

Flightcare Limited

Courtfield Lodge

Inspection report

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Courtfield Lodge is a residential care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 70 people across two units. One of the units specialises in providing care to people living with dementia.

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

People continued to be at risk of avoidable harm because oversight at the service was not consistent. When people's needs changed their care records were not always updated to ensure all staff were aware of the person's needs before supporting them. This placed people at risk of avoidable harm.

The management of people's medicines continued to need improvement. For example, staff did not always follow correct procedures for the administration of thickening agents in drinks and food, this placed them at risk of choking and aspiration. Not all staff deployed to administer medicines were trained or deemed competent to do so.

Infection prevention and control systems continued to need improvement. There was a malodour on the first day of the inspection and cleanliness in some areas of the environment was poor. We saw improvements throughout the environment on the second day of inspection.

Since the last inspection recruitment processes had deteriorated. The manager did not always ensure staff were recruited in a safe way.

People were not consistently supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's rights and freedoms continued to be at risk of infringement because the senior management team were not aware of important conditions outlined in people's Deprivation of Liberty Safeguards (DoLS).

Person-centred care was not consistently provided. We found examples when staff had recorded people had been supported to receive oral hygiene however, they did not have a tooth brush. We observed mixed standards of person-centred care and not all staff were responsive to people's needs.

The service was not well-led because there continued to be risk of avoidable harm and people did not always achieve good outcomes. Staff told us they did not feel supported or listened to. The management team were responsive to our feedback and implemented improved ways to monitor the areas identified to be poor by the inspection team.

There had been an improvement in the way accidents and incidents were managed. Staff understood how to safeguard people from abuse and safeguarding procedures had been followed. People had access to a

wide range of external health care professionals.

Staff told us the standard of training had improved. Training records showed a wide range of courses available for staff however, some staff deployed to administer medicines had not been suitably trained. The manager arranged this training during the inspection.

Most people and relatives provided positive feedback about the support they received. Staff had built positive relationships with people they supported. People were provided nutritious meals and told us they enjoyed the food. However, on the first day of the inspection we observed staff did not always offer people choice and control at meal times because four people had left their lunch and were not offered an alternative. On the second day of the inspection we saw people were well supported during lunch time meal service. We have made a recommendation about improving people's experience at meal times.

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

Rating at last inspection and update

The last rating for this service was inadequate (06 August 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to people's safety, medicines management, person-centred care, safeguarding people from improper treatment, safe recruitment, dignity and respect and governance at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Courtfield Lodge

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 Care Act 2014.

Inspection team

This inspection was carried out by four inspectors and an expert by experience on the first day and one inspector on the second day. 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

Courtfield Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager in the process of registering with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about. We sought information from visiting professionals and participated in meetings with the Local Authorities to discuss their monitoring process since the last inspection. We used our planning tool to collate and analyse the information before we inspected.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and eight relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven staff, the manager, the legal director, the commercial operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found and to gain assurances about the areas of risk identified. We looked at training data and quality assurance records. We spoke with three visiting professionals, two were from the local authority and responsible for monitoring the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure safe management of people's medicines and robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People were at risk of avoidable harm because the provider failed to ensure systems in place to oversee changes in their health needs were robust. For example, one person became unwell with a urine infection and staff failed to monitor their diet and fluid intake. Another person experienced significant increase in risks around their physical health and staff failed to complete a risk assessment and care plan to ensure all staff supported them in a safe way.
- The management of people's medicines continued to require improvement. We found people were at risk of choking and aspiration because staff failed to ensure safe use and effective recording of thickening agents.
- One person's care plan directed staff to administer a specialised rescue medicine in the case of a seizure. Staff had not been trained in the administration of this medicine and therefore would not be competent to do so. We asked for immediate action to be taken to safeguard this person from the risk of avoidable harm. One the second day of the inspection the manager told us the situation remained. After the inspection we received confirmation a safeguarding plan was in place.
- Some staff deployed to administer medicines had not received training or deemed competent. This was an ongoing failure since the last inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed improved systems for oversight of people's changing needs and the management of medicines had been implemented.

- Accident and incident reporting, management and analysis had improved. We found examples of good record keeping in relation to accidents and incidents, staff sought help from external health care

professionals when someone had fallen. The number of service user altercations had significantly reduced.

Preventing and controlling infection

At the last inspection we recommended the provider should consider current guidance on infection prevention and control and take action to update their practice accordingly.

- Not enough improvement had been made. Staff did not always follow good infection control procedures. We saw clinical waste was not safely managed and people living with dementia could access areas where clinical waste was stored. Because of poor clinical waste management there was a significant malodour on the ground floor unit on the first day of the inspection.
- Areas of the environment were unclean. Lounge chairs were significantly stained and malodorous. The garden area was littered with cigarette ends. People's toiletries, protective clothing and incontinence products continued to be stored in communal bathrooms, this meant people were exposed to the risk of cross contamination of infection.

Systems were not sufficient enough to ensure sustained improvements in infection prevention and control. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. On the second day of the inspection we observed improved practices around the prevention and control of infection.

Staffing and recruitment

- Staff recruitment processes were not robust because the provider did not always make sure when staff were recruited fit and proper person checks were undertaken. We checked three staff recruitment files and found two members of staff had been recruited without exploration of their employment history, the manager also failed to seek or authenticate the candidates most recent employment reference.

Systems were not robust enough to demonstrate safe staff recruitment. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They confirmed all staff recruitment files had been audited and shortfalls had been actioned.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. Improvements had been made since the last inspection and staff demonstrated improved understanding of their role and responsibility in relation to safeguarding processes.
- The majority of relatives we spoke with told us they had seen improvements and felt their relative was safe. However, we also received feedback from two relatives who told us they were not satisfied with the support their relative received because they did not think the service was well-led and therefore it was unsafe. A person who lived at the service told us, "Everything staff do keeps me safe".
- There were improved processes in place to learn when things go wrong. Staff told us communication had improved and they felt involved in accident and incident analysis. However, staff also told us they did not always feel able to approach the senior management team and this created a risk of a closed culture. When a service has a closed culture, people are more at risk of abuse and human rights breaches.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure people were assessed in line with principles of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11. However, we found the provider had not adhered to conditions outlined in people's DoLS and therefore they were in breach of a different regulation.

- People's rights and freedoms were at risk of infringement because the senior management team were not aware of the conditions outlined in people's DoLS. Therefore, evidence that the conditions had been followed/met was not available.

Systems were not robust enough to demonstrate effective management of people's DoLS. This placed people at risk of improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received training and supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received training and regular supervision. In the safe domain we have reported on the providers shortfalls to ensure all staff deployed to administer medicines were trained and competent to do so. During and after the inspection we received confirmation that staff had been trained.
- Staff consistently told us they did not feel supported or listened to by senior managers. Comments included, "There is a dictatorial management style, they [management] don't work with us to develop or show us what they want, they just dictate." And "I don't feel listened to or supported." We will continue to report on this in the well-led section of this report.

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

- People's nutritional and hydration needs were not consistently assessed and recorded. We found staff did not monitor a person's fluid intake when they were known to be spending prolonged periods of time in bed. Another person had declined in their ability to swallow and staff failed to accurately record how and when their drinks were thickened to prevent them from choking.
- Staff weighed people in line with their care plan and sought advice from dietician and swallowing specialists as needed.
- People did not always experience a good meal time experience because staff did not ensure they were offered choice and control. We observed four people leave their lunch time meal on the first day of the inspection and staff did not offer them an alternative. On the second day of the inspection staff were more attentive.
- Staff told us they asked people to make a choice in the morning in relation to what they would like to eat at lunch and dinner, we observed some people who lived with dementia were not able to recall what they had ordered. This reduced people's experience of choice and control over meal times.

We recommend the provider considers ways to ensure people receive a good dining experience.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's changing health needs were not always effectively assessed. We were concerned to learn people did not have access to a visiting dentist. People's records showed their oral health had not been fully considered. The manager acted immediately during the inspection and all service users were allocated a visiting dentist, provided toothbrushes and assessed for oral health.
- There had not been any people admitted to the service since the last inspection. Staff followed due process to reassess people if they had been transferred to hospital.
- Staff referred people to external professionals and recorded their advice. We received positive feedback from external professionals about the way staff engaged with them and sought support when needed.
- Relatives told us staff were effective at seeking timely care for people they supported.

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

- People had access to adapted facilities to bathe and shower however, on the ground floor unit communal facilities were cold because the heating had been turned off. We were informed this was a long-standing

issue. The manager acted on our feedback and confirmed maintenance work would be carried out to make sure the heating system cannot be turned off by anyone other than staff.

- People's rooms were personalised and the environment had been designed to enable people living with dementia to be orientated to time and place.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People and relatives told us staff were kind and caring. Comments included; "[Name] has never been so looked after in their life, I cannot fault the place", "The level of care is good, they [staff] do all the laundry, they keep an eye on [name's] weight, they wash [name's] hair" and "[Name] is clean, looked after, she has clean clothes every day and any issues and [staff] call me."
- We observed staff did not consistently support people in a respectful way. One person was observed to be cold and this was not acknowledged by staff even when we told them. Another person was not supported to change when they had spilled food on their clothing, staff did not acknowledge they were struggling to eat independently.
- We could not be sure people received a good standard of personal care to maintain their well-being. Staff did not ensure they supported people with oral hygiene but had completed documentation to say this had been achieved.

People were not consistently supported in a dignified and respectful way. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives were asked for their feedback in the form of questionnaire. During the inspection questionnaires had been analysed and there was a consistent level of negative feedback in relation to how people's clothing and belongings were not always respected.
- People and relatives were involved in the care planning process. We saw some good examples of how staff effectively communicated with relatives.
- During the inspection people and relatives were engaged in a stakeholder meeting with the manager, we were invited to observe the meeting and saw people were confident to share their opinions and ask questions. Six out of eight relatives told us they were confident to express their views however, two relatives told us the management team were not approachable.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; End of life care and support

At our last inspection the provider failed to ensure people were supported in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- People's changing needs had not consistently been assessed and care planned in a timely manner. This placed them at risk of avoidable harm. We have reported on our findings in the safe and effective domains within this report.
- People did not always receive adequate standards of personal care because staff failed to meet their oral hygiene needs.

The fundamentals of person-centred care continued to be failed. This placed people at risk of harm. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us people were supported by staff who understood their needs and preferences.
- Planning for people's end of life care had improved since the last inspection. People were asked to discuss their wishes and best interest meetings were held when needed. The service was supported by community professionals when a person needed palliative care and staff had undertaken training to support people at the end of their life.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were processes in place to ensure people's communication needs were assessed, reviewed and supported. People were referred to opticians and audiology specialists and their care plans included detail of how best to communicate with them.
- People could access important information such as the complaints policy and the service user hand book

in accessible formats. For example, different languages and easy read.

- There was a complaints procedure in place and we saw formal complaints had been responded to. However, the provider's complaints procedure did not provide guidance for staff to follow when they received continuing concerns from people or relatives therefore, a consistent approach to the management of people's concerns was not always adhered to.
- During the inspection the senior management team showed us a new complaints procedure which provided guidance for staff to follow when people raise concerns about their care and support. We received mixed feedback about how complaints were managed, two relatives told us their concerns were not always taken seriously. Another relative told us, "I voiced some concerns over the last six months, things have improved."

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

- People and relatives told us they were supported to maintain their interests and take part in stimulating activities. People living with dementia could access tactile objects to stimulate their minds when in communal areas and we saw many people engaged in meaningful activities.
- Staff supported people to fulfil their spiritual and cultural needs and preferences. Care plans showed information about people's preferences and what is important to them.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider failed to embed effective governance systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance systems failed to identify breaches in regulations as identified throughout this report. The service was not safe and therefore people were at risk of avoidable harm. The senior management team had implemented new governance systems however they were still not robust and accurate records were not always maintained .
- Staff told us they did not feel confident to raise their concerns or express their opinion. Staff also told us they were unhappy at work. We were concerned about the risk of a closed culture. When a service has a closed culture, people are more at risk of abuse and being exposed to a breach of their human rights.

We found no evidence that people had been harmed however, the provider did not ensure effective governance at the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was an improvement in the way senior managers escalated concerns about people's safety to involved professionals and commissioners. The manager submitted notifications to inform us when things had gone wrong.
- Staff understood their role and responsibilities. Relatives told us they were informed of changes in their relatives health and wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The manager held regular stakeholder meetings. Staff told us they did not always feel the meetings were supportive. Relatives and people told us their feedback at meetings was listened to.
- The provider had engaged with a quality monitoring programme initiated by the local authority after the last inspection. We attended review meetings and listened to professionals' feedback in relation to improvements and continued areas for development. We found professional feedback was in the main positive however, some professionals were concerned about slow progression in some areas of regulatory standards.

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 The provider failed to ensure people consistently received person-centred care and support. Regulation 9 (Person-centred care)
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider failed to ensure people were consistently supported in a dignified and respectful way. Regulation 10 (Dignity and respect).
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people were protected from avoidable harm. The management of people's medicines was not always safe. Regulation 12 (Safe care and treatment).
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider failed to ensure people's DoLS conditions were understood and followed.

Regulation 13 (Safeguarding people from abuse and improper treatment).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider failed to ensure safe and robust recruitment of staff.

Regulation 19 (Fit and proper persons employed).

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 The provider failed to ensure good governance of the service.

The enforcement action we took:

We served a warning notice and informed the provider of when they should be compliant by.