

Minster Care Management Limited

Diamond House

Inspection report

80 Bewcastle Grove
Leicester
LE4 2JW

Date of inspection visit:
09 May 2022
10 May 2022

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29 July 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Diamond House is a residential care home providing the regulated activity accommodation and personal care. The care home accommodates 74 people across two separate buildings, each of which has separate adapted facilities. The service provides support to people with physical disability and/or dementia. At the time of our inspection there were 60 people using the service.

People's experience of using this service and what we found

Risks at the service were not always managed safely. People were not always provided with safe support for their diabetes needs. Medicines were not always managed safely. Fire risks had not all been addressed including a lack of detail in the personal evacuation plans in the event of a fire.

We were not assured that people were always protected from the spread of infection at the service.

End of life care plans did not provide much guidance to staff. Care plans were not person centred and sometimes contained information that was no longer relevant.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible.

Governance systems were not always effective at ensuring high quality care across the service. However, the management team were responsive to feedback and had begun to make changes following the inspection. We will assess the impact of this at our next inspection.

People were supported to eat and drink enough to prevent malnutrition and dehydration. External health and social care professionals were involved with the service where needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service under the previous provider was Good, published on 31 March 2020.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see all sections of this full report.

The provider has already taken some actions to mitigate the risks of some concerns raised and continues to work to put action in place to mitigate all risks.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to care person centred care, dignity and respect, safe care and treatment and leadership of the service, at this inspection.

Please see the action we have told the provider to take at the end of this report.

We sent the provider a warning notice asking them to make changes. When we next return to inspect the service, we will consider what improvements have been made

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Diamond House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by two inspectors. An Expert by Experience made phone calls to people's relatives, to gather feedback on the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Diamond House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement, dependent on their registration with us. Diamond House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. We visited the location's service on 9 and 10 May 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and 11 relatives about their experience of the care provided. We spoke with three external health professionals who were involved in people's care at the service people who live at the service.

We spoke with 23 members of staff including care staff, chefs, domestic cleaners, a deputy manager and the registered manager. We reviewed a range of records. This included 10 people's care records and multiple medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training records, policies and procedures were reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found and spoke to one further professional.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People with diabetes were not supported safely. Insulin had been administered by an untrained member of care staff. Staff had received training in supporting people with diabetes safely, but staff were unable to recall the information given to them at the training. This risked staff not supporting people in a safe way with their diabetes.
- People who needed walking frames to walk safely, at times had these removed from them when in communal areas. This increased their risk of falls as they might have tried to walk without their frame.
- Personal emergency evacuation plans (PEEPS) did not give staff guidance on how to keep people safe in the event of an emergency evacuation, especially if they were at the time displaying behaviour that challenged staff. The provider's own processes stated staff were to test the fire alarm system and automatic doors weekly and to undertake staff fire drills six monthly. These were not up to date. All this puts people at risk in the event of a fire.
- We observed a cleaning cupboard and sluice room doors left unlocked or propped open. This put people at risk of exposure to unsafe substances that could be hazardous to people's health following exposure.

Using medicines safely

- Medicines that needed special storage arrangements were not always managed safely, for example we saw one person had been given a medicine that needed special storage arrangements, but this had not been accurately recorded so the stock count was incorrect.
- Staff did not always have clear guidance on where to administer prescribed topical creams. This risked the cream being applied unsafely, on the wrong area of skin.
- Staff did not always have clear guidance on when to administer 'as required' medicines. There was a risk to people from this of receiving ineffective or inconsistent care and treatment.

Preventing and controlling infection; Learning lessons when things go wrong

- We were not fully assured that the provider was promoting good hygiene practices at the premises. This is because the service and equipment were not always clean. For example, we saw wheelchairs and crash mats which needed cleaning.
- We were not fully assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff did not always wear their personal protective face masks appropriately, or they removed them to talk to people at the service. This did not follow government guidance and increased the risk of COVID-19 transmission.
- The inspection team were not asked for evidence of a negative COVID-19 test on the second inspection

day. However, relatives told us that when they visited safe visiting procedures were followed.

- The provider's COVID-19 policy had not been revised with current advice or guidance about COVID-19
- Lessons were not always learnt when things had gone wrong at the service. An example of this is with falls audits. Falls that had taken place had been listed on the audit but no analysis was drawn to check for trends and patterns about why these falls had occurred, ensuring timely remedial actions and demonstrating lessons learnt.

People were not always protected from unsafe care and treatment because measures to reduce risks to their safety, including from unsafe medicines management and preventing and controlling infection, were not always safely ensured and opportunities to learn lessons had not always been taken. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, some immediate action was taken to improve some aspects of care. For example, district nurses were requested to complete insulin administration immediately and PEEPS were updated. Following our inspection feedback, the provider gave assurances that ongoing action would be taken to make further required improvements. We will assess the effectiveness of their actions at our next inspection.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- Staff told us they felt confident that the management team would respond appropriately to any concerns.

Visiting in care homes

- People were supported to have visitors. Relatives told us that they felt safe infection control processes were followed when they visited.

Staffing and recruitment

- The registered manager used a dependency tool to decide staffing numbers to meet people's needs, this was ineffective and led to the required numbers of staff being underestimated. Relatives gave us mixed feedback about staffing levels. One relative told us "We have had no cause to worry re staffing. We know there has been bank staff when shortages arose but overall, no concerns." Whilst others told us there was not enough staffing.
- Recruitment was not always robust. Recruitment files had gaps. For example, gaps in employment were not always explained. This put people at risk of receiving care provided by staff who were not always safely recruited.
- Disclosure and Barring Service (DBS) checks had been completed for all staff members we reviewed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training. Most staff understood the importance of safeguarding and the action to take.
- People told us they felt safe at the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Referrals had not always been made to the local authority responsible DoLS team in a timely way. Where any referrals had not been responded to by the local authority for over two years, these had not been followed up by the provider. There was also evidence of DoLS forms in place for people who had left the service some time ago.
- Staff were not always able to tell us about the principles of the MCA or anyone that was subject to a DoLS authorisation. They did not always know who had a DoLS at the service. We were told by two staff that if a person who was not subject to a DoLS wanted to leave the service, they would not be allowed to do so, as the service is locked. This is an infringement of the person's freedom to leave the service.
- DoLS authorisation forms contain lots of information about a person which was not used to plan care for people. Staff may have missed vital information about the person, such as their hobbies or past interests, that may help to effectively inform their care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans did not provide clear advice to staff on how to support people's holistic care needs.
- People who had diverse needs were not supported to explore them such as religion and sexuality.
- Assessment of needs was not comprehensive. People's need for support was not always recorded correctly. This put people at risk of receiving care that did not meet all their needs.

Staff support: induction, training, skills and experience

- Care staff had not all received appropriate training to fully ensure relevant skills and experience to undertake their role.
- For example, we found a lot of staff had not completed training about how staff should use and store people's confidential personal data, in accordance with the law for general data protection. This was also not in accordance with the provider's related policy, which stated this should be completed annually by staff. We saw evidence care staff left people's daily care records in communal areas unattended, which meant they had not recognised the importance of ensuring the safe storage of personal confidential records.
- We heard from some staff who felt care workers could benefit from more training in dementia.
- Staff received regular management supervision to be able to reflect on their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given a choice of dishes at each mealtime. However, we saw no evidence people's cultural preferences were met with regards to food choices.
- People were supported to eat and drink enough. Where people were at risk of weight loss, they were given extra calories and monitoring to help prevent this weight loss. We were told by a relative "From seeing the food in passing it looks appetising and appropriate. Today when I was there, (Person) had a banana milkshake and a lovely fresh slice of cake." One relative told us, "(Person) has put on weight which (Person) needed to do."
- Where people required prompts and encouragement to eat, we saw staff provided this effective support.
- People were supported to eat a balanced diet. One relative told us, "(Staff) have been working with (Person) now to ensure he eats healthy choices."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's oral healthcare needs were recorded in their care plans so staff knew how to support healthy mouth care. However, where people displayed behaviours that challenged staff around their personal care, this had not been considered within the oral care plan.
- Prompt referrals were made to other health and social professionals, for example if a person became unwell then a GP was contacted.
- External health professionals spoke highly of the communication from the service. They advised that if professional advice was given, then staff would then follow this advice to support the person more effectively.

Adapting service, design, decoration to meet people's needs

- There was a dedicated communal space available for social and recreational activities participation. However, this was not utilised by people at this inspection and the area was impersonal. We were told people preferred to stay together in the lounge areas.
- A wall with different sensory activities for a person to interact, had been created to support people who required sensory stimulation. We were told at the time of inspection there were no people who used this facility; however, it is maintained for when a new person who has this need arrives at the service.
- On each person's room was a coded symbol which helped to alert staff to important information about people's needs. For example, how many care workers were required to support with mobilising or personal care. This helped meet people's needs as staff could quickly look to get guidance to meet that person's needs whilst protecting their confidentiality.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were not consulted about people's care plans. This meant preferences were not obtained or followed.
- For example, one person was up and dressed in the dining room at 7.15am. They told us they were unsure what time it was when we spoke to them and described their usual routine of getting up at 8.00am - 9.00am before they came to Diamond House. This meant we were not assured staff were supporting the person in accordance with their preferred routine.
- People who lacked capacity to make decisions about the time they were woken, were got up by staff very early. Staff told us people were being woken as early as 5am to start receiving personal care, which may not be what they prefer. This demonstrated a lack of person-centred care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed some mixed quality of staff interactions with people.
- We observed negative interactions, for example we saw staff shouted out to people across a communal room, one person was hoisted in silence without any reassurances, and opportunities were lost for friendly chatter with people when an activity was completed.
- Staff referred to people as their room numbers both to each other and to the inspectors, rather than using people's individual names. This shows a lack of dignity provided to people who use the service.

People were not always treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Interactions were not consistent, and due to this there were missed opportunities treat people with kindness and respect and reduce the risk of social isolation. However, we saw some positive interactions at the service. Some staff positioned themselves at eye contact level with people before speaking with them. There was often a good rapport between staff and people and staff engaged with singing and dancing with people.
- Whilst we observed a mixed quality of interaction during our visit, positive feedback was given by most people and their relatives that staff were generally caring. One relative told us, "staff are always very warm and welcoming and approachable: we are very, very satisfied with the care [person] is getting."
- We saw staff knocked on bedroom doors before entering and closed bedroom doors before providing care. This supported people's privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plan's had not effectively identified their holistic needs. For example, where people had religious needs these were recorded, however there was no evidence people had been supported to practice their faith.
- Where people's wishes were to be well groomed, this had not been reflected in their care. For example, we saw a person with long dirty nails who wished to be well presented. They also had dry skin and their hair was not cared for. This showed a lack of knowledge of people and their personal preferences.
- People were not always offered a choice of drinks.
- Notice board orientation information for people was not kept up to date. This meant people who were not sure what day of the week it was may be more confused, as the wrong date was displayed. This is particularly important for people living with dementia who may find it hard to orientate themselves to the day of the week.
- Social and recreational activities were not planned to meet the needs of people in a personalised way, to meet the needs of everyone.
- People were not always referred to by their names when staff spoke together, and room numbers were used instead. This has been reported further in the 'Caring' section of the report.
- Staff were more focussed on the task than the person and their wellbeing. We were told by a staff member that people received their showers on certain days, and it was rotated around the rooms. This was not an individualised way to approach personal care.

End of life care and support

- Care plans for people's end of life support were basic and did not provide detailed guidance for staff.
- Care plans for end of life care pointed the reader to a section by a health care professional indicating any advance decisions made regarding the resuscitation status of the person and basic information about the approach to their end of life care. However, this lacked personal detail and did not provide a holistic review of the person's wishes for their care at the end of life.

People did not always receive care which was person centred. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Accessible information was used to allow people to make decisions. However, where photos of food were shown to people, to allow them to make choices about what they would like to eat, on the second day of inspection these food choices had not been updated to reflect the meal choices for that day.
- There was a lack of any care quality surveys with relatives, or accessible surveys with people who used the service. This meant feedback from their views may not be regularly sought, received or acted on.
- Relatives we spoke to, told us that they had no reason to complain but felt any concerns would be listened to.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives and people who used the service gave mixed feedback about the activities provided. One person, when asked about activities they joined in with, asked back, "Well what activities?" as they felt they were not offered any. Whilst a relative told us, "They've got [person] involved in gardening, they got them planting out seeds the other week."
- The 'About Me' section within care plans varied in detail. Some we reviewed provided detail about the person's life as a child, their family history and activities; which can all be used by care workers when talking to people. However, other people's care plans had no detail within the 'About Me' section, this meant people may not receive care that supported them to follow their social interests.
- During a COVID-19 outbreak at the service, people were supported to be visited by relatives in the garden, to avoid social isolation.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were no management checks recorded by the registered manager on people's individually specified care records. This meant the registered manager had failed to identify that staff were completing these records inaccurately.
- An example of this is staff recorded at pre-populated times when they offered support to re-position a person in bed rather than accurately recording the time they provided the care. This was important as staff need to know when a person was last positioned in bed, as people who are cared for in bed need re-positioning at regular intervals to reduce the effect of pressure damage to their skin
- We saw no evidence of checks on the content and quality of care plans by the registered manager. This meant they had failed to identify the lack of person-centred care and that information was inaccurate within the care plans.
- The service's own policies were not always signed and dated, and staff meetings were held infrequently. This puts people at risk of receiving care and support that is not up to date.
- We had mixed feedback about the leadership from people and relatives. One person told us they did not know who the manager was. Whilst a relative told us, "The Manager has an open-door policy. I am invited if I need to speak with the Manager. They use email and Facebook to keep us updated on what is happening at the home."
- The registered manager lacked oversight of the actions of staff. For example, they were unaware of staff referring to people as their room numbers, of waking residents up early, or of the way staff conducted themselves and shouted across the room at people. As a result, the registered manager was unable to address staff performance about these matters.
- Responsibility to maintain good nail care and to maintain equipment was not always clear. We heard from a member of the management team a person may be unable to have their nails cared for as they may have lacked funds. Inspectors questioned this as the person had long and dirty nails, and the person was then provided with the personal care they required to maintain good nail condition. This confusion of responsibility was because staff were unclear of their roles and impacted on the person negatively.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular audits did take place in many areas; however, they were often ineffective.
- Some audits had not been completed and as a result, shortfalls we identified on inspection had not been detected. An example was the specific temperature of fridges that store medicines. We identified the

medicines fridges which were outside the desired range, had not been detected by the registered manager. This put people at risk of receiving medicines which were not stored correctly.

- The registered manager was not aware that people's diverse needs were not clearly recorded, understood or met by staff. Protected characteristics under the Equalities Act were not celebrated or encouraged, which resulted in a lack of support for people to be open about themselves as individuals.

The registered manager failed to have effective leadership of the service including a failure of auditing processes and equality and diversity oversight. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- All staff were up to date with training on equality and diversity.
- Where we raised concerns during the inspection process, the provider was responsive at making changes. We continued to receive evidence of changes being made after the site visit had finished.
- Staff told us the manager was approachable and responsive.

Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We spoke to four professionals who visited the service. They explained that referrals were mostly made when needed, and staff listened to any advice given. We were told by one professional staff were, "Really good with residents if I pick up something, I have found they are very quick to respond."
- Staff spoke positively about the culture at the service. One staff member said, "Nothing could make it better, it is all good." And another staff member told us they would want their relative to live at Diamond House if they needed a residential home as staff were kind.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service understood the underpinning principles of the duty of candour and had an appropriate policy and procedure in place.
- Staff gave honest information and suitable support and knew how to apply duty of candour where appropriate.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care There was a lack of appropriate person centred care that met the needs of all service users and reflected their individual preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect There was a lack of dignity and respect provided to the people who use the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not always supported in a safe way.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of systems and processes in place to ensure effective oversight of the service.

The enforcement action we took:

Warning notice was issued