

City Care Partnership Limited

Fairleigh House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fairleigh House is a care home providing personal and nursing care to up to 7 people. The service provides support to people with complex learning disabilities, autistic people and people with physical disabilities. At the time of our inspection there were 6 people living at Fairleigh House.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: Medicines were not always managed safely, and improvements were needed to ensure processes for storing people's medicines were robust and effective. Environmental risks had not been fully mitigated. Staff provided kind, caring, person-centred care and support. Staff communicated with people in ways that met their needs. People living at the home each had unique and complex health needs and staff knew people and understood risks to people.

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.

Right Care: There were sufficient staff deployed to meet people's needs and wishes. A small number of agency staff were used to cover staff vacancies. Wherever possible the same agency staff were used which provided people with a consistent approach. People received person-centred care that promoted people's dignity, privacy and human rights. Staff recognised and responded to changes to individual's needs. We saw staff treated people with kindness and patience. People had access to meaningful activities and care plans were person centred.

Right Culture: The provider did not always operate effective systems to monitor the quality of the service they provide. Audits were not comprehensive and had failed to identify shortfalls in relation to risks to people's safety, medicines management and the use of PPE. People were at the heart of what the service did. Relatives and staff told us there was an open and positive culture at the service.

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

Rating at last inspection

The last rating for this service was good (published 16 August 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the safety and quality of care provided to people. A decision was made for us to inspect and examine those risks.

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

We have assurances that the issues identified are being acted upon by the management team and a proactive response was taken during the inspection process to start addressing the areas of concern.

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. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, approach to health and safety, training of staff and the quality and assurance systems in place at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Fairleigh House

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fairleigh House 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. Fairleigh House is a care home without 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 a registered manager in post.

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

People were unable to communicate with us about the quality of the service, so we spent time observing staff interacting with people and people's experience of living at the home. We spoke to 2 people's relatives about the support people received. We spoke with 7 members of staff including the, registered manager, director of quality and compliance and found 5 care workers.

We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 2 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 good. At this inspection the for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks found in the home environment were not acted upon and placed people at risk of harm. The provider couldn't provide records for some key health and safety checks including checks connected to legionella, previous gas safety certification and the most recent electrical condition report that was overdue. Work had been arranged post inspection to commence some of these important checks.
- During the tour of the home we identified a number of potential hazards. We saw evidence of exposed wiring from two light fittings and saw fire alarm sirens not being attached to the wall correctly in the main building. On one occasion we found the front door not secured with the mag lock. The dining room table was propped up on wooden blocks due to someone who used the service now requiring a wheelchair, there was no risk assessment for this.
- Checks on the health and safety of premises had failed to identify potential risks. Maintenance records of water temperatures exceeded 44°C. The Health and Safety Executive (HSE) states water temperatures must not exceed 44°C for people living in care settings who are at risk from scalding from whole body immersion. In addition, the radiator in the reception was not covered and very hot, however this was covered on our second visit.
- During our outside tour of the home we found corrosive chemicals and cleaning products were stored in the shed which was unlocked. Staff told us people could access the garden with staff supervision and although the risk was low, there was a potential risk people could have accessed the shed.
- The fire risk assessment at the service was no longer relevant and needed to be reviewed. The building layout and access arrangements had been changed since the last fire risk assessment. Ongoing checks to fire safety were ineffective, we found cling film wrapped around the handles of one fire extinguisher, which would prevent this from being used in an emergency. Large gaps were visible around door frames, which required an assessment to check if they comply as fire doors. Shortly after the inspection we contacted the local fire service to ask them if they could support the home further in this area.

The registered persons had failed to do all that is reasonably practicable to mitigate risks. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medications were not always managed safely.
- There was limited oversight by the registered manager and provider in relation to medication administration with a lack of audits completed. When audits were undertaken, they failed to highlight errors in Medicines Administration Records (MAR).
- Medication storage was inconsistent. We found peoples medicines were not tracked or monitored

effectively, we identified a medication not recorded on the administration records, however, was stored in the medicines locker.

- Controlled drugs were stored separately, and we found one medicine had not been entered into the running log, which meant this medication was unaccounted for. Flammable prescription creams were stored in communal bathrooms and potentially could be accessed by other people. We found people's MAR's contained missed signatures and audits had not highlighted this.
- The use of over the counter medication had limited oversight and were stored inconsistently within the lockers. Some 'when required' (PRN) medication did not have a completed PRN protocol in place which meant staff would not be able to determine when to use the medication.
- As part of the inspection we conducted an out of hours visit in which we found an untrained member of staff administering medication without having had a medicines training or a competency assessment which increased the risk of harm. Shortly after the inspection, the director of quality informed us this new member of staff had been shadowing an experienced staff member and they were not responsible for medicines. However, the staff member had signed the MAR and informed us they were responsible for medicines that evening.

The provider had failed to ensure safe systems for the management and administration of medicines. We found no evidence people were harmed at the time of the inspection, however, unsafe management of medicines placed people at increased risk of harm. This demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- We were not assured staff was using Personal Protective Equipment (PPE) effectively and safely. We found face masks were not being worn by staff. The provider decided face masks were no longer required at their services and believed this was following the latest government guidance. However, this was not the case. The provider failed to undertake a robust risk assessment at the time to assess their decision for face masks not to be worn. This put people who used the service at risk of infection. Shortly after our inspection the provider ensured a thorough risk assessment was in place.
- We were not assured that the provider was preventing visitors from catching and spreading infections. Alternative methods of preventing and controlling infection were not used, such as hand washing on arrival, temperature checking visitors or asking screening questions, measures that may have reduced the impact of not wearing PPE.
- Infection and prevention control policies were in place, but staff were not following these. We found the home required a deep clean particularly in the basement, where we found a number of cobwebs in a person's bedroom.

Visiting in care homes

- The provider facilitated visits to people living at the home in accordance with current guidance

Learning lessons when things go wrong

- Staff told us they knew how to raise concerns.
- We requested the accident and incident log to determine if lessons were learned, however, this was not provided. A graph was provided but this did not highlight where lessons could be learned or improvement actions taken to address concerns.

Staffing levels

- Staff told us they felt there were sufficient staff who worked well as a team. One staff member told us, "I am still finding my feet here, but the staff team are all very supportive."

- During our inspection we observed there were sufficient staff to meet people's needs. Staff were attentive and spent time doing things people enjoyed. There was a positive and relaxed atmosphere between people and staff and conversations heard demonstrated staff knew people well.
- Due to some staff moving on from the service, some of the shifts needed to be covered by agency staff. The service tended to use the same agency workers in order to provide consistency to people.
- Staff were recruited safely to ensure suitability for the role. Staff told us about their inductions, which included shadowing experienced staff and time set aside to read care files.

Systems and processes to safeguard people from the risk of abuse

- Staff told us that they believed that any concerns they raised with managers would be dealt with appropriately.
- Risk assessments for individuals using the service were robust and risks highlighted, this fed through to the care planning.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured staff had completed all relevant training.
- We identified two newly recruited staff had not been fully trained. They were working at the service providing support to people. The registered manager explained these members of staff were due to join the next cohort induction in the new year. This meant there was a potential new staff were not adequately inducted to fulfil the requirements of their role and people were at risk of receiving support from untrained staff.
- The provider had not established a competency framework to assess and monitor the quality and safety of the care delivered by staff. This meant the provider could not be assured that staff delivered care and support in accordance with their training. Shortly after the inspection we received 2 medicines competencies, but we requested competencies for all staff administering medicines, this was not provided.
- We were not assured staff training was up to date. The provider's training matrix indicated a number of courses had either not been completed or out of date. For example, only 2 out of 15 staff had completed fire safety training and 8 out of 15 staff members infection control training had expired, with another 3 staff yet to undertake the course.
- The provider's training records did not demonstrate staff had completed a comprehensive induction programme, in accordance with the Care Certificate standards. The training matrix indicated 6 out of 15 staff members were due to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

The provider failed to ensure some staff had appropriate training as was necessary to enable them to carry out their role. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received regular supervisions, this gave staff the opportunity to discuss training, reflect on difficult or challenging situations and identify areas of learning and development.

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.

- Where people were not able to make decisions for themselves and were being supported by their family, the provider had completed mental capacity assessments and ensured that the appropriate legal documentation was in place.
- Staff we spoke with were knowledgeable about the MCA process. However, 10 out of 15 staff has not yet completed MCA training.

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

- Care records detailed people's healthcare needs and services they were registered with. Staff supported people to attend routine and specialist healthcare appointments and they maintained a record of appointments and outcomes.
- People had health actions plans and were referred to health care professionals to support their wellbeing and help them to live healthy lives.

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

- At the time of our inspection the home was undergoing a number of refurbishments, such as new flooring and updating the décor.
- Senior managers told us various areas had been refurbished to ensure a more pleasant environment for people. An action plan also identified a range of planned improvements. Work had included refurbishment of bedrooms and a quiet room on the ground floor.
- People had personalised their rooms and were included in decisions relating to their interior decoration and design. People lived in properties that looked like any other residential property in the surrounding area and there was no indication they were any different.
- There was suitable and accessible outside space that people used extensively in the summer. A mobility ramp had also been created for one person who could no longer mobilise independently.

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

- People had lived at the service for a number of years, but prior to moving to the service their needs were assessed, this helped to create a care plan which included people's choices and preference for care.
- People's positive behaviour support plans in their care plans were personalised and gave guidance for staff where people might be trying to communicate through their behaviours. There were communication passports in place, which identified strategies to promote communication.

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

- People received the support they needed to eat and drink and maintain a balanced diet.
- The service protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by having suitable risk assessments in place. This included the consistency of their food

and drink as well as any foods they were allergic to.

- People were given enough time to eat and drink. Mealtimes were relaxed and not rushed. We observed good interactions between staff and people during these times.

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 Good. At this inspection the rating has remained good. This meant 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 were well cared for. We observed staff being calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- People were not able to tell us their views verbally, but we observed people to be comfortable in the service and able to spend time where they wanted to. One relative told us, 'I am so reassured, and I am very grateful to them [the service]. I have no worries and no complaints.' Another relative said "The staff are wonderful, they have a laugh and a joke and they're so welcoming, I feel at peace."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. We observed one person becoming agitated when they refused to go on transport, a staff member was quickly on hand and sensitively supported this person to the vehicle in a calm and patient manner.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The majority of people at the service at times could struggle to express their views and where they were unable to communicate, the provider advocated on their behalf or sought advocacy from relatives or an Independent Mental Capacity Advocate (IMCA).
- People were encouraged to express opinions about their care and were involved in decision making processes. Plans to support them in achieving their expressed goals were carefully considered to maximise the potential for success.
- Relatives and other professionals contributed to reviews of people's care and praised staff for promoting inclusion when planning and assessing plans for all aspects of people's care. People's care plans contained specific details on how to support people with their decision-making.

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 outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People's care and support was person centred. People's care records were person centred and reflected people's choices.
- Where people presented with behavioural support needs these were assessed. Staff followed guidelines developed by healthcare professionals and a positive behavioural support (PBS) lead worked at the service 3 days a week to support and educate staff in this area.
- People's care plans reflected their current and longer-term needs. Relevant people, including the person themselves, their families and social workers were involved in the development of the care plans. These focussed on the person's quality of life and were regularly reviewed and adapted as people's lives changed.

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 provider had a good understanding of the Accessible Information Standard (AIS) and could make information available to people in the format they required, such as, large print and other languages.
- People had individual communication plans which detailed their preferred methods of communication. We were informed that the PBS lead was in the process of reviewing people's communication plans in order to ensure they remained relevant and person centred.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. For example, on the day of inspection the majority of people went on a boat trip.
- People were observed to be relaxed in their home, spending time in their rooms or in the lounge watching films on TV. Staff encouraged people to try new things to develop their skills.
- One relative told us about the impact the social aspect of the home had had on their family member. They said, "They take [person's name] out every day. [Person's name] has lots and lots of freedom, they take [person's name] out in their chair, [person's name] is never alone."
- We saw people happily engage in activities that were well-planned and varied. We saw that the activities were well attended and that the staff member responsible engaged positively and proactively with people.

Improving care quality in response to complaints or concerns

- People, and those important to them were provided with information on how to raise concerns and complaints easily and staff supported them to do so. The complaints procedure had been developed in an easy read and/or pictorial format to ensure it was accessible to the people using the service. Easy Read documents are designed to make written information easier for people with learning disabilities and autistic people to understand.
- Prior to our inspection we received a high proportion of whistleblowing concerns. The provider met with staff and encouraged staff to afford the service the opportunity to look at their concerns in the first instance in order for the service to support staff. Staff could also call upon support from their peers with a staff voice and action committee group in place to support staff if they wished to speak out.

End of life care and support

- The service did not currently have anyone living at the service who required end of life care. The registered manager confirmed, should a person require end of life support, staff would work with families and health professionals to ensure they were supported to die in a dignified way.
- The registered manager explained they were looking to introduced end of life training to staff in the near future.

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 Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes had not consistently identified the issues we found during the inspection. For example, where we found issues with medication this had not been identified on the medication audit.
- There was a lack of governance oversight by the registered person. Managerial responsibilities, and the day to day running of the service was the responsibility of the registered manager. However, there were no systems or processes in place to ensure effective oversight of the service by the registered provider. This resulted in shortfalls not being identified or addressed.
- Staff training was poorly monitored. There was a system in place to monitor the completion and compliance of staff training, however, this was not used effectively. The training matrix indicated a number of staff training was overdue, however we found no plans in place to ensure staff were fully on track to be up to date. This poor monitoring of staff training meant people were at risk of receiving support from untrained staff.
- The provider failed to take action in response to identified risk. We raised concerns with the provider in relation to staff not wearing face masks in line with government guidance. The provider responded and put in place risk management plan retrospectively.
- Important areas to the health and safety of the home were not being managed or followed through to a timely conclusion. We needed to prompt action regarding all these matters.

Systems and processes were not consistently effective in maintaining effective oversight of the safety and quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager was open during the inspection and explained the service was going through a transitional period of change with members of the staff team. The manager explained a closed culture between a small group of staff had formed, but the manager was confident the service was much more settled and poor practice had been identified.
- Given concerns had been raised about aspects of the culture, we found the provider and registered manager missed an opportunity to educate staff on closed cultures and provide staff with key training on the right support, right care and right culture. We were informed plans were in place to address this in the

new year.

- Feedback from staff regarding management was positive. Comments from staff included, "I like working here, I know some staff have left but I feel we have a good mix of staff working here" and "[Registered manager's name] is a nice person. They're doing their best from what I have seen so far."
- Staff meetings took place regularly. We saw recent staff meetings addressed changes in people's needs, improvements needed to staff practice and updates about people's care. A quarterly newsletter was provided to all staff, this gave staff updates about the organisation.
- People's relatives were encouraged to give feedback and they had good communication with the registered manager and staff. However, the service missed the opportunity so far for 2022 to send out questionnaires to formally capture relatives and staff members feedback on the service.

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; Working in partnership with others

- The provider and registered manager had a good understanding of the duty of candour and a policy and procedure was in place for staff guidance.
- The management team understood their responsibilities to be honest with people, relatives and staff when things went wrong.
- The registered manager had informed CQC about significant events and incidents which they are required to formally notify us of. This helps us to monitor the service.
- The registered manager was open and transparent when working with other agencies and healthcare professionals to deliver joined-up care for people. For example, there was regular contact with the speech and language team to ensure people were supported safely.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had failed to do all that is reasonably practicable to mitigate risks. And The provider had failed to ensure safe systems for the management and administration of medicines.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure some staff had appropriate training as was necessary to enable them to carry out their role.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not consistently effective in maintaining effective oversight of the safety and quality of the service.

The enforcement action we took:

Warning notice.