

Angel Care (Devon) Limited

Angel Home Care

Inspection report

81 Fore Street
Bovey Tracey
Newton Abbot
Devon
TQ13 9AB

Tel: 01626830343

Date of inspection visit:
05 March 2019
07 March 2019

Date of publication:
20 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service: Angel Home Care provides care to people in their own home. They are registered with us to deliver personal care. Other services are provided that we do not regulate. When we inspected, 65 people were registered to receive personal care. This included one person receiving care 24 hours/seven days a week from a live-in carer.

People's experience of using this service:

- People described they were happy with the service and the carers who gave them their care
- Relatives described they were happy with the service and how care was given to their relatives.
- People's medicines and infection control were not safe.
- People did not have the required risk assessments and care plans in place to ensure staff had the information required.
- Staff were not always recruited safely.
- Staff did not receive the appropriate training, professional development, supervision and appraisal as necessary to carry out their duties they were employed to perform.
- Systems of leadership and governance were not ensuring checks of the quality of the service were taking place.

Rating at last inspection: The service was rated Good at the last inspection. The report was published on 8 October 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, the service was rated as Requires Improvement overall.

Enforcement: We found breaches of the Regulations. We have asked the provider to send us an action plan in respect of Regulation 11, 18 and 19 on how they are going to address these. In respect of the breach of Regulation 12 and 17, full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will return and inspect the service in line with our inspection methodology.

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

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 caring

Details are in our Caring findings below.

Good ●

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 ●

Angel Home Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Two inspectors
- 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. It provides a service to older adults.

Not everyone using Angel Home Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we, also take into account any wider social care provided.

There was not a registered manager as required. A manager, who was also the nominated individual, was running the service on a day to day basis. This means the provider is legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service notice on the 1 March 2019. because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection site visit started on 5 March 2019 and ended on 7 March 2019. We visited the office location on 5 March 2019 to see

the manager and office staff; and to review care records and policies and procedures. We completed phone calls and home visits on 7 March 2019.

What we did:

Prior to the inspection:

- We reviewed records held by ourselves. This included notifications registered persons are required to tell us about.
- The provider did not complete the required Provider Information Return. This is information providers must send us to give us key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. The last one completed about the service was received on 3 May 2016.

During the inspection:

- We read the care records for five people
- We spoke with eight people and four relatives on the telephone
- We completed three home visits and reviewed people's paperwork with their consent.
- We spoke with the manager and office staff.
- Twenty staff and 10 relatives gave feedback by completing questionnaires for us.

Is the service safe?

Our findings

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

Requires improvement: 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. Regulations may or may not have been met.

Using medicines safely

- The provider had not ensured there was a suitable policy and procedure in place to govern and monitor the administration of medicines.
- The manager was unaware of the medicines guidance published by NICE (National Institute for Health and Care Excellence) in March 2017 for all services operating in the community.
- Staff were not trained to administer medicines safely.
- Where staff were responsible for the ordering, storage and administration of people's medicines, there was no system in place to ensure the accuracy of those medicines. This included not checking the medicines were for the right person.
- Records were not kept by staff to ensure communication about medicine changes were known by all. Communication was verbal or on pieces of paper that were not then part of the person's permanent record. These were not then available to be retained as required.
- Staff had bought over the counter products and medicines for conditions that had not been raised or discussed with a medical professional.

Assessing risk, safety monitoring and management

- People were not having their risks assessed to ensure staff knew how to mitigate these and keep people safe.
- Staff did not assess the potential risks to people with specific health conditions such as diabetes. There was no information available to staff on how to identify when a person may become unwell.
- There was no risk assessment in place for people identified as possible risk of malnutrition or living with dementia where there were additional concerns and behaviour that may challenge. There was no detail in care plans to support staff on how to support people safely.
- All records included an environmental risk assessment that was completed when the person first started with the service. The risk assessment was not reviewed and where it identified the person was a risk of falls and when being relocated by staff, no further assessment and care planning was in place.

Preventing and controlling infection

- The provider had not ensured there was a policy and procedure in place to govern and monitor infection control.
- The staff were not trained in infection control.
- We observed staff wearing the same gloves and apron to prepare someone's food, handle their medicines and support someone to go to the toilet.

The failure to protect people from the risks associated with the spread of infections, safe medicines management and a failure to prevent harm are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives were happy about how the service supervised their medicines. One relative said, "Medications are managed very well".
- People and their relatives told us they had no concerns about the practice of staff in respect of infection control.

Staffing and recruitment

- Staff were not recruited safely.
- The provider had not ensured all the required checks were in place to check staff were safe to work with vulnerable adults.
- Three staff did not have DBS (Disclosure and Barring Service) checks in place. The manager has acted having received our feedback to ensure these are sought and staff prevented from working further until the checks show it is safe.
- Reasons for leaving previous jobs in health and social care and gaps in employment were not always explored.
- People's employment history was not always obtained.
- References were not always obtained.

The failure to operate robust recruitment procedures was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and staff told us there were enough staff employed. Visits were not missed and people were called if staff were running late.
- Everyone felt the travel time staff were given was adequate and staff overall stayed for their allotted time.
- People told us they generally saw the same staff who got to know them. Sometimes this had to be changed because their familiar staff was on holiday or ill. They were always called and the situation explained.
- New staff were introduced to them by a staff member they knew.
- People received a rota of staff so they knew who to expect. Any changes were notified to them. Staff signed in on this rota to demonstrate they had attended.

Systems and processes to safeguard people from the risk of abuse

- Staff had not always been trained in safeguarding people however they understood the importance of identifying abuse and reporting it to the manager.
- Staff felt their concerns would be heard
- People and their relatives told us they felt safe being cared for by the staff.
- A relative said, "Very safe, they are all very careful with her."
- A person said, "Very safe. I can be moved off the bed, I never worry at all" and another, "No problem at all, perfectly safe, I feel safe."
- Where staff handled money for people, people told us they were always provided with a receipt.

Learning lessons when things go wrong

- Learning from events was informal with records not kept that could then be reviewed and shared to ensure they did not happen again.
- Accidents were recorded in the accident book when they occurred but there was not a practice of learning from this.

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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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.

- There were no assessments of people's capacity in people's records. This meant people's rights may not be upheld.
- No details were recorded as to when staff were acting with the person's consent or in their best interests.
- The manager was aware that some relatives had Lasting Power of Attorney (LPA) for people, however without the MCA status being clear it was not obvious if this was active. It was not recorded where relatives were then giving consent (due to having LPA) or being consulted (not having LPA). Best interests decisions had not been recorded where they applied.

Not ensuring people's capacity was assessed is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they felt staff respected the right for people to consent to their care and treatment. Relatives also mentioned staff spoke with them when needed. One relative said, "We all work together with my parents to discuss their needs to reach a plan to meet their best interests."
- One person said, "I'm well able to express myself to say what I do and don't want. When I can do things for myself, they listen."

Staff support: induction, training, skills and experience

- Staff training records demonstrated that not all essential training was in place or up dated for staff as required. This included safeguarding, manual handling, infection control, first aid, MCA, conflict resolution, food hygiene and dementia awareness,
- The service supported some people with diabetes and who used catheters, staff had not received training in these areas.
- Medicine training was last completed for some staff in September 2017.
- The manager said all staff had been given a booklet to complete as their medicine training. This learning had not been reviewed in line with current NICE (National Institute for Health and Care Excellence)

guidance.

- The manager and staff who assessed the competency of staff administering medicine were not appropriately trained to carry out this role.
- Staff induction records were not kept. Induction of new staff was informal and included shadowing more experienced staff members.
- The Care Certificate was not being used for staff new to health and social care. However, we were told that the service was working with an external trainer who was currently writing a new induction programme which would include the Care Certificate and infection control training.
- The service's training policy stated, "All staff will receive a structured Skills for Care induction, regular one to one supervision and yearly appraisal". These had not been completed for any staff.
- The manager told us supervision was carried out informally and checks were made with people using the service to gather their views on staff practice. This was not documented and there was no other system for supervision and appraisal in place.
- 'Spot checks' were carried out to monitor staff performance, however there was no system in place to determine how often these should be completed or to ensure all staff received spot checks.

Not ensuring staff were suitably trained is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt the staff were trained sufficiently to meet individual needs.
- People told us they knew staff had training. One person said, "I am confident. I know they do courses, they are covered while they do courses. They did diversity the other week and safeguarding." (Diversity training was not listed on the provider's training matrix.)
- A person who has a catheter in place said, "They see to my catheter, they changed my leg bag this morning they knew exactly what to do."
- Staff said they felt they could approach the manager for advice and support on what they were unsure of.

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

- People had a care plan provided by the commissioner of their care or, if paying privately, an initial assessment recorded by the service.
- The initial information highlighted the needs people had at that time.
- No further expansion of this information was included in people's care records.
- People and relatives were keen to tell us that they felt involved in this process. They felt they were listened to and had no concerns about the initial and ongoing care.

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

- People supported to eat and drink by staff were satisfied with their care.
- However, records did not detail how staff were to support people to eat and drink or what monitoring was required if a concern had been identified, such as the risk of choking.
- One person said, "They prepare food for me; it's how I like it. When they come in at lunchtime they say "what are you going to have for lunch today? They are always on time, I've never known them to be late". Another person said, "They get my food ready and bring it in. They ask me what I want and they get it and bring it all in. They give me a nice cup of tea and plenty of water supplied."
- Relatives said, "Staff currently prompt my father at meal times and check that my parents are taking fluids" and, "They are very good in this respect; they keep good records of her meals."

Supporting people to live healthier lives, access healthcare services and support

- People and relatives said they were happy staff identified changes to people's health. Everyone said staff would act on any concerns.

- One person said, "They'll ring the doctor for me or go wherever for me."
- Relatives said, "The staff provide regular feedback and ring immediately with any concerns" and, "They let me know then I make sure the doctor comes along."
- People's records detailed the health needs in the initial information but there was no care plan that then expanded on these.

Staff working with other agencies to provide consistent, effective, timely care

- People, relatives and staff spoke about involvement with people's GP and District Nurses.
- The manager said they asked the commissioners of care or allocated social worker to review people's care if people's needs changed.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were positive about the staff and how they were supported and treated by them.
- People said, "They know where I'm sore, treat my body gently. When they move me, they're exceptional. They always make sure I'm comfortable and warm"; "I think they're very friendly, very jokey. Not grumpy at all. I can't grumble at all about them" and, "They are consistently kind. They talk about their family and they are interested in mine too."
- Relatives told us, "The staff are always kind, gentle and friendly"; "The staff are friendly and efficient and make my parents feel at ease on their bad days"; "The staff are friendly and reliable" and, "They all sit and talk to Mum, they've become like friends."
- People and relatives said staff would seek to identify what is special or important to people and talk about and/or meet that need. One relative said how on nice days staff supported their relative to go and see the horses as this was important to them.
- People's records did not detail their requirements in respect of equality and diversity. A staff member said, "I have respect for people from the start and like to see things from their perspective in order to try and realise how they feel."

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

- People and relatives told us they felt staff discussed care needs with people and or their representative.
- People said, "We always sit and have a chat. 'Is there anything you want to ask us? I wouldn't be frightened to ask them for anything'; "They are very considerate, they know I'm an independent person and they respect that" and, "They listen to what I say. If I want anything done, they do it. They don't make me do anything I don't want to."
- Relatives said, "When she goes to bed at night, they ask her and listen. They are all very kind and talk to her"; "They listen and are very attentive if he makes a remark" and, "They treat him with great care."
- People told us the service was flexible in helping them. For example, in providing staff so they could meet health appointments. One person said the agency would provide staff in time for them to get ready so they did not miss the hospital transport.
- A staff member said, "I listen to what they have to say; take an interest in their interests."

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt people were treated with dignity and respect. Their privacy was protected and people were supported to be independent in meeting their needs.
- People told us during personal care times staff maintained their dignity, "They always dress me well. They close the curtains, they cover my body; only do what bit they need to and cover the rest up"; "At first, I was a bit embarrassed; I'm not now. They keep me covered up" and, "I was in a wheelchair for quite a while. Going

to the toilet, (staff) would wait outside in respect for me."

- Relatives said, "They always cover her up, put a towel over her knees. They talk through what they are doing"; "Staff will always let my parents know what they are doing and discuss things with them. Whilst washing they will cover up whenever it is possible" and, "The staff discuss his needs and wishes and undertake all interventions in line with these wishes."

- Staff told us they sought to keep people independent in as many aspects of their care and this was confirmed by people and their relatives.

Is the service responsive?

Our findings

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

Requires improvement: □ People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records were not personalised and therefore did not provide staff with guidance to meet their individual needs. People who had their care commissioned by the local authority rarely had care plan in place developed by the service. The manager said this was because the local authority plan was considered to contain people's needs and to complete another care plan had been considered 'reinventing the wheel'.
- People who paid privately for their care, had an initial document created that listed the tasks to be completed by staff. These plans were not signed and dated nor were they systematically reviewed to ensure they were up to date and reflected people's current needs.
- None of the care plan models in use gave the personalised details of how the person wanted their needs met and details of how staff could mitigate risk.
- Staff held knowledge about people's wishes and interests but these were not recorded. This meant there was the potential for care not to be delivered in a consistent manner.
- For the person in receipt of 24/7 care, their care plan had not changed when they started receiving this service. This was despite the change having taken place in July 2018. There was no care plan on record that detailed the role and responsibility of staff.
- Preferences and interests were rarely recorded.

End of life care and support

- There was no record on how people wanted their end of life needs to be met and no detail of the role staff were to play in this matter.

Improving care quality in response to complaints or concerns

- There was no system in place to record or audit complaints and concerns. This meant that complaints and concerns were not available to review or to reflect on to ensure that care improved.
- The forms described as how people could raise a complaint were not currently available but following the inspection had been put in place by the manager.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives consistently told us they were happy with the care given by the service.
- People and relatives felt the care was responsive and staff reactive to what they wanted to take place.
- People and/or relatives told us they had a regular pool of care staff and could and would give essential details to staff new to them so they understood what their needs were. They also told us it was rare for a new member of staff to not have shadowed an experienced care worker first.
- Gratitude had been received by relatives when someone they cared for had passed away. These read,

"Everyone who came to our house was caring, compassionate, and highly professional, I could not have coped without the friendly, warm help and advice"; "Our relative was very grateful that your ongoing care and concern for him enabled him to continue living in his own home for as long as possible" and, "The kindness and compassion you all showed to both of my relatives and myself is greatly appreciated and made a difficult time a little easier for both of us."

- The service had a complaints policy that was placed in the folder of each person's home so they knew what to do in the event of having to raise a complaint or concern.
- People and relatives told us they would speak to the manager and/or "office staff" if they had complaint or concern. Generally, though people had not need to raise a concern.
- People told us, "I should ring the owner. I haven't had to do it. I'd be surprised if I had to" and, "No complaints. I'd just ring the office".
- Relatives said, "No formal complaints. I'd speak to the manager. There is a complaints procedure in the book at Mum and Dads" and, "I feel able to put my views over for discussion and to resolve any issues."

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

Inadequate: □ There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The nominated individual/manager had no systems in place to oversee the quality of the service. No aspect of the service was audited to ensure staff and the service were meeting people's needs and the Regulations.
- Records of care needs, medicine administration, infection control, accidents and incidents and complaints were often not available and not audited when they were.
- This meant that the issues raised on this inspection would not have been identified by other than the CQC inspection.
- This meant risks associated with poor medicine practice and systems, people's health and needs and, infection control would have continued.
- There was no system of oversight in place that ensured staff training, supervision, appraisal and competency took place and all staff had the skills to meet the needs of the people they supported.
- There were no systems in place to ensure people's capacity was assessed and care was in line with the MCA 2005.
- There was no system of oversight to ensure staff were recruited safely and all checks were in place as required.
- There was no system in place to ensure that the right policy was in place and then reviewed when needed. There was no infection control and appropriate medicines policy in place. Some policies were missing from the service's policy folder. For example, policies detailed in the index in respect of staff capability, disciplinary, grievance, induction and quality assurance could not be found by the manager when requested.

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

- The manager did not understand their responsibility in respect of notifying us of key events.
- The manager had not ensured they had information available to them that reflect the requirements following the changes in the Regulations in 2014.

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

- The manager/provider sent out questionnaires annually to people who used the service. There were no systems in place to seek the view of people, the public and staff at any other times.
- The manager told us staff meetings took place, but no record was kept.

- The views of professionals linked with the service were not sought.
- Staff gave us a mixed opinion as to whether they felt they could make suggestions. More than one staff spoke about how communication could be improved and be more open and transparent. Staff also gave us a mixed view as to whether they felt supported in their role. A staff member said, "I do feel supported. My manager is very involved in her staff and client welfare. She is very approachable and understanding".

Continuous learning and improving care

- Staff told us they were not aware of any checks taken place by the nominated individual/manager other than spot checks of their work. They did not feel that they were told about any wider learning and how this could improve the quality of care for everyone.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- The manager advised that they have attended meetings for other managers and providers hosted by Devon County Council.
- The manager also told us they had completed their NVQ 5 Diploma and were awaiting their certificate.
- People and their relatives were positive about how the service was managed. They felt the office was well managed and they had no issues communicating with the service. Out of hours contact was via the manager.
- People told us, "I think it's done very well, they have many different people with many different needs, it can't be easy"; "I think it's very well managed and the office staff are good too" and, "Personally I think it's quite good, communication is most important, most of the time they are pretty good. Communication slips something might not get passed on if there is a change. It's just occasionally."
- Relatives said, "I think its managed well. I've never had a problem getting hold of them. Nothings a perfect service in the world, but usually there is a genuine reason. I'm always recommending them to other people"; "I think they're organised very well. I think it's excellent" and, "It can't be easy, things happen, people leaving and new people. They manage very well actually."
- The service was displaying their rating in the office and on line.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regulation 11(1)(2)(3) For people who lack capacity, the provider was not ensuring Care and treatment was in accordance with the Mental Capacity Act 2005.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19(2)(a)(3)(a) The provider had not ensured recruitment processes meant all staff employed were checked to be of good character and, all the information specified in Schedule 3 had been gained prior to employment.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Regulation 18(1)(2)(a) Staff did not receive the appropriate training, professional development, supervision and appraisal as necessary to carry out their duties they are employed to perform.</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>Regulation 12(1)(2)(a)(b)(c)(g)</p> <p>Care and treatment was not always provided safely.</p> <p>Risks to people's health and safety were not assessed.</p> <p>The provider was not ensuring they were mitigating any such risk.</p> <p>Staff did not have the training, competency and skills to do so safely.</p> <p>Medicines were not properly and safely managed.</p>

The enforcement action we took:

We served a Warning Notice. A Warning Notice tells the provider they are not complying with a Regulation. We will return to ensure the Notice has been complied with.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1)(2)(a)(b)(c)(e)(f)</p> <p>Systems and processes were not established to assess, monitor and improve the quality of the service.</p> <p>Systems and processes were not established to assess, monitor and mitigate the risks relating to the health, safety and welfare of people.</p> <p>Systems and processes were not established to ensure keep accurate and completed records for each person including a record of the care and</p>

treatment provided and decisions made about their care.

Systems and processes were not established to seek and act on feedback.

Systems and processes were not established to evaluate and improve their practice by processing all the information as above should it be in place.

The enforcement action we took:

We served a Warning Notice. A Warning Notice tells the provider they are not complying with a Regulation. We will return to ensure the Notice has been complied with.