assumed responsibility for the running of Gwyddfor on the 1<sup>st</sup> July 2004. Mrs Williams has many years' experience of working in care homes.

Both Mr and Mrs Williams are involved in the day to day running of the home. Mr Williams is mainly involved with administrative tasks and health and safety matters.

The home has appointed two new assistant managers since the last inspection episode. They are currently in the process of being trained to assist the registered provider in her role.

Evidence gathered indicates that both Mr and Mrs Williams are committed to providing a service of high quality and they undertake training to update their knowledge, skills and competence. Evidence of which was available in the self-assessment documentation. Mrs Williams has recently completed her Registered Manager's Award.

The home has developed an approach to obtaining feedback from service users and their representatives on how the home is run and the care and services provided. This involves arranging formal service users' meetings and issuing questionnaires to service users. A sample of the completed questionnaires was sent with the self-assessment documentation and the responses recorded proved positive.

Staff have been incorporated into the home's quality monitoring system and questionnaires have been compiled and given to the staff in order to ascertain their opinion.

No feedback had been received from the questionnaires sent to professional staff. However, information received during discussion with the registered providers indicates that verbal feedback from GP's, social workers and community nurses have been positive.

A report has been compiled from the above feedback, a copy of which is included in the home's information pack.

Service users and staff members reported that the owners are approachable. It was also apparent that while staff and service users are encouraged to affect the way the service is delivered, Mr and Mrs Williams communicate a clear sense of direction and leadership.



**Requirements made since the last inspection report which have been met:**

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**Requirements which remain outstanding:**

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**Good practice recommendations:**

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## CONCERNS, COMPLAINTS AND PROTECTION

### **Inspector's findings:**

The owners demonstrated that all complaints/comments however small receive appropriate attention and all complaints are recorded. Evidence of this was made available with the self-assessment documentation.

Service users spoken with during the inspection confirmed their readiness to discuss any issues of concern with the registered providers.

Mr and Mrs Williams are committed to creating an environment whereby individuals are encouraged to make their feelings known without fear of reprisals.

The owners demonstrated a good understanding of issues relating to the protection of vulnerable adults.

### **Requirements made since the last inspection report which have been met:**

| Action required | When completed | Regulation number |
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### **Requirements which remain outstanding:**

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### **New requirements from this inspection:**

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### **Good practice recommendations:**

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## THE PHYSICAL ENVIRONMENT

### **Inspector's findings:**

Gwyddfor is a former rectory standing in its own grounds. As previously noted it has been arranged for a gardener to keep the grounds in good order. All facilities used by service users are located on the ground floor that includes the original building and a purpose built extension. There are currently plans in place to extend Gwyddfor Care Home to provide three additional service users en suite rooms together with a new kitchen and sun room.

The premises are well maintained both internally and externally

Five bedrooms have en suite facilities comprising of a hand basin and toilet. Hand washing basins are available in all other bedrooms. There are sufficient numbers of washing, bathing, showering and toilet facilities to meet the needs of service users.

There is a variety of aids and equipment to promote independence available at the home. Types of equipment used includes hoists, stand aid, rails bath seat, raised toilet seat and adapted cutlery. A new mobility scooter has recently been purchased by the home for the use of one service user. The owners will request the input of an Occupational Therapist as required to undertake assessments.

Bedrooms are pleasantly decorated and comfortably furnished with many service users choosing to personalise their rooms with their own possessions. Some rooms situated in the purpose built extension have patio doors leading to the grounds. Each room has a lockable door and a lockable item of furniture.

The home is centrally heated with covered radiators in all rooms. Service users are able to control the heat in their own private space. Blender valves are fitted to all baths to regulate hot water temperature and to reduce the risk of scalding.

Emergency lighting is provided throughout the home.

Hygiene arrangements were found to be good and the home seen to be clean. The home has a private contract to dispose of clinical waste. Information obtained in the self assessment documentation indicates that soluble soiled lined bags have been introduced to reduce the risk of cross infection whilst transferring soiled linen from client rooms to the laundry room. Bacterial hand soap dispensers and centre feed hand paper towel dispensers have been purchased for every room and are currently being installed.

Information obtained in the self-assessment documentation indicates that a Fire Risk Assessment has been completed by the home. Reference is made within this documentation to the use of door stops during the day to hold open service users bedrooms doors. The use of the door stops is made on the basis that a staff member is on duty in close proximity to all service users rooms during the day and the door can be manually closed if a fire should break out at the home. The inspector was advised that the fire officer had verified the risk assessment.

**Requirements made since the last inspection report which have been met:**

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**Requirements which remain outstanding:**

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**Good practice recommendations:**

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