

Mr. Liakatali Hasham







Surrey Heights

Inspection report

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Ratings

Overall rating for this service	Requires improvement	
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?	Requires improvement	

Overall summary

Surrey Heights is a care home that provides accommodation and support for up to 39 people most of whom are living with dementia. There were 26 people living in the home on the day of our visit. Accommodation is arranged over two floors and there is a lift to access the first floor.

The home did not have a registered manager in post on the day of our inspection. A registered manager is a person who has been registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was manager in the home who was not registered with CQC.

Some people told us they were treated well by staff who were kind and caring. However some people's dignity was not always maintained. We noted when people were sitting in the lounge their walking frames were stored in a

Summary of findings

room next door to discourage them from getting up unaided and to have the freedom to walk around the home. This showed us staff were not respecting autonomy and promoting their independence. We saw staff knocked on people's doors before they entered.

Not all staff had undertaken training regarding safeguarding adults and were not aware of what procedures to follow if they suspected abuse was taking place. There was a copy of Surrey's multi-agency safeguarding procedures available in the home for information.

Risk assessments were in place for all identified risks for example choking. However staff were not always following correct procedures to keep people safe. For example not completing records as required. We looked at the medicine policy and found medicine administration was not managed safely.

Care plans were not always reviewed and kept up to date. For example one person's diabetic care plan was not maintained and their blood sugar levels were not recorded daily as agreed.

Generally people's health care needs were being met. People were registered with a local GP who visited the home weekly. Visits from other health care professionals also took place.

People had sufficient food and drink to maintain a healthy lifestyle, and people were complimentary about the food.

Staff recruitment procedures were safe and the employment files contained all the relevant checks to help ensure only the appropriate people were employed to work in the home.

People were engaged in activities for an hour during the morning. No activities were taking place during the afternoon and we saw people wandered about or sleeping in their chairs unoccupied or without support from staff.

Systems were in place to monitor the service being provided. Health and safety audits were undertaken and customer feedback surveys were undertaken.

People had been provided with a complaints procedure. We looked at the complaints record and noted no complaints were recorded. We saw several thank you letters and cards from relatives expressing their appreciation and gratitude for the care provided their family member.

There were aspects of the home that needed to be managed better. For example the standard of cleanliness required improvement and the standard of record keeping needed to be maintained to an acceptable standard. For example care plans were not always reviewed, cleaning schedules were not kept up to date and turning charts were not maintained appropriately placing someone at risk of developing pressure ulcers.

During the inspection we found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Not all staff had a clear understanding of how to protect people from the risk of abuse and the procedure to follow where abuse was suspected.

The standard of cleanliness and hygiene in the service was poor, and the arrangements in place to monitor the cleaning were not being maintained. .

Risks to people were not managed and staff were not always aware of the assessments in place to help prevent avoidable harm.

Medicine administration was not well managed to ensure people's safety.

Inadequate



Is the service effective?

The service was not always effective.

The provider had a good understanding of the Mental Capacity Act 2005, and appropriate DoLs applications were in place.

Staff did not have the appropriate training and supervision to undertake their roles.

People received adequate nutrition and hydration and people were complimentary about the food.

Requires improvement



Is the service caring?

The service was not always caring.

People were not always involved in decision making, and some people were unsure what a care plan was.

Staff did not always interact with people in a meaningful way.

Privacy and dignity was not always maintained. People had their walking frames removed from their reach to prevent them from getting up.

Requires improvement



Is the service responsive?

The service was not always responsive.

People did not receive personalised care that was responsive to their needs.

People's concerns and complaints were listened to and responded to according to the complaints procedure in place.

Activities were limited and people lacked social stimulation.

Requires improvement



Is the service well-led?

Some aspects of the service were not being managed well.

Requires improvement



Summary of findings

The service did not have a registered manager.

The standard of record keeping needed to be improved for example care plans, staff supervision and appraisal, recording charts, and infraction control monitoring.

There were not always adequate systems in place to monitor the quality of the service being provided. Monthly health and safety audits were undertaken and issues highlighted were acted upon.

Satisfaction questionnaires were undertaken and comments acted upon.

There were no records to show that regular audits took place, no staff supervision records, no staff or residents meetings or no reviews of care.

Surrey Heights

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This was an unannounced inspection, which took place on 3 August 2015. The inspection team was made up of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience in caring for someone living with dementia and older people.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is an account of significant events which the service is required to send us by law. This enables us to ensure we were addressing potential areas of concern at the inspection.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with 14 people, four staff, the manager, the chef and an administrator and four relatives. We looked at seven care plans, seven risk assessments, four staff employment files and records relating to the management of the home including audits and policies. We also spoke with six health care professionals and five relatives following our visit to gain their view about the service that was provided.

Not everyone was able to communicate with us so we spent time observing the interactions between people and staff. We used the Short Observation Framework (SOFI) to understand the experiences of people we were unable to verbally communicate with. We also spent time observing lunch and the way people were supported to socialise, and how care and support was provided.

At our previous inspection on 21 January 2014 we did not identify any concerns at the home.

Is the service safe?

Our findings

People told us they felt safe. One person said “I expect I am safe or safer than I was at home”. Another person said “They look after us here and I am sure we would come to no harm”. We saw the home had a copy of Surrey County Council’s safeguarding people in place which was located in the office. We also saw that 100% of staff had undertaken safeguarding training within the last twelve months. We spoke with the staff on duty and asked them questions about their understanding of safeguarding and the different types of abuse. Not all staff understood what they needed to do in relation to safeguarding people from abuse and they were unsure of how to recognise the signs of abuse. Staff were not clear of the role of the local authority in relation to keeping people safe from abuse or how to contact them should an incident occur. We asked the manager about this and she told us that the staff were agency and they should have had the training. We were unable to confirm what training the agency staff had undertaken.

Staff did not have an understanding of the systems in place to prevent or alert the local authority to abuse. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People did not always receive their medicines safely. There was a policy in place for medicines administration. During the lunchtime a new care staff from the service located next door was sent to help to give people their medicines. The manager immediately handed over the task of administering medicines to the new staff member to undertake. We asked if they knew the people who used the service and they told us they had never been in the service before and did not know anybody. We saw the staff member prepare medicine for one person and leave the treatment room where medicines were kept to administer this. They left the medicine cupboard unlocked and unattended for seven minutes. We had to make sure that people did not access the medicine room while it was unattended. During the time the staff member was administering medicines, we saw that they were unsure of who people were, they were trying to identify people by looking at a photograph and asked agency staff if they had the correct person.

There were currently two staff assessed as competent to undertake the administration of medicines which were the manager and one senior carer.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Medicines were stored safely and securely when not in use. A fridge was available for medicines that had to be stored below room temperature, for example insulin, eye drops and creams. We noted temperatures for fridge storage were recorded twice daily although the last recording was dated 31/7/2015.

Appropriate arrangements were in place in relation to the recording of medicines. The service used the medicine administration record (MAR) chart to record medicines taken by people. We noted appropriate codes were used to denote when people did not take their medicines.

For example if they refused, if they were on leave or in hospital. The MAR charts included information about people’s allergies, if they required PRN (when required) medicines and a photograph for identification. The majority of medicines were administered using the monitored dose system (MDS) from blister packs which made it easier to see if medicines had been missed.

Staffing levels were determined according to the dependency, and the number of people who used the service. The current calculations meant that there were four care staff required to cover the day shift and three care staff to cover the night shift. We looked at the duty rotas covering a period of three weeks and we saw that the staff numbers were adequate. However the senior carer was on leave during our inspection and we saw the manager was working in hands on role undertaking some of the senior carer’s responsibilities. This meant when the manager was undertaking an administration role the staff felt they were not able to provide support in a timely way which may cause distress to someone who did not understand why they had to wait.

The manager told us they would ensure that a senior carer is deployed on shifts to meet the agreed staffing numbers.

Two health care professionals told us they thought there were always enough staff visible when they visited, and they were able to meet people’s needs. They said staff were always willing to help and support them if they required assistance with a person they came to visit.

Is the service safe?

There was a safe recruitment process in place and the required checks were undertaken before staff started work. We looked at staff employment files and noted that staff had been recruited safely. This included two written references, a past employment history and a satisfactory Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were not protected by the prevention and control of infection. There was a risk of cross infection. We found that areas around the home were dirty and there was no one responsible for the cleanliness of the service as the cleaner was off duty. The toilet located next to the library had dried faeces under the seat and on top and the floor was stained with urine. We asked to look at the infection control policy but the manager was unable to locate this. In the dining room we saw the paintwork was dirty and greasy and there were food marks on the walls. We looked at the cleaning schedule for the dining room and this included a check list of tick boxes to be completed daily. We noted these were ticked regardless as one box said check curtains are hanging properly but there were no curtains in the dining room. This was last completed on 30/07/2015.

Other areas of the home were dirty. We found people's chairs and furniture were stained with food debris. The communal lounge had food and crumbs on the floor that had not been vacuumed. There was no identified person in the service to take the lead to address infection control responsibilities which meant that people were at risk because the service was not being maintained to an acceptable standard of cleanliness.

People were not protected against the prevention and control of infection. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Although there were risk assessments in place for people these were not always being followed. Plans were drawn up with guidance for staff to follow in order to keep people safe. However we found that this was not always happening. One person was at risk of choking and had a management plan in place to reduce the risk. We asked staff what they would do if someone choked on their food. One said "I would slap them on the back and then dial 999", another said they would give them a drink of water" and another said they were agency staff and did not know. Another person was being nursed in bed and had a turning chart in place to manage the risk of developing pressure ulcers. The risk assessment detailed what staff needed to do to help prevent this occurring which included turning their position every two hours. We saw the chart was filled in at lunch time and said the person had been repositioned twice during the morning when we saw they had been in the same position at 10.45 am and 1.15pm. Therefore the chart was not accurate and put the person at risk of developing pressure ulcers. People's risk assessments were out of date and where they had been reviewed there was little information or detail available about the review.

Staff had not appropriately assessed the risk to people. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had arrangements in place to provide safe and appropriate care through all reasonable foreseeable emergencies. The service had emergency and contingency plans in place should an event stop part or the entire service running. Both the manager and staff were aware and able to describe the action to be taken in such events.

Is the service effective?

Our findings

People were not supported by staff with the appropriate skills and training to meet their needs. Three of the four staff on duty were agency staff and there was no evidence available to us of the training they had undertaken. .

Mandatory training had taken place which included manual handling, first aid, food hygiene, fire safety awareness, understanding dementia and infection control. Training was undertaken using e learning and the manager showed us the workbook staff followed to complete this training. Specialist training to meet people's complex needs had not been provided to staff. For example not all staff had not received training in dementia and as a result had a limited understanding of how to support people living with this condition and what this meant for people. We saw several examples of staff not interacting with people in a meaningful way throughout the day and not affording them the time and patience required when communicating with people living with dementia

The agency staff told us they did not have regular one to one supervision with their line manager to assess their strengths and weaknesses and we noted from three staff files that regular supervision was not provided for permanent staff. The manager said she addressed issues in group supervision/meetings.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager was aware of the changes in DoLS practices and had policies and procedures regarding the Mental Capacity Act (MCA) 2005 and DoLS. Where people lacked capacity to make some decisions MCA assessments had been completed. The service was in liaison with the local authority to ensure that appropriate assessments were undertaken to ensure people were not unlawfully restricted. We saw examples of when the service had requested the local authority to undertake a DoLS assessment to ensure appropriate arrangements were in place to provide support for these people when they were unable to make the decision to live in the home or were unable to manage their financial affairs. Not all staff we spoke with had an understanding of when a person had capacity to make decisions for themselves.

The environment was responsive to the needs of people living with dementia. For example we saw clear signage around the home with pictures and words to show where things were. People had individual memory boxes, or photographs outside their bedroom doors to remind them that was their room. Relatives were very complimentary about the efforts of the service in promoting their relative orientation. There were appropriate signs on bathroom doors encouraging people to be independent.

People who were able to told us they liked the food. One person said "The food is very good and I can have what I want." Another person said "Sometimes I don't fancy what is available and they will cook me something else." We saw staff showed people two plates of food to help them make a choice of what they wanted to eat. Menus were displayed in the dining room but they were the winter menus, and the summer menus were being served during our inspection. This was confusing for people who were able to follow a menu. Drinks and snacks were available throughout the day and we saw staff regularly offered people these.

People mainly ate their meals in the dining room. Tables were laid with table cloths crockery and condiments. A selection of fruit juice was also available for people. We saw staff provided help and support for people who required assistance to eat. Some people chose to eat in the lounge and one person had their meals in their room. Fluid balance charts were in place which documented regular fluid intake for people who required their fluid intake to be monitored.

Some people were at risk of losing weight and as a result there were Malnutrition Universal Screening Tools (MUST) in place so that the risk to people could be managed. People's weight was monitored regularly and the results recorded so that appropriate action could be taken should people lose weight. For example a referral would be made to the GP or speech and language therapist for further guidance. We looked at a MUST tool that only recorded a person's body mass index instead of their weight. We discussed this with the manager who has now started to record people's weight in their care plan and in a weight book.

People's healthcare needs were being met. People were registered with a local GP who visited the service weekly or more frequently when required to do so. Relatives we spoke with said the care and support their family members received from their GP was good. They said they were

Is the service effective?

always kept updated following a visit from the doctor and informed of any change to treatment... The district nurses visited the service to oversee people's clinical needs. For example to undertake dressings, take blood samples for investigation, administer flu vaccines or insulin injections

and to provide advice and support for staff on skin care and wellbeing. The health care professionals we spoke with had no concerns regarding the standard of care being provided in the home.

People had regular access to chiropody, dental care and eye care and people could either access this in the community or home visits were arranged.

Is the service caring?

Our findings

Relatives spoke highly of the home and the care provided. One relative said “It is always so welcoming and my relative has settled well.” Another relative said “It’s an eccentric place and that is what makes so special, I am more than pleased with the care provided.”

One person said “I like living here”. Another person told us they were happy with everything.

Several people were unable to communicate their views to us. We were able to see from our observation that most times people were treated kindly. However we saw staff was task orientated and did not spend much time interacting or talking in an inclusive manner with people. For example we heard a staff say “Would you like a cup of tea” the person said “Thank you”, the staff member replied “You’re welcome” and moved swiftly on. No eye contact was made. We heard during lunch a person said “I don’t like ice cream as it hurts my teeth”. The staff member said “Well there is nothing else”. And the person was not offered another choice. We did inform the manager later who arranged an alternative to be provided for the person. Some people had difficulty understanding staff as English was not their first language and we heard one person say “I don’t know what you are saying.”

Privacy and dignity was not always maintained. We saw staff knocked on people’s bedroom doors before they entered their rooms. Personal care was undertaken in private and people could have personal care carried out by gender specific staff. However we saw staff walked with people to the main lounge and sat people in arm chairs around the room. They then took their walking frames from them and stored them in a room next the lounge known as the hairdressing room. We saw ten walking frames there which were in use. We asked staff why they did this and they said it was because people tried to get up on their own when they were unable to. There was nothing recorded in

people’s mobility assessment or mobility care plan to support this practice. We saw the same practice when people were being escorted to the dining room and staff said there was not room for walking frames in the dining room. We saw on two occasions two people tried to get up and move from their chair and were told to sit down by staff until they had time to fetch their walking frame, which did not happen. This was not dignified care as people did not have a choice or freedom to be independent.

Privacy and dignity was not always promoted by staff. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Some people chose to have their doors open and others closed. People were encouraged to bring ornaments and photographs into the home to make their bedrooms more personal to them. Relatives told us they were welcome in the home at any time and encouraged to help personalise their family member’s bedrooms. They said there were private areas where they could visit their family member and speak without being overheard. People who did not have relatives or visitors lived in rooms less personalised and appeared very bare.

People who were able to could make choices about their daily routines. Some people chose to spend time alone and participate in activities when they were provided. One person said “I can sit in the garden when I have a cigarette and this helps me to relax”.

People were not actively supported to be involved in their care and making decisions. We asked people if they had been involved in their care plan, but people did not know what a care plan was. The manager told us that it was usually a family member and care managers who were consulted regarding this and agreed on behalf of people. They said we try to involve people as much as possible but sometimes we have to rely on family member to get a bigger picture.

Is the service responsive?

Our findings

People had assessments undertaken before they were admitted to the service in order to ensure there were the resources and expertise to meet people's needs. Relatives told us they had been involved in part of the assessment especially with their family member's life history which helped build a picture of what the person was like. The assessments we looked at were varied and not all of them included people's past life experiences. This did not provide staff with some background knowledge to help them understand the person they were caring for.

People had care plans in place. These were written with information acquired from the needs assessment, relevant health care professional reports. Each care need was supported with a plan of care and objectives to be achieved. The reviews of care were limited with very little information other than 'no change' and dated. Staff did not always record daily entries in the care plans about how care was delivered on each day and how that person was feeling and if they had any visitors either family or health care professionals. Staff told us they told the senior carer of any events or change in people's routine and they entered this on people's care plan.

Care plans were not reviewed to show the current needs of people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was no activities coordinator employed in the service. The manager told us this post had been recruited to and they were awaiting the employment checks required prior to the person starting work. One person told us "There is not enough to do." Another person told us "I knit scarves." and another person said "I grow plants in the garden." We saw between 11.10am and 11.30am five people were taking part in a soft ball game in the library facilitated by care staff. We saw the activities coordinator from the home next door was sent to Surrey Heights to undertake an activity for 40 minutes before lunch. This was a word search game that

three people took part in. We observed by 10.30am there were 13 people in the lounge. The large screen TV was on mute, but the radio/CD was playing very loudly. This appeared to prevent people from chatting and the combination of the mute television coupled with the loud music was confusing for people. Staff were not responding to the social needs of people. Later when people were having their lunch the music was turned off and people began to chat to each other. We saw there was a matinee advertised to take place in the afternoon in the dining room but this did not take place. This was not substituted for another activity which meant people were unoccupied.

People told us they liked the garden project. The service had two poly tunnels with a variety of vegetables which we were told had been used in the kitchen. There was also a decking area with garden furniture that was accessible for people who used a wheelchair. This overlooked a rabbit hutch and run with two rabbits. People did not use this facility during our inspection due to deployment of staff. Relatives we spoke with were very complimentary about the garden project and what it meant for the people living in the home.

People's spiritual needs were observed and visits from various clergy were arranged on request. A church service was organised regularly which also included Holy Communion for people who wished to attend.

People knew how to make a complaint or comment on issues they were not happy about. People and their relatives were provided with a copy of the complaints procedure when they moved into the home. There was also a copy of this displayed in the main entrance. Relatives told us if they were not happy about something they would talk with the manager who always tried their best to solve issues. They said they had never followed the formal complaint process as there was "never a need to." There were three complaints recorded since 21 January 2015. These had now been resolved using the complaints procedure.

Is the service well-led?

Our findings

The home has been without a registered manager since December 2014. The home was being managed on a day to day basis by a manager who had submitted their application to CQC to become registered.

They were supported by a senior carer who was on leave during our inspection. We saw the manager often worked in excess of 12 hour shifts, six days a week to ensure management cover was provided in the service. The manager worked well with other health care professionals and six health care professionals we spoke with had positive comments to make and were pleased with the service that was provided. “The service will refer people for support promptly and the manager always has an understanding of people’s needs and why they were making the referral”. Another comment from a health care professional was “The manager has turned the place around and has done nice things in the home like the garden project.”

The area director visits the home at least weekly to support the manager. They were currently working towards staff recruitment in order to promote continuity of care and improve quality within the home.

A relative told us they were kept informed about their family member’s care and any changes that took place by the manager. One relative said “I feel so reassured that X is in charge of the home as I know my family member will receive good care”. Relatives meetings were organised and the last meeting took place on 10 May 2015. Residents do not have separate meetings but were able to attend with relatives when they were able to. The manager told us they wanted to change the meetings to meet on Saturdays to

enable more relatives who work to be able to attend. Relatives were informed of service issues and developments during these meetings and had an opportunity to air their views.

Health and safety audits were undertaken monthly to promote people’s health and wellbeing and to maintain a safe working environment. This also included fire safety awareness and the maintenance of fire fighting equipment.

Customer satisfaction questionnaires were sent to relatives and stakeholders for comments and suggestions and feedback analysed for improvement. We did not see these feedback forms during our visit. Relatives told us they were asked on several occasions for their suggestions and comments.

The standard of record keeping was inconsistent and not up to date. Reviews of care plans and risk assessments were not always undertaken in a timely way which meant staff would not have the most recent information and guidance in relation to individual’s care. Recording charts for repositioning and weight records were not always accurate. Infection control audits and housekeeping audits were not up to date. Staff supervision had not been provided regularly and staff appraisal was not in place.

The provider did not have effective systems in place to monitor the quality of care or drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The provider had informed the CQC of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People were at risk of infection because the provider did not maintain a satisfactory level of hygiene in the home.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People's needs were not being met because there were not sufficient numbers of qualified, competent and skilled staff deployed in the service. Staff did not receive appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out their duties they are employed to perform.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People were at risk of infection because the provider did not maintain a satisfactory level of hygiene in the home.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

People were not treated with dignity.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Records relating to the care of people and the management of the home were not maintained adequately.

This section is primarily information for the provider

Enforcement actions

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