

healthwatch

Cheshire East



Enter and View Report

Riseley House Residential Care Home

Macclesfield

5th February 2024

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Report Details

Address	Riseley House Residential Care Home Riseley Street Macclesfield SK10 1BW
Service Provider	Laurel Bank Residential Care Home Ltd
Date of Visit	05/02/2024
Type of Visit	Enter & View with prior notice
Representatives	Amanda Sproson Alison Langley Liz Lawson (Volunteer)
Date of previous visits by Healthwatch Cheshire East	First visit

This report relates to findings gathered during a visit to the premises on specific dates as set out above. The report is not suggested to be a fully representative portrayal of the experiences of all the residents, friends and family members or staff, but does provide an account of what was observed by Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visit.

What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of staff and volunteers, who are trained as Authorised Representatives to carry out visits to health and care premises.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports are circulated to the service provider, commissioner, the CQC and relevant partner organisations. They are also made publicly available on the Healthwatch Cheshire websites:

- www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view
- www.healthwatchcwac.org.uk/what-we-do/enter-and-view.

Purpose of the Visit

- To engage with residents, friends and relatives of the named services and understand their experiences
- To capture these experiences and any ideas the care home staff, patients and professionals may have for improvements
- To observe residents, friends and relatives interacting with the staff and their surroundings
- To make recommendations based on Healthwatch Authorised Representatives' observations and feedback from residents, friends and relatives

Methodology

This Enter & View visit was carried out with 'Prior Notice'.

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were not given.

Prior to the Enter and View visit the service was asked to display both the letter announcing our visit and a Healthwatch Cheshire poster in a public area. The service was also asked to share surveys amongst residents, friends and relatives. Members of the Healthwatch team visited the service prior to the Enter and View visit to deliver paper copies of the surveys.

To enable us to check that there are no health outbreaks at the premises that would prevent the visit taking place for infection control reasons, this care home was made aware that we would be coming on the morning of the visit.

Preparation

In preparation for an Enter and View visit the Authorised Representatives who will be carrying out the visit conduct research that involves reviewing:

- The latest CQC report from a routine inspection of the service

- Any previous Healthwatch Cheshire Enter and View reports
- The care home's information held on the Carehome.co.uk website
- Entries on social media platforms
- Comments held on Healthwatch Cheshire's feedback centre
- Information received by Healthwatch Cheshire as a result of undertaking surveys.

On the day of the visit the Authorised Representatives hold a briefing to discuss findings from their individual preparation, and decide as a team how they will carry out the visit, and any specific areas of focus based on this prior knowledge.

Riseley House Residential Care Home

Riseley House is located in the heart of Macclesfield, within easy reach of the town centre and in close proximity to the local hospital. There are also a park and café nearby which the Deputy Manager told us residents used.

Riseley House has 67 beds, all of which have ensuite facilities; some have the addition of a handbasin in the bedroom area. Two are situated in an apartment-type setting with their own lounge/dining area and kitchen. On the day Healthwatch visited there were 14 beds occupied by residents and four out of the ten beds allocated for Discharge to Assess patients were occupied.

The Manager has been in post since September 2023, and is awaiting registration by CQC. Unfortunately, on the day Healthwatch visited the Manager was off sick.

The Deputy Manager, who has been in post since April 2023, had returned from a period of maternity leave on the day that Healthwatch visited.

Healthwatch were disappointed to note that the poster explaining that we would be visiting was not displayed. The Residents and Friends and

Families surveys that we had left for completion, prior to our visit, had not been completed.

On the day of our visit, Healthwatch found it very difficult to make contact with the Home via telephone. The Deputy Manager was advised of this, and she informed us that the phone line was carried via the internet and there had been connection issues which at the time of our arrival had been rectified.

Healthwatch found that on the day of our visit one of the lifts was out of order, so we accessed the first floor via stairs. It was noted that the automatic stairwell lights did not come on; this was more problematic coming down the stairs. We asked the Deputy Manager before leaving if she was aware of these issues and if an engineer had been requested. She advised us that an engineer would be in attendance in the afternoon to look at the light and the following day to look at the lift.

Healthwatch also observed that on the first floor of the building, a section of floor had quite a slope to it; we enquired about this with the person showing us around the building and we were assured that any resident on the first floor would be risk assessed to make sure that this would not create a problem.

Findings

Arriving at the care home

Environment

Healthwatch travelled to the Home by car and followed a satnav without any problems at all, however, the volunteer who joined us travelled from a different location and found the entrance a little trickier to find.

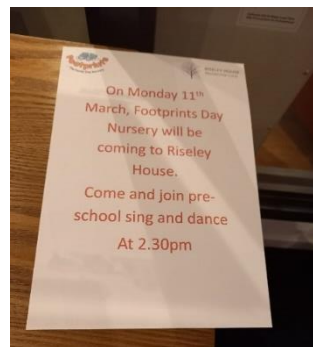
There is a large sign on one of the gate posts as you enter the car park which is quite small but very well-maintained



The building had a sign by the entrance door that invited visitors to come in to the entrance porch and sign in and was very welcoming.

The front grounds were not looking as inviting as they might do during the Spring and Summer months, however, the entrance looked tidy, clean, well maintained and free of litter and some attempts had been made to cheer up the front with artificial flowers.

The entrance was easy to find, and had a console table with a signing in book, a comment book (which Healthwatch noted currently contained no comments) and a laminated sign advising that a local nursery would be visiting.



There was a buzzer to ring to be let into the Home; we were greeted by a friendly member of staff who introduced us to the Deputy Manager.

Healthwatch noted that in the reception area there was a large glass window into the kitchen so that visitors could see food being prepared. The kitchen looked immaculate and the two chefs were working extremely hard.

Treatment and care

Quality of care

The Deputy Manager explained that during our visit we should be seeing “Fabulous staff in action and the good care that residents receive”. She mentioned that they do use some agency staff, but that they use the same agency staff where possible, who are brilliant. She went on to say “I am proud of the care they give. Also, the good team work between staff and how they help each other”.

The majority of residents were in the downstairs lounge area; all were in their day clothes and clean and tidy.

The residents seemed to be lacking in stimulation, there was some background ambient music. Two residents told Healthwatch “We want to go home. We do not like it here.”

Healthwatch heard one call bell during our visit, the person showing us around told us “Someone will attend to that.”

The Deputy Manager told Healthwatch that the GP Practice which the Home links in with for residents’ care is Park Lane Surgery in Macclesfield, and that the Home has a nominated GP. The GP does a weekly visit on a Wednesday, but would also visit in between if necessary, and is also available to be contacted by telephone. She added “The GP is lovely, and the Home has a good relationship with her.”

The Deputy Manager told Healthwatch “Only one patient in the home is currently under the care of their own GP, but residents are given the choice to remain with their own GP.”

Healthwatch asked, if a resident becomes unwell and needs additional care, are you able to try and keep them at the Home or do they normally go to hospital? The Deputy Manager told us “We would try to work with the wider health care team to care for residents within the Home and with the support of District Nurses rather than sending them to hospital.” She commented that they currently have daily visits from District Nurses to care for patients on insulin, and have a call back system with District Nurses should they have any concerns about a resident’s wellbeing.

The person escorting Healthwatch around the home was not aware that this was the case, as she told Healthwatch "If a resident needs further nursing care, they would be sent somewhere else."

Healthwatch asked the Deputy Manager if a Chiropodist visited the home? The Deputy Manager told Healthwatch "I cannot remember the name of the service but a podiatrist from around the corner visits every six weeks and can also tend to the feet of our diabetic residents. This is a chargeable service."

When asked if the Home had a link with a dentist, the Deputy Manager told Healthwatch "I am not sure if we have a link with a local Dentist. The Home was in the process of setting up a link when I went on maternity leave and this is my first day back." She confirmed she would find out.

The Deputy Manager told Healthwatch "We have a link with Vision Care, and they visit annually, or as and when required."

We asked if the Home had a link with a Pharmacy? The Deputy Manager told us "We use Boots Pharmacy who look after our monthly prescriptions and also have delivery drivers who drop off medication if we need any additional prescriptions."

With regard to other health services coming into the home, the Deputy Manager told Healthwatch "District Nurses, Occupational Therapists and Physiotherapists also visit the Home, especially for residents in Discharge to Assess beds, where they often visit daily."

There is a fully-equipped hair salon on the ground floor and a hairdresser and a barber attend every three to four weeks. The Deputy Manager explained "The frequency will be increased once we have more residents."



Privacy, dignity and respect

Healthwatch observed staff being very caring and patient; in particular a dementia patient was being treated very kindly with lots of patience and understanding. We observed staff talking to residents and assisting them to the dining area in preparation for lunch.

Healthwatch observed that all staff treated all residents with dignity and respect during our visit. The Deputy Manager said "Care staff are really good with residents. They carry out personal care in residents' bedrooms to ensure privacy and conduct private or confidential conversations in the quiet room or small lounge."

Healthwatch did not see any alternate systems, accessible information, hearing loops or large print information whilst walking around the Home. The Deputy Manager told us "I am not sure if we have a hearing loop in the Home." and also added "We use picture cards to show residents activities and food, especially if they have dementia." Healthwatch noted that the person showing us around the home was not aware that this was the case.

Healthwatch asked if any large print posters were used. The Deputy Manager explained that they do not have many posters on the walls around the Home, but are looking at putting up more information. She also added that they have a large white board in the lounge/dining area where they write staff that are on duty, the weather and meal options, Healthwatch noted on the day we visited that the board was blank.



Healthwatch did not observe any personal information on display.

Understanding residents care plans

The Deputy Manager told Healthwatch "Residents do have care plans, but we are in the process of changing over the system that we currently use which is called Nourish." She commented that the carers did not find the Nourish online system very user-friendly and that it took a long time to

complete. The Deputy Manager said “We are hoping to move to the PCS system, but in the meantime continue to use the online Nourish system and paperwork for daily checks.”

The Deputy Manager commented that “Plans are updated monthly, and there is a ‘Resident of the Day’ where all aspects of that particular resident’s care and medication is reviewed, their room is also deep cleaned, and we aim to serve the resident’s favourite food.”

Upon admission residents are given a pack called ‘About Me’ and Team Leader/Care Staff sit with the resident and ask about their hobbies, likes and dislikes, favourite food, and ask if there is anything they want adding to their care plans. The Deputy Manager went on to say “The care plans are written from the resident’s point of view, eg ‘ I like..... ’, and residents are involved in their care plans wherever possible.”

The Deputy Manager added “Relatives are involved in their loved one’s care plan, particularly if the resident does not have capacity to answer for themselves, so that they know what the resident likes, dislikes, and what hobbies, activities and food preferences they have.”

Relationships

Interaction with staff

On the day that Healthwatch visited all staff were wearing lanyards with their names on; sometimes these were hard to see especially if they had twisted around. Healthwatch noted that the person’s job title was embroidered on to their uniforms. The Deputy Manager told Healthwatch “The staff have different coloured uniforms for different units.”

All of the staff that Healthwatch met were friendly and approachable.

Healthwatch did not see any staff members interacting with friends or relatives, however, all interactions with residents were kind and caring.

The Deputy Manager told Healthwatch “The relationship is really good between staff and residents. Staff and agency staff are friendly and residents call them by their first names.” She went on to say “The

relationship between staff and residents' friends and family is good. Relatives praise staff, staff make relatives and friends and family cups of tea, and they find staff approachable."

Connection with friends and family

Healthwatch did not see any friends or relatives visiting.



The Deputy Manager told Healthwatch "We have open visiting but do encourage visitors to avoid lunch and teatime. We do ask that mealtimes are avoided if possible." She added "Friends and relatives are welcome to visit residents' bedrooms, the gardens, lounge and dining areas or the quiet rooms if they want privacy. Visitors are asked to sign a visitor's book on the way in and the way out." Healthwatch noted that we were asked to sign the visitor's book.

Healthwatch asked, how do outbreaks impact on visiting? What do you put in place to ensure loved ones can still connect? The Deputy Manager told Healthwatch "We go with guidance and allow one visitor per resident during an outbreak and encourage visitors to give each other space and not stand close together. We would also ask visitors to wear a mask and put signs up encouraging hand washing, and provide extra hand sanitiser."

When asked how do friends and family raise complaints, concerns or feedback? the Deputy Manager told us "We have an open-door policy and friends and relatives can speak to care home staff and Managers about any concerns. We have a complaints and feedback form, and try to resolve any concerns straight away." Healthwatch asked if there was any information on the walls about how to make a complaint and the Deputy Manager replied "We need to put more information on the walls in the home for the residents and friends and families." Healthwatch noticed an A4 poster on a noticeboard that mentioned that the Home had an open-door policy.



The Deputy Manager commented “The CQC also commented that we do not have much information on the walls for residents and we are trying to put more up.” She told Healthwatch “We do not currently have friends and family meetings but are looking in to it.”

Healthwatch asked the Deputy Manager how the Home kept in touch with friends and relatives.

She told us “After a visit from a GP or District Nurse we ring to update friends and relatives. We

also have consent forms from residents and take photos of residents taking part in activities and share these.”

Wider Local Community

The Deputy Manager told Healthwatch “the local Nursery come in quite a lot to sing and dance and do crafts and dressing up. We also have weekly visits on Fridays by Macclesfield Football Club who do free arm chair exercises with residents, and we also have visits from musicians.”

Everyday Life at the Care Home

Activities

Healthwatch did not observe any activities taking place, and the Home does not currently have an Activities Coordinator in post. The Deputy Manager explained that they were recruiting for one, however, Healthwatch could find no evidence of this on career opportunities listings.

The residents we observed were sat in the lounge with ambient music, some were gazing out of the window; they appeared to be unstimulated and this reflected in the atmosphere of the Home.

As there was no Activities Coordinator, there was no board displaying anything for Healthwatch to see. The person escorting Healthwatch around the Home said “The staff try to work an activity between ourselves.”

The Deputy Manager told Healthwatch “Staff do their best to do activities with residents, and residents also like to go out in to the large gardens. We have a cinema room and have a movie day with popcorn, and a therapy room with a foot-spa. Some residents like to play dominoes and board games, and we also bring down arts and crafts from the top floor of the building which is not currently in use. Healthwatch did not observe any of these things taking place.

The Deputy Manager explained to Healthwatch that they ask residents what hobbies and activities they like to do on admission to find out their likes and dislikes, and mentioned one resident who loves to garden and sweep up outside. She said “There is only one resident who prefers to stay in his own room at the moment. We go and sit and have a cup of tea with him and have a chat, he also has his own TV to watch. He used to love model making but can no longer do this, but we encourage decorating his room with models.”

Healthwatch asked if special events were celebrated in the home? The Deputy Manager told Healthwatch “Yes, the kitchen will make a cake from scratch to celebrate residents’ birthdays, and we have banners, balloons and a member of our staff who is good at art makes a poster. We play music and have a party and friends and family are welcome to join.”

Healthwatch asked if residents were taken out? The Deputy Manager told us “We do not have many staff to take residents out at the moment but relatives take their loved ones out, and we have taken residents to the local Sainsburys café and to West Park which is close to the home.” She added “We do not have our own transport to take residents out.”

The Deputy Manager printed off a weekly activity calendar, however, with staffing numbers some of the activities listed would be difficult to fulfil.

Person Centred Experience

Healthwatch asked, how do you ensure residents’ experiences are person centred? The Deputy Manager told Healthwatch “We aim to give residents a person-centred approach with ‘Resident of the Day’, use of care plans,

the 'About Me' booklet where we find out more about residents and their preferences, and by encouraging personalisation of their bedrooms."

Healthwatch asked, is there access/provision for religious/spiritual needs? The Deputy Manager told Healthwatch "We do not have any residents with any certain religious needs at the moment, but if we did, we would make provision for this. We previously had services in the home, but not at the moment."

Healthwatch did not discuss at the time of our visit if pets visit or live in the home. Healthwatch did not observe any pets during our visit.

Communal Areas

The Home has an industrial feel to the interior, with brickwork and metal work. It has lots of natural light coming into the lounge/dining area on the ground floor. Healthwatch noted that all corridors had hand rails and were accessible for residents that may have mobility issues or mobility aids. Healthwatch noted that the furniture in the lounge/dining area was of good condition and clean. However, some furniture looked mismatched, dated and out of place, especially in the corridors of the Home.



Healthwatch noted that there were lots of air fresheners throughout the home, and in parts this was a little over-bearing. The temperature was pleasant, and during our visit the Home was very calm and quiet. Maybe a little too quiet, with only some quiet ambient background music.

Healthwatch noted that there were well-equipped bath and shower rooms on each floor and several well-equipped toilets.

There were several communal areas on all floors of the home. The Deputy Manager told Healthwatch "There are eight communal areas over the three floors, but these are not currently all open, as we only currently have 14 residents, plus four in Discharge to Assess beds. All of the ground floor and first floor are open and we have a large open lounge and dining area, additional lounges, a cinema room, hair dressing salon, therapy room and a quiet room."



Healthwatch noted that the corridors and lounge area were pleasantly decorated with pictures, however, there was no special interest murals.



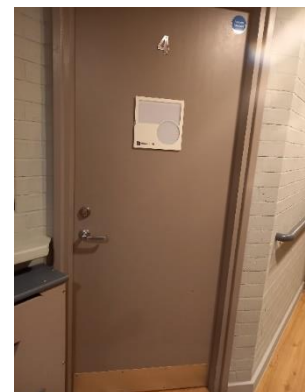
Residents' bedrooms

The Home has 67 bedrooms, two of these are apartment style suites which were currently unoccupied. The Deputy Manager told Healthwatch friends and relatives could use these to stay if they had travelled from far away, for a small additional charge.



The bedrooms are all very generous in size, the rooms had the feel of a hospital room, and were functional in style.

The bedroom doors are decorated like a front door and have the residents' photograph and name printed on them. The bedrooms that Healthwatch observed were all unoccupied, so had no personal possessions to make them more homely. The Deputy Manager told Healthwatch "We encourage residents to personalise their rooms and also liaise with family about this." All rooms have ensuite facilities that were accessed by bi-folding door.



All rooms had windows letting lots of natural light in and had views of the gardens.

Healthwatch asked if couples were allowed to sleep in the same bedrooms. The Deputy Manager told Healthwatch “Bedrooms are big enough for couples to be able to sleep in the same room and we are happy to accommodate this, but we do not have any couples that wish to do this at the moment.”

Outdoor areas

Healthwatch observed that the Home had a lovely large outdoor garden area. There were double doors that opened from the lounge area and all access points had ramps to assist the residents. The garden was a mixture of grass, paths and borders. Healthwatch also noted that there were several raised flower beds that looked to be in good order.



Although Healthwatch visited on a bleak end of winter day, the garden still looked very well cared for and presentable.

There were lots of tables and chairs for residents to enjoy the outside space. There was also a large frame structure that is turned in to a gazebo in the warmer months.

The Deputy Manager told Healthwatch “We have a big garden at the back with flower beds and a band stand area which is covered in lights in the summer. All doors that lead to the garden have ramps to make them accessible and in good weather we often open the doors so that residents

can go in and out of the garden. We have a resident that loves gardening and another that loves to sweep up.”

Food and drink

The Deputy Manager told Healthwatch “We have our own Head Chef and all food is cooked fresh on the premises, including any sauces which are cooked from scratch.” Healthwatch spoke to one resident who said he enjoyed the food in the Home.

The person escorting us around the Home said “We do not use pictorial aids with the residents.”

The Deputy Manager told Healthwatch “Staff chat with residents to ask what they would like to eat on the day, and food is also written up on a large white board in the main lounge/dining area for residents to see.” Healthwatch noted during our visit that the white board was blank with no menu choices written on it. Healthwatch also noted that the menu for the week was not available for us to look at either.

The Deputy Manager told Healthwatch “We are in the process of putting in two options for main meals and if a resident does not like the menu choice, we would make them something else. We have Fish & Chips Fridays and Sunday lunch, and have a main meal at lunch time and usually soup and sandwiches in the evening.” Healthwatch did not see the food during our visit but on asking were told that lunch that day was sausage casserole by request of the residents and that dessert was a marshmallow cake. We were also told that breakfast includes cereal, toast and marmalade, and cooked breakfast items daily.

The Deputy Manager also told Healthwatch “We cater for special dietary requirements and currently have two diabetic residents. In the past we have also catered for gluten free diets.”

She added “Residents can eat their meals wherever they want. One resident likes his food in his room, but the other residents mainly choose to eat in the dining area and to sit at the tables.” Healthwatch noted that several residents were sitting down and getting ready to eat together during our visit. Healthwatch also noted that staff were assisting residents

where necessary in a kind and gentle manner, offering the residents juice to accompany their lunch. Healthwatch also observed a resident’s juice being thickened for them.



The Deputy Manager told Healthwatch “We have drinks rounds at 11am and 3pm and also offer little cakes, biscuits and fresh fruit platters, but residents can also ask for a drink at any time. Care staff make lots of tea for residents and also friends and family that visit. I have worked in care for 14 years and this Home has the best kitchen staff I have seen.” During Healthwatch’s visit it was noted that we did not see the tea trolley, nor residents having tea.

The Deputy Manager told Healthwatch “Relatives can join residents at meal times if they give notice, especially for special occasions and birthdays.”

Healthwatch were offered refreshments, and received a cup of tea served in beautiful china, with biscuits.

Care Home Best Practice Initiatives

During Enter and View visits, Healthwatch observe which NHS care initiatives have been adopted at the care home. The three we focus on are:

<p>MUST (Malnutrition Universal Screening Tool)</p>	<p>A tool used to identify adults who are malnourished, at risk of malnutrition(undernutrition), or obesity. It also</p>
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	includes management guidelines which can be used to develop a care plan.
Restore2 (Recognise Early Soft-signs, Take Observations, Respond, Escalate)	A tool designed to help staff recognise when a resident may be deteriorating or at risk of physical deterioration and act appropriately according to their care plan to protect and manage the resident.
RITA (Reminiscence /Rehabilitation & Interactive Therapy Activities)	A digital reminiscence therapy with user-friendly interactive screens and tablets to blend entertainment with therapy. It assists patients (particularly with memory impairments) in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, listening to war-time speeches, playing games and karaoke and watching films.

The Deputy Manager told Healthwatch that the Home used both the MUST screening tool and Restore2 for residents but she was not aware of RITA, but was very interested to find out more about it. She commented that they would find out more and mention this to the Care Home owner who was always receptive to equipment and facilities that may help residents.

Although the Home provides End of Life care the Deputy Manager had not heard of the EOLP and thought it sounded really useful. Healthwatch gave more information about the EOLP and signposted to their website to find out more.

Healthwatch asked what the biggest challenges were? The Deputy Manager told Healthwatch "It is hard to comment on this on my first day back after maternity leave. On the whole I would say getting residents in the Home. We have tried hard to advertise the Home everywhere, and have put flyers through local residents' doors. Most of our residents come via our Discharge to Assess beds."

When asked what has been their biggest success to date, the Deputy Manager replied "Getting the Home up and running and the quality of the staff, we have really good staff." Healthwatch chatted to a member of staff

who said she enjoyed working there and that she had received online and face to face training, including safeguarding and dementia training. Healthwatch noted staff approaching residents in a calm and caring manner, and noted that when a resident wandered into the Deputy Manager's office and started to go through a pile of items in the office that the Deputy Manager was kind and caring to the resident, asked him how he was and said "Shall we go and get you a cup of tea?" to encourage the resident out of the office.

Recommendations

- An Activity Coordinator to be employed as soon as possible
- To arrange outings for residents
- To engage with outside organisations, eg U3A, that could come into the home to participate in activities with the residents
- For more information to be available and displayed in accessible format, eg how to make a complaint, who is on duty, activities on offer and meal choices
- To work towards providing more main meal options
- To work towards hosting resident and friends and family meetings
- To engage with the End of Life Partnership
- To ensure that the white board in the dining area is always completed on a daily basis.

What's working well?

- The staff were working well as a team and supporting each other
- The Chef was preparing all food from scratch and it smelt delicious
- The home was sparklingly clean
- The staff showed great kindness to residents.

Service Provider Response

Despite several requests as at 2nd May 2024 we have received no response from the service provider.