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# Willows Care Home

## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Willows Care Home is a residential care home providing personal and nursing care to up to 73 people. The service provides support to older people, a number of whom live with dementia. At the time of our inspection there were 40 people using the service.

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

Refurbishment improvements were required across communal areas and bedrooms. At our last inspection the provider shared ongoing refurbishment and redecoration of the home was planned and ongoing. However, at this inspection we saw limited improvements had been made and a deterioration of the management of infection control due to this.

We identified improvements were required to the staff deployment across the home to ensure staff were available to provide care to people promptly. During the inspection we observed long periods where people were left in communal lounges with no staff present to provide support promptly, which left people at risk.

We observed a lack of engagement and activities in communal areas and for people nursed or remained in bed. At our last inspection this was an area of improvement we identified the provider required to make; at this inspection a new activity co-ordinator had been recently employed. While we saw some evidence of actions taken recently, this had not been embedded to enable sustained improvement.

Medication was administered safely; however, improvements were required to ensure that medication stock is managed effectively.

Care plans required further improvements to prompt staff on actions to complete when providing bespoke care and supporting people's welfare.

Audits and checks the provider made were inconsistent and some actions identified were not always completed. This meant people were receiving inconsistent care and there was a failure to ensure consistent effective monitoring of risk and quality of the home.

People spoke positively regarding the care they received from staff at Willows Care Home. While we received some mixed responses from relatives regarding the home, overall relatives we spoke to were positive regarding staff and care their loved ones received.

Staff spoke positively about working at Willows Care Home, acknowledging areas of improvements they wished to see the provider make. Some staff spoke about the regular changes of management within Willows Care Home and the challenges this creates providing consistent care to people.

There had been recent changes to the management team since our last inspection. The manager was open

and transparent to any queries of concerns we raised during the inspection.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 8 March 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received regarding the quality care for people. A decision was made for us to inspect and examine those risks and review the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified.

#### Enforcement and Recommendations

We have identified repeated breaches in relation to a lack of planned activities within the home for people to participate in and inconsistent oversight of the quality of care at the service.

We identified a breach in relation to safety or premises and ability to ensure effective infection control measure are maintained due to the on-going refurbishment requirements at the home.

We have also made recommendations relating to safe deployment of staff across the home and dementia friendliness of the home in line with best practice. We also recommended the provider reviewed care plans to ensure they provide information to prompt staff in areas of care for people.

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 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 alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

#### Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 responsive.

Details are in our responsive findings below.

**Inadequate** ●

### Is the service well-led?

The service was not well-led.

Details are in our responsive findings below.

**Inadequate** ●

# Willows Care Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 3 inspectors and a nurse specialist advisor.

#### Service and service type

Willows Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Willows Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post for 12 months. A new manager had been in post since September 2023 and had submitted an application to register.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 8 people who used the service and 4 family members about their experience of the care provided. We also observed interactions between staff and people who used the service.

We spoke with 9 members of staff including the home manager, compliance manager, nurses, carers and kitchen staff. We reviewed a range of records. This included 10 people's care records and other records relating to people care who lived in The Willows. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question required improvement. The rating for this key question has remained required 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.

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

At our last inspection we found systems not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some evidence of improvements made in relation to recording of accidents and incidents, however the provider was still in breach of regulation 17. Please see the well led section of this report for further information.

- Systems were in place to protect people from abuse. Allegations of abuse, accidents and incidents were recorded appropriately and reported to other agencies.
- Following an incident, we saw evidence of basic analysis completed by the provider and individual actions taken.
- Staff understood their responsibilities to report abuse and felt confident that the management team would act on concerns. One member of staff shared, "I feel happy I can go in the office and speak to the manager or speak to my supervisor. Concerns are always dealt with."
- Overall feedback from people and relatives told us they felt their loved ones were safe living at the Willows. Comments included, "I've been here for 2 years, I've got no issues." and, "I am well looked after."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk and safety monitoring of people was not always sufficiently managed. During the inspection people who were identified as high risk of falls were left unsupported by staff in communal areas. This placed them at risk of injury as staff were not present to provide timely support. .
- High risk areas, such as a treatment room, sluices and a hairdresser's room were not always secure. This meant people could access unsafe environments which put them at risk of harm.
- At our last inspection the provider shared a refurbishment plan they intended to complete in communal rooms and bedrooms. This refurbishment had not been completed and areas of the home were unhygienic and unsafe. A staff member told us, "There are plasters on [The home], if you're not going to invest, don't promise you will," This was in reflection of the current environment of some bedrooms, bathrooms and communal areas.
- Tiles within communal bathrooms were in a poor state of repair, loose and missing, this made it difficult for effective cleaning and placed people at risk of becoming harmed. We found that some bedroom walls were dirty, discoloured paint peeling and wood frame around the rooms were chipped with peeling paint.



- A small kitchen where people's food and drink were prepared and served had missed tiles and a dirty floor. We also found utensil and crockery for people to use were dirty and stained.
- During the inspection, inspectors raised concerns relating to a strong odour of urine and faeces, and the number of flies across the building on several occasions. Following the inspection, the manager confirmed that concerns relating to flies had been resolved.
- While we observed cleaning tasks being completed by staff throughout the inspection, some areas of the home remained dirty and unclean. For example, we observed tables, some walls and floors in bedrooms were stained, and urine stains behind a toilet in bedrooms.

Systems were either not in place or effective enough to demonstrate that risks associated with infection control and the environment were safely managed and effectively actioned. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Checks relating to fire safety of premises and equipment were in place.
- We found no restrictions on visiting people in line with the current guidelines.

#### Staffing and recruitment

- Systems were in place to assess safe staffing numbers at the service. However, we found that deployment of staff required further review. During the course of the inspection, we observed periods where communal areas which had people present were not suitably staffed to ensure care was available promptly.

We recommend the provider reviews staff deployment across the service to ensure that safe staffing levels are maintained.

- Checks were carried out to ensure suitable staff were employed. This included DBS checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider did not provide all information relating to staff DBS when requested, this was later received.

#### Using medicines safely

- Records of the administration of people's medicines were accurate and complete.
- The storage of medicines was safe. However, we identified large amounts of medication stock that needed returning to the pharmacy. The manager confirmed this was an area of improvement they planned to make.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement At this inspection the for this key question has remained requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed by staff and the manager at the Willows with on-going reviews.
- Care plans were regularly updated and documented areas of support people required. However, guidance to prompt staff on action to take were not always consistent.
- Care plans for people who were at risk of self-neglect, care plans did not provide further guidance to prompt staff on the action they should take in this area.
- Care plans capturing people's personal information were inconsistent. Care plans created opportunities for the provider to record information relating to people's daily activity, life history and wishes of future care. Records in this area were not always fully completed or up to date. However, people reflected that staff knew them well. We were told, "The [Staff] working here are lovely. I'm well looked after."

We recommend the provider reviews people's care plans to ensure that actions to guide staff effectively in providing care is recorded within plans.

Adapting service, design, decoration to meet people's needs

- The environment was poorly maintained and decorated. At the time of the inspection, flooring near communal lounges and the dining room area were raised, this also meant that a fire door leading from the dining room was out of use. The provider shared that they were in the process of replacing the leaking underfloor heating and this was the reason the floor was lifted Following the inspection, the provider informed us that the fire door had been repaired.
- Some bedrooms were in a poor state of repair and required redecoration. We observed discoloured bedroom walls, chipped wood frames and unhygienic furniture. Further information relating to the environment can be reviewed under safe section of this report.
- Some people living in the home were living with dementia, but there was limited signage to help orientate people around the home .

We recommend the provided reviews dementia friendliness of the home in line with best practice.

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

At our last inspection we recommended the provider undertake a review of the mealtime experience, consult with people who use the service about meal choices and take action to update their practice accordingly. At this inspection we saw an improvement in people's mealtime experience.

- People informed us they were happy with meal choices and observations made during the inspection overall supported this view. Where people had additional support needs around eating and drinking, information was accessible for staff to review.
- However, we received some mixed feedback from relatives regarding meals. Comments included, "[Person] was a vegetarian, but since being here, is always given meat." Another added "Food is ok, we do get some choice." And "Since [Person] has being in there they have put weight on and looks really healthy." We discussed this feedback with the manager who was unaware of the concerns and said they would review this with the person and family member,
- Drinks were readily available for people. However, during the inspection we noted cold cups of tea and half full beakers being left next to people for long periods during the day.

#### Staff support: induction, training, skills and experience

- Staff completed an induction programme when they joined the service, this included online training and shadowing of experience staff. We were shown evidence of induction completed with staff and signed off by the manager.
- However, the manager shared since being in post they identified that training was an area of improvement they had been completing to ensure staff complete all mandatory training.
- A provider audit identified gaps of practical face to face training staff required to ensure they were suitably skilled to provide bespoke care to people. The provider was not able to demonstrate that staff were suitably skilled to provide care in these areas. This put people at risk of harm.
- Following the inspection, the provider shared further information of steps they were taking to address gaps in staff training. Further information relating to staff training can be reviewed under the well-led section of this report.

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

- People were supported to access appropriate healthcare services when required. Evidence of appointments and actions taken were recorded in their care plans. One person told us, "I don't see the doctor often, the staff would sort this if I needed to."
- People's physical care needs had been assessed before they moved to the service. We saw evidence of care plans being updated following changes of people's care 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to make decisions were assessed. We saw evidence of applications made to authorise people to be deprived of their liberty.

- The provider compliance tracker which held information relating to people DoLS, required updating. We discussed this with the manager who said this would be reviewed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question was good. At this inspection the rating has changed to requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Overall People we spoke to told us they felt well cared for by staff. We were told, "I would recommend the Willows, staff know what they are doing." And "I've got some friends here. Good people."
- We received mixed feedback from relatives over involvement in their loved one's care and actions taken by the provider when feedback is given. Comments included, "If they want to know something they ring me and keep me informed" and "I've repeatedly raised concerns and they are not acted on."
- Staff provided positive interactions with people who they appeared to know well. However, meaningful engagement was limited, and support was task led.
- A number of people were care for in bed or remained in their bedrooms for long periods asleep or appeared bored, with no social interaction outside task led support from staff. No acknowledgment of people's social engagements and activities were recorded on daily records.
- We saw some evidence of some communal meetings completed by the provider with people. The manager shared this was an area of further improvement they wished to make.
- A Willows provider audit date please identified that the home had a lack of engagement with people and relatives, however the provider had failed to implement improvements in this area.

Respecting and promoting people's privacy, dignity and independence

- Staff were considered and caring in their approach. We observed staff engaging sensitively with people when people could not fully understand what was being asked of them. One relative shared, "[Person] is looked after very good and yes so far quite happy with it."
- People's dignity was considered, and staff were respectful to their privacy. We observed staff knocking on doors and asking for permission prior to providing care.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate: This meant services were not planned or delivered in ways that met people's needs.

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

At our last inspection we found the provider had failed to establish or provider effective systems to ensure staff provided people with individualised care which met their needs including access to activities which were socially and culturally relevant to them. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection not enough improvement had been made and the provider was still in breach of regulation 9.

- People were not involved in care planning. Records did not demonstrate that people were asked how they wished to receive their care or how people were given opportunity to provide feedback regarding their individualised support.
- At our last inspection we observed one person with dirty fingernails. At this inspection we raised concerns to the provider relating to people's dirty fingernails and one person's toenails. We also raised concerns in relation to some people's hygiene needs which were not being met by staff. One relative told us, "I've raised it with [Staff] a number of times that there were faeces in [Person] fingernails."
- We found limited evidence of a schedule of events and activities for people. We observed people sat in lounge areas, or in bed disengaged, with limited offer of stimulation throughout the day. One person told us, "I stay in bed, I am bored. All I can do is watch TV and read."
- At our last inspection we found the activities room to be cluttered and not suitable to encourage people to socialise. At this inspection we found the activities room unused and remained cluttered. During the inspection the activity co-ordinator had begun work to organise the room.
- Daily notes were task centred and lacked personal detail. We found limited evidence within daily recordings completed by staff how people's emotional needs were being met.

Systems had not been established or effective to ensure staff provided people with individualised care which met their needs including access to activities which were socially and culturally relevant to them. This placed people at risk of harm. This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider informed us that the activities co-ordinator had been recently appointed and were currently developing support in this area. While the provider shared further evidence of improvements they wished to

make in this area, no significant improvements had been made since the last inspection.

- Staff knew people, and their specific likes and dislikes well. One person told us, "They know what they are doing."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The communication needs of people were assessed and understood by staff who appeared to know people well.

#### End of life care and support

- Care plans demonstrated personal wishes were documented in the event of a person's death.
- The provider was unable to evidence that staff had received training in relation to end of life care and support in this area.

#### Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was visible. Records were available to demonstrate the provider actions on concerns were logged. However, we received feedback from relatives that following raising complaints that issues were not promptly resolved, we shared this feedback with the manager.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection we found systems were either not in place or robust enough to demonstrate risks to people were effectively monitored. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough evidence of improvements had been made and the provider was still in breach of regulation 17.

- The provider had introduced some audits and checks of the quality of care and safety of people since the last inspection. However, these were inconsistently and irregularly completed. Where actions had been identified, we found the provider had not always made the necessary changes to support improvements in care and mitigate risk for people.
- Provider oversight on training compliance for staff was not robust. The manager told us that they could give no assurance of staff competency relating to provider identified face to face training. This included manual handling, wound care, creams, blood glucose. The provider later shared improvements they intended to make in this area.
- The Willows compliance manager had recently completed an infection control audit. However, this had failed to identify and address all areas of concerns raised by inspectors during this inspection.
- There was limited evidence of provider oversight. The provider informed us a new senior role was being introduced to support with provider oversight and improvements at the Willows. During the inspection we were introduced to this person who had recently come into post.
- At the time of inspection, no manager had been registered with the CQC since September 2022. This meant that CQC had no assurance the provider had a suitable manager of good character in place with necessary qualifications, competence, skills and experience to manage the carrying out of the regulated activity. A manager had recently been employed by the provider and submitted their application to register with the CQC. This application was currently being reviewed.

The provider had failed to address and make Improvements required since the last inspection. This left people with inconsistent care as systems were either not in place, or robust enough to demonstrate risks to people and quality of the home was effectively monitored. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations



Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had no systems to gain regular individual feedback from people, relatives or staff. The manager shared that surveys were not sent out by the provider.
- Team meetings and staff supervisions were not consistently completed. However, staff told us that the Willows management team were always available to provide 1-1 discussion and updated them regarding the home. The manager informed us that this was an area of improvement they intended to make.
- Overall feedback from people and relatives regarding communication and the approach from staff and management of the Willows was positive.
- Staff told us they felt well supported by the current and previous management team at the Willows. However, some staff shared concerns over the repeated changes of the management team at the home. Comments included, "So many manager changes, we need to build trust again. [Manager] is new and is offering support." and, "You get used to one manager and it changes," Another told us, "[Manager] been here for about 9 weeks, door is always open and you can say if any issues."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the requirements of the duty of candour. There was evidence of reporting and recording events, including events reportable to the local authority and Care Quality Commission.
- Throughout the inspection the manager was open and transparent to feedback given, responding to concerns and queries throughout.

Working in partnership with others

- The service worked with the local authority, community teams and external professionals to support the health and wellbeing of people.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Systems had not been established or effective to ensure staff provided people with individualised care which met their needs including access to activities which were socially and culturally relevant to them. This placed people at risk of harm.</p> <p>This was a continued breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate that risks associated with infection control and the environment were safely managed and effectively actioned.</p> <p>This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to address and make improvements required since the last inspection. This left people with inconsistent care as systems were either not in place, or robust enough to</p>

demonstrate risks to people were effectively monitored. This placed people at risk of harm.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

**The enforcement action we took:**

Warning notice