Oak House (Exeter) Ltd

Oak House

Inspection report

54 St Leonards Rd
Exeter
EX2 4LS
Tel: 01392430005
Website: www.oakhouseexeter.co.uk

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Ratings

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

Overall summary

This inspection took place on 1 October 2015 and was unannounced.

The service provides accommodation and support for up to 11 adults who have care needs due to dementia, old age or mental health problems. The home cannot provide nursing care except through the local community nursing service. At the time of the inspection there were ten people living in the home, some with complex care and communication needs. The provider who is also the registered manager was on annual leave, but spoke with us by telephone. Most of the people were living with dementia, and had varying degrees of communication and mobility needs. We were able to engage in short conversations with three of the people. As we were unable to communicate verbally with everybody we also relied on our observations of care and our conversations with people's relatives and staff to help us understand their experiences.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. At this service the registered manager is also the registered provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

Summary of findings

and associated Regulations about how the service is run. Everyone was positive about them, and felt they were approachable, caring, and committed to the service and the well-being of people there.

The provider had not followed legislation designed to protect people's human rights. This meant that some people may have been deprived of their liberty without the correct authorisation.

On the day of our inspection there was a calm and relaxed atmosphere. People appeared happy, engaging with activities or 'doing their own thing', with staff support if they needed it. People, their relatives and health care professionals all spoke highly about the care and support the home provided. One person told us," I'm better cared for than I've ever been".

There were enough staff deployed to meet people's complex needs and to care for them safely. They knew people living at the service extremely well, and had the training, experience and knowledge to support people's mental and physical health needs. Care and support was provided in line with individual care plans, which were regularly updated to reflect people's changing needs. Effective risk assessments promoted people's independence while keeping them safe. A new computer system being installed would allow staff to access and maintain information about people's care needs and risks more even effectively.

People appeared very comfortable with the staff who were supporting them, and we observed staff treated them with kindness, dignity and respect. We saw they always checked with people before providing care or support and then acted on people's choices.

People's relatives said they were made very welcome and were able to visit the home as often and whenever they wished. They valued the support that staff had given them when it had been difficult for them to deal with their family member's illness, and said the service was good at keeping them informed and involving them in decisions about their relatives care.

The service recognised the importance of activities in boosting people's self-esteem and maintaining their skills and independence. Staff therefore encouraged involvement in everyday activities, as well as supporting people to engage in a lively activities programme, which had strong links with the local community.

People received their medicines safely and were supported by a range of external health and social care professionals.

The service's quality monitoring systems enabled the service to maintain high standards of care and to promote continuing service improvements.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

Good

Is the service effective?
The service was not always effective.

People's human and legal rights were not fully protected.

People received effective care and support from staff who had received appropriate training and had the experience, skills and attitudes to support the people living at the service.

People were supported to maintain good health and had access to healthcare services.

Requires improvement

Is the service caring?
The service was very caring.

People were treated with kindness, dignity and respect.

Staff had a very good understanding of each person and their individual needs.

People and their relatives were supported to maintain strong family relationships.

Good

Is the service responsive?
The service was very responsive.

People and their relatives were involved in the assessment and planning of their care.

A new computer system supported staff to access and maintain clear and up to date information about how to understand and support people's individual needs.

Activities were part of everyday life, and helped to promote people's independence and self-esteem.

Good

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

The registered manager had created a strong, stable and caring staff team.

Good

Summary of findings

Quality assurance systems were effective in maintaining and promoting service improvements.

The service had good links with the local community.

Oak House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 1 October 2015 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other data and enquiries. At the last inspection on 25 July 2014 the service was meeting essential standards of quality and safety and no concerns were identified.

Oak House provides care and accommodation for up to 11 people who have care needs due to dementia, older age or mental health problems. We were able to have limited conversations with three people who lived in the home. To help us understand people's experiences of the service we observed how people were supported and also had conversations with their relatives and the staff. During the inspection we spoke with the registered manager and seven other members of care staff. We spoke with two people's relatives to gain their views on the care and support provided by the service, and four health and social care professionals who supported people at the service, to ask for their views about the quality of care provided. We reviewed four care plans and other records relevant to the running of the home. This included staff training records, medication records, quality assurance and incident files.

Good

Is the service safe?

Our findings

People at the service felt safe. The majority of people were living with dementia. We observed they were relaxed and comfortable in their surroundings and with the staff. Two people told us how caring the staff were. Relatives commented, "People are safe. Staff have the skills needed; they are an excellent staff team. I have no concerns whatsoever", and, "I have no fears or concerns that the staff are not looking after [person's name] 100%". A health professional commented, "There is nothing at all that raises any concerns. The carers are very caring".

There were sufficient numbers of staff deployed to meet people's needs and to keep them safe. There were three members of staff in the main areas at all times during the day and two on duty at night. The registered manager told us this was a long standing, stable staff team with a sickness record that was 'second to none'. Agency staff were therefore never used. This meant all staff knew the people at the service extremely well, and had a good understanding of any risks and how to manage them. For example, during the lunch time there was a disagreement between two people sitting at the same table. Staff were able to diffuse the situation quickly and calmly because they knew what they needed to do to support the people involved.

People were supported to take everyday risks. We observed people move freely as they were able around the home and its secure gardens. People made their own choices about how and where they spent their time. Staff were always visible around the home and were vigilant when people showed they required assistance or were unable to verbalise their need due to living with dementia. One person wanted to go out into the garden. Staff were on hand immediately to offer them support and walked with them outside.

Risks of abuse to people were minimised because the registered manager ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. The DBS checks people's criminal history and their suitability to work with vulnerable people.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. All staff received safeguarding training which was updated every year. This allowed them to maintain their knowledge and awareness. Records showed there had been no safeguarding concerns raised in the 12 months prior to this inspection.

Care plans and risk assessments supported staff to provide safe care. They were reviewed monthly and contained information about risks and how to manage them, for example relating to falls, mental and physical health, skin vulnerability, nutrition and moving and handling risks. One person, who had previously worn hip protectors due to a risk of falling, no longer needed to. This was because the risk was now effectively managed following an assessment and appropriate intervention by staff. On a day to day basis, staff shared information about anybody at risk at the handover between shifts. This information was documented by the senior carer.

At the time of the inspection the registered manager was introducing a new computerised system, which would allow care staff to view people's records on line using a pin number. She explained that this system would improve staff's ability to access information about people's needs and risks and to update records easily.

Staff had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken. The registered manager audited these records, noting details like where the incident had happened, when and who was involved. This allowed her to understand any causes and identify wider risks, trends and preventative actions that might be needed to keep people safe.

Medicines were managed safely. They were delivered by a pharmacist in individual blister packs for each person and kept in a locked cupboard in the office. There was a smaller locked cupboard within this cupboard where the medicines that required additional security were kept. We looked at the medicines administration records (MAR) and saw they had been correctly completed with two staff signatures on the MAR sheet for controlled drugs. No

Good

Is the service safe?

medicine errors were recorded in the last 12 months. Medication audits were completed by an external pharmacist, with the next one due the week after the inspection.

There were effective arrangements in place to manage the premises and equipment and all relevant checks were up to date. There were plans for responding to emergencies or untoward events. Key documents were displayed in the office for staff to refer to in an emergency, for example, the procedure if a resident goes missing, what to do in the event of a stroke and emergency contact information. Staff had received training in fire safety, and fire checks and drills were carried out in accordance with fire regulations. People had individual personal protection evacuation plans (PEEP's), which took account of their mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate them safely.

The home was clean with no odours. There was an effective cleaning programme which ensured that the cleanliness was maintained in all areas of the home.

The laundry was done on the premises by staff and there were systems in place to keep soiled items separate from clean laundry, which minimised the risk of cross contamination. There was a regular clinical waste collection.

Some people at the home were supported by the service to manage their money. We saw there were safe systems in place for handling and storing cash and signed records kept of all transactions. A relative told us the service had completed an inventory of all the personal items that a person brought with them, which meant there was a record if anything should get lost or go missing.

Requires improvement

Is the service effective?

Our findings

The service was not always effective. People's rights were not being protected in relation to the Deprivation of Liberty Safeguards. (DoLS). The Care Quality Commission (CQC) monitors the operation of DoLS, which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The Supreme Court judgement on 19 March 2014 widened and clarified the definition of deprivation of liberty. If a person is subject to continuous supervision and control, is not free to leave, and lacks capacity to consent to these arrangements, they are deprived of their liberty. This meant that some people at the home, who met this criteria, required an assessment under DoLS. However, the service had not referred them to the local authority for assessment, which meant that they were not protecting people's human and legal rights.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.

Although the environment was homely and people looked comfortable and relaxed, a health professional and a relative told us that they felt the décor was a 'bit tired', and would benefit from being updated.

Relatives and professionals told us staff were effective in meeting the needs of people and worked together as a team to do so. One person told us, "I'm better cared for than I've ever been". Their relative commented that their health had improved since moving into the home and said, "There's a feeling that all the staff are working together with the focus on [person's name] as an individual. All the staff are looking out for them."

A health professional told us, "I think it's absolutely brilliant. They know absolutely everything about the residents and are very attentive. The deputy manager is on the ball all the time. There is nothing they could do better. I'm very, very happy with this home. No concerns at all".

The registered manager advised that many of the staff had qualified as nurses before coming to work in the UK and had a great depth of knowledge and experience. New staff completed an initial two day course which they told us was a helpful introduction to the service and their role. It covered key areas such as fire safety, moving and handling and safeguarding. They were then introduced to the people living at the home and the routine. They read people's care plans in order to learn about them, their support needs and how they should be met. They spent time working alongside other members of staff and had to be 'signed off' as competent before they could work with people unsupervised.

There was an ongoing training programme for all staff which covered a range of relevant topics, including dementia care and safeguarding. Sessions were arranged around staff availability so that everyone could attend, so their knowledge and skills remained up to date. Some additional training had been arranged to enable staff to meet people's individual needs, for example they had been trained and approved by the community nurse team to administer insulin. Staff received formal supervision every three months. Performance and development appraisal meetings took place annually. The registered manager was supportive of the continued professional development of the staff, and some were undertaking vocational qualifications in health and social care, and management.

The Mental Capacity Act (2005) (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. This ensures that their human rights are protected. Staff had received training in the MCA and we saw the service was using the principles of the act on a daily basis. Care plans contained capacity assessments and best interest processes related to decisions such as the use of bed rails, pressure mats and covert medication. Families, GP's and other relevant professionals had been appropriately involved in making these decisions in people's best interests Staff were committed to supporting people to make choices for themselves as far as they were able. They understood any decisions made on behalf of people lacking capacity should be in their best interests and proportionate. For example, one person was very restless and needed to be moving around all the time. Although they were at risk of falls, staff told us it was in the person's best interest to walk, and we saw that they were vigilant while this was happening. Their relative told us; "[the person] is always on the go, usually moving from morning to dusk. They are very accommodating".

Requires improvement

Is the service effective?

The service had acted on feedback given at the last inspection and devised new menus, on a four weekly rolling programme, to ensure people were offered proper choices. People had sufficient to eat and drink and received a balanced diet. There was a fridge in the dining room stocked with cold drinks, with a sign inviting people and their visitors to help themselves, and we observed staff supporting people to have sufficient fluids throughout the day.. The service catered for people with special dietary needs, for example a diabetic, gluten free or pureed diet. One person, who was a vegetarian, told us, "The food is lovely". Their relative told us that the cook had made 'every effort' to provide meals the person would like. The cook told us she had felt isolated shut away in the kitchen and had asked the registered manager if she could also serve the lunch. This allowed her to get to know people's likes and dislikes. "I get to know what food people like by their reaction. I then write down their choices in a book so that I can remember."

We observed practice during the lunch time period. Staff provided calm reassurance and support to people who needed it, explaining what was on the plate and offering alternatives if people didn't want what was in front of them.

People were weighed and their nutritional status monitored regularly using the 'malnutrition universal screening tool.' This meant that any risks around nutrition could be picked up quickly and action taken. For example, one person was losing weight because they were restless and could not stay still. Staff knew this made them vulnerable and were able to provide the nutritional support they needed.

People were supported to maintain good health and had access to healthcare services. For example, GP's, Community Nurses and other professionals visited people at the home, and their visits were documented in people's care plans. A GP who visited the home regularly told us that staff took very good care of the people there, involved health professionals appropriately and followed the advice given. It was their opinion that this was an 'excellent' home.

Good

Is the service caring?

Our findings

The service was very caring and person centred. Photographs celebrating people's achievements were on the wall in the lounge. A person living at the home said, "Staff are alright and they are caring". A relative told us, "The care is wonderful. I'm so pleased we got her into this care home. They care for her as they would their own family member. Each person individually gives [the person] a different aspect to their daily life, and helps them to be themselves as much as possible. There is an underlying trust and honour, respect and sense of humour". Care plans supported staff in providing positive, person centred care, for example, in relation to activities, "What is intended to be achieved? To enjoy life, have fun, lift mood, retain memories, enjoy a challenge, retain a level of fitness, to allow [the person] a sense of control, to be respected and treated as an individual". We observed how this was achieved during an activity session where people were laughing, singing and dancing, and made to feel valued.

During the inspection the atmosphere at the home was peaceful. People looked comfortable and relaxed, and were engaging happily with staff and what was going on around them. Staff were on hand to support people if they needed it, and responded quickly and patiently to their needs and requests for support. For example, one person wanted to speak to somebody on their mobile phone, but could not hear what was being said. A member of staff respectfully asked if they would like some help, and at the person's request passed messages back and forth. The member of staff told me afterwards this telephone contact was very important to the person, but they chose not to wear their hearing aid, so it was difficult for them.

Staff treated people with compassion and respect. They explained how they respected people's dignity and privacy by knocking on bedroom doors before entering and ensuring that people were covered up while being supported with personal care. We saw they gained people's permission before providing support. At lunchtime they asked, "Shall I bring some pudding?" and "Shall I cut it up for you?" Staff told us, "It comes down to how well you know people. You need to explain and reassure, be very gentle with them and be talking and smiling while giving care". They were committed to promoting people's independence and supporting them to make choices, for example helping one person with dementia and poor eyesight to choose what they wanted to wear by showing them two garments and inviting them to feel the fabric.

People were supported to maintain ongoing relationships with their friends and families, who were encouraged to visit as often as they wished. They were made to feel very welcome and offered tea and meals when visiting. One relative, who had found it distressing to deal with their family member's illness, said the staff were, "…like family to me. They have gone out of their way to help me and make me feel at home".

The registered manager told us how they were able to provide good quality care to people at the end of their lives. They had done this for a long time, with the support of the community nursing team. It was 'second nature' to staff, who had completed training in end of life care provided by the local hospice.

Good

Is the service responsive?

Our findings

Each person had a personalised care plan which was reviewed every month by their key worker, and at least once a year with the person and their representatives. When people moved in to the home, the registered manager met with them and their family to gather information about their support needs, social and medical history, likes and dislikes, hobbies and spiritual needs. She used this information to develop an initial care plan. She had found however, that not all relatives wanted to know the detail of their family members care needs or be involved in the writing of the care plan, and understood and respected this. Despite this, relatives we spoke to confirmed that they had been fully consulted even if this was done informally. This meant that the service was able to gain a good understanding of people, even when they were unable to communicate this themselves.

Staff continued to develop the care plan over time, finding out what they could from the person and the people who visited them, and sharing information at the staff handover. A relative commented, "They always think of [the person] as an individual and ask how they can support them". This meant staff knew people well, and were able to continue to meet their needs as they changed, which could be daily. One member of staff told us," Some days [the persons] conversation is very good... Some days it's not so good and they need more support. There are good days and bad days. We know the people well and what to expect". Other people's needs had increased over time. A relative told us, "[the person] was very able when they first came. They [the home] have been very flexible as their needs have changed". The registered manager was confident that the new computerised care planning system would allow staff to update and access care plans more easily, which would further increase the responsiveness of the service.

People had their own individualised bedrooms, furnished and decorated to their needs, tastes and preferences. A relative told us, "[The person] had the room carpeted and decorated as they wished. All their furniture was delivered and arranged as they want it". One person who had recently moved in said," It's a lovely room. I've got lots of things from home." In addition the registered manager had arranged for their plants and garden bench to be brought so they could still enjoy them in the home's garden, where they spent a lot of their time.

The registered manager told us, that in her view, "social care and activities, and involvement with the community were of great importance". People were therefore supported to engage in a wide range of activities, and there were dedicated activity co-ordinators at the home for three mornings and three afternoons a week. Relatives and staff spoke very highly of them, describing them as, 'super', 'excellent' and 'an absolute gem'. Individual activity plans included information about people's history and interests, and covered both organised and spontaneous activities, for example, "[The person] is no longer able to dance, but very much enjoys watching others dancing". Activity plans aimed to promote independence. This meant all staff incorporated activities into people's daily lives, like folding laundry or preparing food. People were supported to go out into the community to do 'ordinary daily things', like going to the vet with the home's resident cat, shopping at the supermarket with a staff member or going for a walk with a member of staff to collect a prescription from the local pharmacy. We saw people enjoyed spending time in the garden. A relative told us," It's a lovely safe garden. [Person's name] used to do gardening and play ball games… We sat out in the summer and let them smell the mint, thyme and lavender. It's a safe, beautiful, outside space. People are able to go out on their own and enjoy it without having to worry about other people".

Organised group activities included trips out in the minibus, gardening, quizzes, exercise, singalongs, holy communion, and 'tea and chat'. We observed a drama therapy session where people reminisced about their wartime experiences. Everybody was engaged and contributed as they were able.

The service had strong links with the local community and worked with university students on a reading project, to engage with people living there. Up to ten volunteers visited to read poetry or short stories every week. The home had featured in two television programmes and been the subject of articles in the press and online. In addition to the university students, pupils from four local schools visited weekly to play games and socialise with people living at the home. These visits were reciprocated by people being invited to school events, such as the students Christmas party, musical concerts and plays. Some of the pupils were doing their Duke of Edinburgh awards, which gave them additional purpose and motivation in their involvement with people at the home.

Good

Is the service responsive?

The home had a written complaints policy and procedure which was given to people and their representatives when they moved in, however, people's relatives told us that the registered manager was always accessible and they would have no hesitation in approaching her or other members of staff if they had any concerns. Comments included, "I feel listened to. They act on what I say" and, "If I require something doing, they'll do it straight away". Relatives said staff kept them well informed of any issues regarding people's health and well-being. Staff told us, "We always make sure that we are around and available when families are visiting, so that they can talk to us".

Good

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. She was also the provider. Staff and people's relatives told us she was very approachable and supportive. One person's relative said, "It's a very well led service. [Manager's name] is very involved, she is always here. She is quietly efficient, full of quiet authority, wisdom and respect. This filters down through the staff group. I'm just full of passion for the place". Staff were just as complementary. One long standing member of staff told us, "[Managers name] is a genuine person, a genuinely caring person. That's one of the reasons I'm still here. She is a good leader. The care of the residents is of the utmost importance to her. She would say if staff weren't doing their job properly. She's a really nice person you can communicate with".

The registered manager was on annual leave on the day of the inspection, but we were able to speak with her by telephone. She told us that hers was more of a 'mentoring, administrative role'. She said it was a well led service, and this was down to the support of her 'incredibly brilliant' senior staff. The ethos of the service was, "To provide a high standard of physical and mental health care but in a social environment surrounded by love. It's a family affair with respect and feeling for everybody else. We try and do ordinary things in an extraordinary way. This is a home where people feel comfortable, and there is nothing artificial".

The registered manager told us she had no plans to expand the service, as "in a very small home you can give care in a different way". This view was shared by a health professional that felt because this was a smaller home, staff were able to, "pay 100% attention to the residents". The registered manager was however, working to improve the quality of care through the introduction of new computer software to manage information at the service. Staff would be able to access and update care records more easily, and communicate with each other effectively. If records were not being maintained by staff, the system would alert the registered manager and deputy manager, allowing them to monitor the quality of record keeping. The new system would also allow the registered manager to more efficiently document and maintain staff training records, supervision and appraisals.

The service had an effective quality assurance system to ensure they continued to meet people's needs effectively. For example, an annual medicines audit was carried out by an external pharmacist and accident and incidents records were regularly reviewed. The registered manager had commissioned an external audit of activities at the home and we saw she had acted on the recommendations made. These included, "Encouraging activities' is included in job descriptions of the team and promoted in interviews. Whole team approach to activities facilitation". Quality Assurance Questionnaires were sent out to people and their representatives, which could be completed anonymously. Questions included, "Do the staff communicate with you and keep you informed of any changes to the care of your relative/friend?" and, "Would you like a more active part in care planning for your relative/friend?" There was a questionnaire inviting professionals who visited the home to provide feedback about the quality of care. We saw questionnaires had been sent out related to food quality at the service. Of the 11 sent there were nine responses, which had been used to develop an action plan improving food choices for people.

Staff told us the registered manager, "invests in people", encouraging them to expand their skills and knowledge for the benefit of the service and the people living there. Two members of staff were doing high level management qualifications, and she had delegated some of her management tasks to give them the practice and experience they needed for the course. For example, they were carrying out staff appraisals and had sent out quality assurance questionnaires to relatives which they were in the process of auditing.

Staff meetings were held every three months and the minutes put on the staff noticeboard. All staff at the service were involved. They were an opportunity for information to be shared across the whole staff team, and for people to make suggestions as to how the service might be improved. We saw from the minutes that staff had been consulted about how office space could be rearranged so that it was more private. This would make it easier for them to maintain the confidentiality of people at the service when they were being discussed, for example at staff handover.

The registered manager fostered good links with the local community. She had been a member of a university reading project since it began, and participated in talks at

Good

Is the service well-led?

the university, and to other care homes and conferences, in connection with this. University students visited to read poetry or short stories every week and she was passionate about the enjoyment and inter-generational relationships this project had created.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The service was depriving people of their liberty for the purpose of receiving care or treatment without lawful authority.** 13(5)

This section is primarily information for the provider

Enforcement actions

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