

One Day At A Time Home Care Ltd

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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?

Inadequate ●

Summary of findings

Overall summary

About the service

This inspection took place on 11 June 2019 and was announced. One day at a time home care limited is a domiciliary care service providing care and support to people in their own homes to promote their independence and well-being. At the time of the inspection personal care was provided to 18 people. This was their first inspection since registering with the Care Quality Commission.

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

Risks to people were not always managed safely. The level of detail in people's care plans to ensure any risk was managed effectively was limited. The registered manager did not have any clear processes in place to manage risks appropriately. There was no evidence that people were involved in decision making about their care. Recruitment of staff was not managed safely. However, people told us that they felt safe.

The provider did not have an effective system to ensure that staff received appropriate training. Not all staff had undergone an induction process. People could not be assured that they would be supported by sufficiently skilled staff, who were well supported by management. The registered manager stated they undertook spot checks on staff to check their competency but stated they did not have any written evidence of this.

The registered manager had formed some links with the local authority.

The registered manager had not gained any feedback from people or relatives regarding service improvements.

People's care plans were not always person-centred and did not contain details of people's individual choices and preferences. The service did not evidence how it was meeting the Accessible Information Standard. All complaints and concerns were managed appropriately by the service but common themes had not been identified so that it could feed into learning and service improvements.

People were not supported to have maximum choice and control of their lives, there was limited information in people's care plans regarding social support needs and personal information. We have made a recommendation about Accessible Information Standards.

People spoken to who used the service stated the staff were very kind and caring.

People were supported by sufficient numbers of staff and most visits were completed on time.

Medicines were mostly managed safely however there were a lack of medicine risk assessments in place.

The service used a computerised system to support staff to administer medicines safely and no medicine errors had been identified.

People were treated with dignity and respect and told us that staff treated them well.

Rating at last inspection

This was the first inspection of the service.

Why we inspected

This was a planned inspection based on our published timescales.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider was sent a letter from the commission asking them to provide an urgent action plan following the inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified five breaches in relation to the below regulations at this inspection.

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

Where we are taking or proposing to take enforcement action but cannot yet publish the actions due to representation and appeals process the text below must be added under this heading.

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

Due to the number of concerns found, immediately after the inspection we requested information, in the form of an action plan, from the provider about how they were going to ensure all regulatory requirements were going to be met. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 'Requires Improvement'

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 well-led.

Details are in our well-Led findings below.

Inadequate ●

One Day At A Time Home

Care Ltd

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 one inspector 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.

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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with the registered manager. We reviewed a range of records. This included four people's care records and associated documents such as assessment records. We looked at records of accidents, incidents, compliments and complaints received by the service. We looked at four staff files in relation to recruitment, staff supervision and training records.

After the inspection

After the inspection additional information was gathered. This included, the training matrix, One Day at a Time Home Care Limited policies and procedures and feedback from people, staff and relatives.

Is the service safe?

Our findings

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

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Peoples risks were not always managed safely. The level of detail in people's care plans to ensure any risk was managed effectively was limited.
- People did not always have their risks assessed. There was no clear process in place to manage risks appropriately, and to make sure that people were involved in decisions about how their risks were to be managed. For example, one person had a medical condition that meant they required support from care staff for transferring and moving. The registered manager told us, "They definitely have a risk of falling". However, there was no risk management plan in place for care staff to know how to transfer or move the person safely.
- We looked at one person's care plan who used a ceiling track hoist and adaptable wheelchair. It did not detail anywhere in the person's care plan how to support this person in a safe way when using the hoist or wheelchair. At the factual accuracy stage, the registered manager stated, "Staff had attended training for PEG feeding and for administering medications through the tube, training on how to use a ceiling track hoist the persons adaptable recliner chair". PEG feeding is where a person is fed via a tube that goes into their stomach.
- We found areas of inconsistency in people's assessments. The registered manager told us that they were 'fluid documents'. However, there was a lack of detail and parts of assessments had not been completed. For example, one person's social support plan had four sections that were blank.
- The registered manager did not ensure people's records accurately reflected and safeguarded their needs.

At the time of the inspection 13 staff had not completed training in adult and children's safeguarding. Following the inspection, the registered manager ensured staff training was undertaken and sent an updated training matrix which showed that only two staff now needed to undertake this training.

- Records of accidents and incidents lacked detail and did not evidence that any monitoring took place after people had been involved in a safety incident. For example, one person who had fallen twice in the past 12 months had not had any reviews or additional risks highlighted in their care plan.

The registered manager failed to ensure risks relating to the safety and welfare of people using the service were assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

- People stated they felt safe with care staff. One person stated, "It's not always the same carer, but they have a rota. I feel very safe with them all."

- People's case notes were up to date following each visit from care staff and highlighted what care had taken place during the visit.
- Whilst some staff had not received recent safeguarding training they were able to demonstrate a full understanding of safeguarding and signs of abuse and stated they had received the training in previous roles.

Staffing and recruitment

- People were not always protected from the risk of being cared for by unsuitable care staff. Gaps in employment history were not always explored. Satisfactory evidence of conduct in employment that related to previous work in health and social care was not always obtained.
- The required staff recruitment checks with the Disclosure and Barring Service were not carried out to ensure people were protected from having staff work with them who were suitable. It was found during inspection that two staff members did not have an enhanced disclosure. Enhanced disclosures include information held by local police forces. We informed the registered manager of this during inspection, who stated that an enhanced disclosure application would be made. Following the inspection, the registered manager provided a risk assessment they had in place for the staff members who did not have an enhanced disclosure.
- Not all staff's files contained evidence of an application form or interview notes. When we discussed this with the registered manager they agreed to undertake a retrospective recruitment files review of all staff employed to ensure that all the required checks had been undertaken.

The registered person failed to ensure fit and proper persons employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed.

- There were sufficient numbers of staff to meet people's needs. People, relatives and care staff confirmed this. The registered manager stated they would also go on visits to support people with care when needed.

Using medicines safely

- Each person's file contained a medicines risk assessment. However, not all medicines risk assessments were completed. For example, two risk assessments did not list the medication the person was receiving. They did state if the person was able to administer their own medication.
- The registered manager stated the service used a computerised system called 'Nursebuddy'. This system informed staff what medication to administer per visit and staff would electronically mark this off when administered.
- The registered manager stated that they had not had any medication errors.
- It was seen from the training matrix provided by the registered manager that nine people had not received training in medication administration. The registered manager confirmed after inspection that medication administration training would be undertaken by all staff.

Learning lessons when things go wrong

- The registered manager stated that they used a 'mobile phone memo' to staff as a system to provide information regarding themes on visits or when people's needs change. The memo was sent electronically using a mobile phone application.
- The registered manager monitored records of accidents or incidents and put improvements in place following these to keep people safe.
- The registered manager did not have any robust systems in place to make sure that learning took place on a regular basis. There was no evidence of how staff would learn from reviews of incidents or concerns.

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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as 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

- People were not always supported by care staff who had the appropriate training and support.
- The registered provider had a list of training they deemed mandatory for care staff members. This included risk assessments, manual handling, Mental Capacity Act (MCA)/deprivation of liberties (DoLS), move and assist safely, safeguarding children, safeguarding adult's introduction, emergency first aid skills and medication
- However, we looked at the provider's training matrix and saw that not all care staff were fully up to date with the training the provider considered to be mandatory. The service employed 14 care staff. From the training matrix we could see that the following numbers of care staff had not received training in certain topics:
 - □ Thirteen staff members had not received training in risk assessments.
 - □ Seven care staff had not received training in manual handling
 - □ Four care staff had not received training in deprivation of liberties
 - □ Four care staff in Mental Capacity Act
- The registered manager stated all care staff should have completed their training after their three-month induction.
- There was no evidence in staff files that new staff had received an induction when starting employment.
- The registered manager advised us care staff received supervision every three months. The supervision matrix showed that staff were not receiving supervision three monthly. One care staff member who had been employed since March 2019, stated they hadn't received a supervision since starting in role. Another care staff member stated, "I had a supervision in January."
- We could not be assured people would be supported by sufficiently skilled and well supported staff. The registered manager could not provide evidence that staff had received training the provider considered to be mandatory.

The registered manager failed to ensure there were sufficiently competent staff who received appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing

- People felt that care staff had the knowledge they needed when providing their support. One person stated, "Yes, very good, very professional. They are very communicative. Nice to talk to. They pick up on your mood and body language, that sort of thing. Not just doing a job."

- One relative stated, "They are excellent. Yes, they are professional".
- The registered manager stated they had enrolled two people on NVQ level 2 training and one person on NVQ level 3 training.

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

- People's needs and choices were not always taken into account when delivering care. People's care needs were always not adequately assessed, planned and reviewed to ensure people received support in a way they preferred.
- People had a day support plan in their files, which highlighted people's routine during a visit. For example, one person's care plan stated, 'I like to have my lunch between 12:00 and 12:30pm'.

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

- People had food and fluid charts in their files, which highlighted what they ate and drank during each visit.
- People were asked how well their food and drink was managed. One person stated, "It's just microwave meals, but all ok."
- Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- The registered manager stated they had formed links with local authority, General Practitioners and district nurses. For example, when someone was due to be discharged from hospital the registered manager stated that they could assess the person on the ward to see if they could meet their needs.

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.

- Prior to the inspection thirteen staff had not received training on the principles of the MCA and understanding people's right to choose. When asking a staff member if they had received training in MCA they stated "no". The member of staff could not give a clear answer regarding the principles of MCA. Following the inspection, the registered manager provided an update training matrix demonstrating that most staff have now had this training.
- There was evidence in people's file where they had been involved in specific decisions around their care needs.

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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as Requires Improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The registered manager had not gained any feedback from people or relatives.
- People's care and support assessments were not completed. For example, two people's assessments, under the section, 'what I want my carers to know about me' was blank. People had not been given the opportunity to give feedback on the support they required, including their preferences, personal histories or backgrounds.
- The service had received 29 compliments in the past year. One person commented, "I would just like to say how impressed I am at the very good condition you keep [person] feet in."
- The registered manager stated they would talk to people about what they wanted as part of their care, but there was no evidence that people had consented to what was written in their care plans.
- People confirmed they felt involved about care decisions. One person stated, "Yes, I consented to the care. And yes, sometimes they ask me about doing things".

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager told us staff treated and supported people well. For example, one person needed support with building their confidence to help them get back on their feet and become independent again. The registered manager told us the person struggled with back pain and lived on their own. After staff worked with this person for five months they regained their independence and were able to do things by themselves without support.

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was protected. All personal records were kept locked in the office and in a place of their choice within people's own homes.
- People felt that staff were kind and caring. One person said, "Yes, without doubt. They understand. They care. My husband had some bad health news and they gave me a hug and made sure I was ok."
- Relatives felt that staff treated people with dignity and respect. One relative stated, "Ah yes, they use a towel to cover this and that. Very dignified."
- A staff member commented, when asked how well they get to know the people they are caring for, "By building a relationship with them, communicating with them, showing interest in what they are telling you, giving choices. For example, give choices of clothes, of breakfast."

Is the service responsive?

Our findings

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

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as Requires improvement: This meant people's needs were not always met.

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

- Care plans were not always person-centred and did not contain details of people's individual choices and preferences.
- We reviewed people's care records and we found care plans lacked person-centred detail. Some care plans contained a 'social support plan' which should detail people's specific 'life events', 'hobbies' and 'cultural routines/commitments'. During the inspection we found that these support plans were blank.

The registered person failed to ensure records reflected a clear care and treatment plan of people's individual needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.

- The registered manager told us staff used a global positioning system mobile phone application to check in and out of visits. This allowed the registered manager to see when the visit had taken place, and that the staff member was safe.
- The registered manager stated the service had a driver. They would assist with taking staff who didn't drive to visits and ensure they took place when scheduled. Feedback was that visits did take place on time. For example, one relative stated, "Mostly, they are on time, if they are running late, they do give us a call. They have never missed a visit, even in the snow."
- The registered manager advised that following a referral, an assessment to see if they can meet the persons need could can be carried out within a 24-hour period.

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.

- The registered manager stated they were aware of the specific requirements of the AIS. We discussed the five steps of AIS with the registered manager to ensure all information presented was in a format people would be able to receive and understand. They stated they had a standard form to record this information. However, during the inspection we observed the AIS forms were not being used.

We recommend the provider work to the standards as required by the Accessible Information Standard to make sure people are given information in a way that they can understand.

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's files did not contain evidence of how staff supported people to follow their interests and take part in activities that were socially and culturally relevant to them. However, the registered manager talked us through an example of how they supported people in this way. They stated that the service supported someone following hospital discharge, providing personal care. Following a period of time, with the support of staff, their confidence returned, so much so that they were able to retake their driving test to help them become more independent.

Improving care quality in response to complaints or concerns

- The registered manager stated the service had received five complaints. All complaints were logged and contained a summary and record of actions taken.
- The registered manager responded to complaints and concerns in a timely way, however, we did not see evidence of how these drove service improvements.
- All people and relatives we spoke with following the inspection were positive about the service and the quality of care they provided.
- One person stated, "I've never had to complain. But I am confident they would deal with it if I had to".
- Staff were aware of the procedure to follow should anyone raise a concern with them

End of life care and support

- At the time of inspection, the service was not supporting any one with end of life care support.
- The registered manager stated when they had supported people at the end of their lives they had worked according to the care plan and had liaised with the palliative care team and district nurses.
- The registered manager stated they would support staff who had worked with people at end of life by providing an open environment for staff to talk about this.

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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as Inadequate: 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.

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

- The service had a registered manager as required.
- We did not see any effective quality assurance systems in place for monitoring and improving the service. We asked the registered manager for any audits of the service, but they stated they "did not have any".
- Care records and risk assessments were not always kept fully up to date.
- The registered manager stated they did spot checks on staff members when delivering care to ensure the quality of the care. They stated feedback was given verbally however there was no recorded evidence that any spot checks or staff supervision was taking place.
- The registered manager failed to have systems or processes in place to ensure that the quality and safety of the services provided was being monitored effectively. We found the registered manager, despite telling us they had no audits, had undertaken two types of audits. However, they were ineffective in demonstrating how audits fed into service improvements. The registered manager stated that they were responsible for undertaking people's care assessments, and then they would complete a 'staff file and audit form'. This meant that the registered manager was auditing the work they had themselves completed.
- People's care records were inaccurate and not up to date. The registered manager did not have an accurate understanding of risks associated with the people they supported. The inconsistent documentation meant that information was not reflective of people's needs, and this had not been identified by the registered manager so that the appropriate action could be taken to mitigate people's risks. We found areas of inconsistency in people's assessments. There was a lack of detail and large parts of assessments had not been completed. For example, one person's social support plan had four sections that were blank.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

- Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care
- Not all staff had received training in relation to the Equality and Diversity Rights as part of their induction. Twelve out of thirteen staff at the time of inspection had not completed this.
- We looked at whether people and their relatives were encouraged to give their views about the service

they received. The registered manager stated they had not started to gain feedback.

- There were limited quality assurance or governance systems in place, where it was seen they were incomplete. It was not clear how the registered manager identified areas for service improvements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had not established an effective system to enable them to ensure compliance with their legal obligations and the regulations. The registered person had not established an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.

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

- We saw evidence that when incidents occurred, the registered manager acted in line with the duty of candour.

The registered manager did not have effective operating systems and processes to promote person-centred care. There was some evidence that the service did have a focus on achieving good outcomes for people however this was not supported by robust documentation.

- Records were not kept fully up to date. The quality audits in place were ineffective
- Staff spoken with stated that they felt able to raise issues to management. One staff member stated, "Yes very much, as the manager is very approachable".

Working in partnership with others

- People's daily notes evidenced consultations with health care professionals. Those seen included GPs and district nurses.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person failed to ensure records reflected a clear care and treatment plan of people's individual needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered manager failed to ensure there were sufficiently competent staff who received appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing</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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person failed to provide care and treatment in a safe way. Risks to service users health and safety were not always assessed and the registered person failed to do all that is reasonably practicable to mitigate any such risks. Regulation 12 (1)(2)(a)(b)</p>

The enforcement action we took:

We served the provider with a warning notice which they have to comply with by 09 September 2019

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to consistently assess, monitor and improve the quality and safety of the services provided. Risks were not always assessed and monitored to mitigate such risks to ensure the safety and welfare of service users. Service user records were not always up to date and accurate. Audit and governance systems were not always effective. Regulation 17, (1)(2)(a)(b)(c)(e)(f)</p>

The enforcement action we took:

We served the provider with a warning notice which they have to comply with by 09 September 2019

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person failed to operate effective recruitment procedures, including undertaking any relevant checks in line with the fundamental standards for staff employed for the purposes of carrying on a regulated activity. Regulation 19, (1)(a)(b)(2)(3)</p>

The enforcement action we took:

We served the provider with a warning notice which they have to comply with by 09 September 2019