

Ealing Homecare Limited

Ealing Homecare

Inspection report

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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

Ealing Homecare is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection 31 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider could not be confident people had received their medicines safely and as prescribed. This was because records of medicines administration were not clear and there had been no monitoring to identify whether people had received their medicines.

The procedures for recruiting and training staff had not always been followed. There were limited records to show the assessment of staff during their induction. Staff had completed some online training, including live video training sessions. However, there were no records of physical in person training or assessment of staff skills in providing safe care, such as moving people safely.

Records were not always clear. Some records contained the wrong information, and some were not dated and did not include essential details about the person being cared for or staff.

The provider's systems for monitoring and improving the quality of the service were not effectively operated. The provider had not always made the necessary checks to monitor the service. Where checks had been made there was not evidence to show these had led to improvements for people.

People using the service and their relatives told us they were happy with the care they received. They liked the care workers and felt their needs were being met.

Care was planned with people, and/or their representatives, to make sure their wishes, preferences and choices were identified and planned for. Staff were given clear information about each person's needs and how to support them.

The registered manager had a good knowledge of the individual people using the service. They had advocated on their behalf when people needed additional services and equipment. They had also liaised with other professionals to help make sure people had joined up care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 rating at the last inspection was requires improvement (published 18 December 2019). We did not identify breaches of any regulations at the last inspection. At this inspection, we found some improvements had been made in areas where we had previously identified concerns. However, further improvements were needed in some of these and other areas. We found the provider was breaching regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, good governance, staffing and employment of fit and proper persons at this inspection.

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

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Ealing Homecare

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

The inspection was conducted by one inspector. An Expert by Experience supported the inspection by making calls to people who used the service and their representatives. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 May 2021 and ended on 26 May 2021. We visited the office location on 26 May 2021.

What we did before the inspection

We looked at all the information we held about the provider which included the last inspection report.

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 looked at care records for five people who used the service. We also looked at records of staff recruitment, training and support for five members of staff. We looked at medicines administration records. We met the registered manager and discussed the service with them.

After the inspection

The registered manager sent us additional information about training and recruitment of staff, meeting minutes and feedback from people using the service. We spoke with four people who used the service and four relatives of other people. We contacted the local authority commissioners to ask for their feedback about the service and spoke with one local authority representative.

We emailed all the staff asking for feedback about their experiences and received feedback from three.

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 good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- Medicines were not always safely managed. The provider arranged for staff training in medicines management which included an online knowledge test. The registered manager told us they assessed the staff (administering medicines) during their induction. Records were not detailed enough to show competency assessments had taken place. We identified errors in medicines management. There were no records to show the staff responsible had received further medicines training and support so they could learn from their mistakes and improve their skills and knowledge.
- Records of people's medicines and the administration of these were incomplete. The records did not always contain essential information, such as how some medicines should be administered, details relating to the person, allergies they had and details of the relevant doctor and pharmacy. Furthermore, staff had not clearly recorded administration of medicines. We found that all the medicines records for people from January – April 2021 contained some degree of errors or gaps in recording. The staff had failed to record administration or reasons why medicines had not been administered, in some cases there were significant gaps in recording over several days and weeks. This poor level of recording meant it was not clear when, how or if medicines had been administered.
- Some people were prescribed medicated creams and eye drops. There was not enough information or guidance about these for staff to safely administer them as prescribed. There were no records to show whether these had been administered or not.
- One person was prescribed a tablet which required dissolving in water before being taken. There were no instructions for staff to do this. We asked the registered manager about this and they told us they did not think this was happening. Failure to follow the prescriber's instructions increased the risks to people using the service.
- The provider did not carry out checks or audits of people's medicines, or the records used to record these, to make sure these were being safely managed.

There was a risk people were not receiving their medicines as prescribed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider did not always ensure staff were suitable when they carried out recruitment checks. The provider had not always sought references from staff members' current or past employers. When staff had given names of personal referees only, there were no records to show the provider had asked them why this was or made additional checks on their suitability.
- There were no records of staff recruitment interviews or assessments of their skills or competency during

the recruitment process and induction. This meant the provider was not able to give assurances the staff were suitable.

Failure to ensure the staff had the qualifications, competence, skills and experience which are necessary for their roles was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had undertaken some checks during the recruitment of staff. These included asking them to complete an application form, checking to see if they had any criminal records, checking their identity and eligibility to work in the United Kingdom.
- There were enough staff to meet people's needs and attend the care visits. People told us staff generally arrived on time and stayed for the agreed length of time. Some people told us they did not know what time staff were supposed to arrive and this varied each day.

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

- The provider did not always effectively operate systems to learn when things went wrong. They did not undertake audits of all aspects of the service, so had failed to identify when there were errors, for example regarding medicines. Where audits had taken place, there was not a clear plan about how to address identified problems.
- In February 2021, there had been an incident where a person was placed at risk because they had not been supplied with their medicines from the pharmacy. This was not the fault of the provider but they did not immediately take action to mitigate this risk. The provider shared their concerns about this with the commissioning authority and district nursing team and the person did not suffer any lasting harm. However, there was no recorded plan or discussions with the staff to learn from this and to put in place processes to deal with events such as this in the future.
- The provider had also failed to recognise this potential abuse and therefore had not followed safeguarding procedures by alerting the relevant safeguarding authority so they could investigate. We discussed this with the registered manager so they were aware of the action they should take with similar situations in the future.
- There were procedures designed to safeguard people from the risk of abuse. Staff had online training about this. However, they had not routinely discussed abuse or whistle blowing during meetings or supervisions for the provider to assess their knowledge about this. The online training course gave only basic information about recognising and reporting abuse.
- People using the service and their relatives told us they felt safe with the agency and they felt they could trust the care workers.

Assessing risk, safety monitoring and management

- The provider had assessed risks to people's safety and wellbeing. These included assessments of their health conditions and risks of falls. The assessments had been created with the person and/or their representatives and included plans to minimise risks and protect people.
- The provider had also assessed people's home environments and equipment being used to identify any risks to the person or staff working at their homes.

Preventing and controlling infection

- There were systems designed to prevent and control the spread of infection. The provider had reviewed these in line with the COVID-19 pandemic. They had assessed risks relating to COVID-19 for individual staff and people using the service. They had also provided a wide range of information about the pandemic for them to help keep them informed.

- There was enough personal protective equipment (PPE) for staff and people using the service told us staff used this and followed good infection control procedures, like hand washing.
- Staff had been supported to learn about the benefits of the COVID-19 vaccination and had been encouraged to have this. There was weekly testing for all staff and strict procedures for responding to any positive test results.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not always ensure staff had the training, skills and experience to care for people safely and meet their needs. Two of the staff, whose files we viewed, had no previous experience working in adult social care. Face to face training was provided via video learning and included a test of their knowledge at the end of each session. However, training in all core subjects was delivered over a three to 10 hour period. There was limited evidence to show the assessment of staff skills, knowledge and competencies met the expectation of Skills for Care (the body who oversee workforce development in adult social care in England).
- The records for two of the other three staff we viewed also had no face to face training, no induction into the service, and no recorded assessments of their competencies. Whilst their job application forms stated they had previous similar experience, the provider had not assured themselves of their skills or abilities and had not assessed them or asked for evidence of qualifications or training during previous roles.
- Learning about basic life support and moving people safely should include practical learning where staff are assessed. This had not happened.

Failure to ensure staff were skilled, trained and experienced placed people at risk of receiving care and treatment which was not appropriate and was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw online supervision meetings had been conducted for all staff. The provider organised regular online team meetings. These were used to keep staff informed about some essential information, in particular about the COVID-19 pandemic and things they needed to be aware of around this. The meetings did not include discussions around key procedures, such as safeguarding, confidentiality, personalised care and mental capacity, which staff may find beneficial because they had not had thorough training in these areas. Discussing these during team meetings would also give the registered manager an opportunity to test staff knowledge.
- The staff told us they felt supported and if they needed advice the registered manager was available for them.

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

- The provider had undertaken assessments of people's needs with the person and/or their representatives. Senior staff had met with the person and discussed their needs and preferences. Assessments included details about different needs and lifestyle. They were used to develop care plans.
- People using the service told us they had been involved with the assessments. One person explained,

"Someone from the office came and was really lovely .. she even phones up now and again to see how I'm doing."

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

- People who were supported at mealtimes were happy with this support. The provider had recorded about people's dietary needs and preferences. This information helped the staff to support people appropriately.

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

- The provider had worked with other professionals to help make sure people's healthcare needs were met. They had made referrals to GPs when they identified people had a specific need and had followed this up to make sure people received the support they needed. They worked closely with district nursing teams and others in providing care, including coordinating visits for people who required insulin administration from nurses shortly before mealtimes provided by staff.
- One relative explained how the staff had identified a change a person's skin condition and had alerted the doctor so this could be addressed.
- The registered manager explained how they had supported people to access services during the pandemic through use of video calls when other professionals could not visit in person. For example, they had facilitated a video call assessment with an occupational therapist for a person who needed equipment so they could move safely.
- People's care plans included information about their health conditions and any risks associated with these.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People had consented to their care and treatment. The provider had discussed care plans and assessments with people, who had signed these, or given their verbal consent. People told us they were offered choices and staff respected these at each visit.
- Where people had legal representatives, such as Lasting Power of Attorney. The provider had obtained information about this and made sure they discussed decisions with these representatives.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- Whilst people and their relatives told us individual staff were caring, some aspects of the service meant that people were always well treated. For example, the provider had not assured themselves that staff had the skills, competency and experience to care for people in a safe way or meet their needs.
- Staff did not always use language which showed respect within their written notes about care provided. Most of the records we viewed referred to the "client" instead of naming the person and the notes indicated a task-based approach rather than a personalised one. For example, entries included phrases such as, "creamed, pad and creamed the hands."
- People using the service and their relatives felt staff were kind and caring. They had good relationships with regular care workers. Some of their comments included, "We chat and he is very nice to me", "They are very kind and caring indeed" [person's] regular one is fantastic but they're all good", "They have real conversations with [person] which is lovely" and "[Person] feels respected and never embarrassed, they are so polite."
- The provider had received compliments and cards of thanks directly from people. These included praise for the hard work of staff and in one case the kindness shown to the person's family during the last few days of their lives. One person had commented, "The carers show a level of care that is human and an attention to detail that is very reassuring."
- The provider recruited staff who spoke a range of languages and were generally able to provide staff who spoke people's first languages and shared a cultural background, if this was what the person had requested. One relative commented that this was really appreciated and helped the person to feel safe with their care.
- People told us the staff supported them to be independent when they wanted to be. Care plans included information about things people could do for themselves and they confirmed staff supported them in this area. One person explained how the staff supported them to carry out their physiotherapy exercises and to walk and this helped with their independence. A relative explained how the staff supported a person to do as much for themselves when washing as they could.

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

- People were able to make decisions about their care and these were respected. They were involved in creating their care plans, and these included information about their known choices. People told us the staff offered them choices and respected these at each visit.
- People told us they were involved in making decision and these were respected. One person said, "I make the day to day decisions."

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.

Improving care quality in response to complaints or concerns

- Complaints and concerns had not always been recorded, neither had the action taken by the provider or the response to the complainant. For example, the registered manager discussed a concern with us which led to a change in the staff provided for one person's care. There were no records of this, or to show learning from the concern, or how the service was improved. Detailed records would help the provider to monitor the quality of the service and provide assurances to others that they had responded appropriately to complaints.
- People using the service and their relatives told us they knew who they would speak with if they had a complaint or a concern. Information about the complaints' procedure was included in the document packs they had been given.
- The registered manager showed us feedback from one person they had received which said, "The agency is excellent at keeping us informed and I feel there is someone available to talk to if we have any worries about anything."

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

- People received personalised care which met their needs and reflected their preferences. They were involved in developing their care plans, which recorded information about their choices, lifestyle and any preferences. This was an improvement from our last inspection, where we found care plans were not personalised.
- People using the service and their relatives comments included, "They are very flexible and they follow what I say" and "If I want something extra done, they help me, they are good like that."
- The staff recorded daily logs designed to evidence the care they had provided. We looked at a sample of these. They did not include enough information or detail to show whether care plans had been followed or people had received personalised care.
- Some people's care plans stated they had additional monitoring charts, such as a food diary. Some people also had interventions which needed monitoring, such as regular repositioning to avoid pressure area damage to their skin. The registered manager told us staff recorded this, but they had not collected these records or reviewed them to make sure people were receiving the right support. These records were not available for us to view at the inspection.

Meeting people's communication needs

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.

- People's sensory and communication needs had been assessed and formed part of their care plan. For people who had a sensory impairment or a specific need, there was a plan for staff to make sure people received support and could understand the staff.

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

- Care plans included information about people's hobbies and interests, life before they started using care and things that were important to them.

End of life care and support

- People's preferences and specific wishes they had for care at the end of their lives had been recorded in their initial assessment. The registered manager told us they were not supporting any people who were being cared for at the end of their lives at the time of our inspection.

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 requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care

- The provider's systems for monitoring and improving the quality of the service were not being operated effectively. They did not carry out sufficient checks and audits. For example, they had not audited medicines records or reviewed medicines management. We identified significant problems with records around medicines management, which had not previously been identified or acted on by the provider.
- The provider had not always collected records of people's care, medicines records and records of financial transactions (help with shopping), and, where they had collected these for review, they had not always audited or checked these. Some audits had identified problems, but there was no action to remedy these and improve the service.
- There were no records of complaints and records of incidents were incomplete, meaning the provider could not evidence the action they had taken to make improvements. Some care records included inaccurate information, such as information about other people's needs, and in one case a different person's name. Records of staff recruitment, care records and audits were not always dated so it was difficult to have accurate information about when these records were produced.

Failure to effectively operate systems and processes to monitor and improve the quality of the service put people at risk of receiving inappropriate care. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had found it difficult to implement quality checks and keep records up to date during the pandemic and whilst they often had worked remotely. They acknowledged this was an area where improvements were needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was aware that improvements were needed in respect of records and monitoring of the service. However, they did not demonstrate sound knowledge of how to apply the relevant regulations in all situations in order to mitigate risk. For example, by raising safeguarding alerts when they identified potential abuse, and by ensuring medicines were safely managed.
- The registered manager had set up the company having previously worked in other care agencies. They had a management in care qualification. They had a good knowledge of the individual people using the

service and their needs. The staff who provided feedback told us they found the registered manager kind and supportive.

- There was a range of policies and procedures which were available for staff to view online. Staff and people using the service were also provided with handbooks which outlined key procedures.
- The registered manager explained they were in regular contact with people using the service, staff and other stakeholders when there was a concern, and they understood they needed to be open and transparent in accordance with the duty of candour procedures.

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

- People using the service and their relatives were happy with the service they received. They told us they would recommend the agency with one relative telling us this agency was better than the last one they had used. Some of their comments included, "They are really caring and a good company, they take pride in what they do", "I can honestly say, without them we wouldn't cope" and "We are perfectly happy with the service."
- The staff member who provided feedback to us told us they enjoyed working for the agency. Records of meetings with staff also included evidence they had told the registered manager they felt supported and happy in their roles.
- The provider had received feedback from people using the service and their relatives which showed they were happy with the care they received. Some of their comments included, "Absolutely, wonderful service. Great communication", "[Care workers] were so kind to us in the last days" and "I've been impressed by the dedication and reliability of Ealing Homecare."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were procedures relating to equality and diversity, and people using the service told us they felt respected and were treated well.
- The provider was in regular contact with people using the service asking about their experiences. They carried out telephone surveys about the service and also specifically about the COVID-19 pandemic to ask whether people felt safe and supported. People confirmed this. One person told us they were regularly contacted by the agency and a relative commented, "[Registered manager] is approachable and helpful, we can ask if we need anything."
- The registered manager told us they had regular staff meetings and used a group messaging application to stay in touch with the staff, sharing information and answering any queries from them.

Working in partnership with others

- The provider worked with external professionals to help assess, monitor and meet people's needs. For example, they had made referrals for extra support when people needed this and had liaised with healthcare professionals about supporting people.
- The registered manager told us they attended local authority and care professional led groups and forums, where they shared ideas and discussed common themes. They told us the local authorities sent a good range of information which they cascaded to staff.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons did not always ensure the safe care and treatment of service users.</p> <p>Regulation 12.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered persons did not ensure that persons employed for the purposes of carrying on the regulated activity had the qualifications, competence, skills and experience which are necessary for the work to be performed by them.</p> <p>Regulation 19</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered persons did not always ensure persons deployed to provide the regulated activity were suitably qualified, competent, skilled and experienced.</p> <p>Regulation 18</p>

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons did not always effectively operate systems and processes to assess, monitor and improve the quality of the service, or to assess, monitor and mitigate risks.</p> <p>Regulation 17</p>

The enforcement action we took:

We issued a warning notice telling the registered persons they must make the required improvements by 30 July 2021.